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SCANNED OCT 1 3 2010

Department of the Teasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public

				,	,	p 0.1 3		. 1113 PC CHOIT
A	For the 20	09 calen	dar y	ear, or tax year beginning , and ending				
В	Check if applic		lease"	C Name of organization			D Em	ployer identification number
	Address chang	7 0	e IRS bel or	Loaves and Fishes Ministries				
$\overline{\Box}$	Name change		int or	Doing Business As			38	3-2407196
믐			ype.	Number and street (or P O box if mail is not delivered to street address)	Ro	oom/suite	E Tel	ephone number
닏	Initial return		See	831 North Sycamore Street			51	L7-482-2099
	Termination		ecific struc•	City or town, state or country, and ZIP + 4			G Gross	receipts \$ 250,982
	Amended retu		ions.	Lansing MI 48906-5065				
\Box	Application pe	ndina F	Name	and address of principal officer			H(a) is	this a group return for
L	Application per	nding					' '	liates? Yes X No
							H(b) Are	e all affiliates Yes No
								No," attach a list. (see instructions)
_	Tax-exemp	t etatue	X	501(c) (3) ◄ (insert no.) 4947(a)(1) or 527			1 "	no, alaen a list (see literations)
÷				tes.com/mi/loavesandfishes	···		H(c) Gn	oup exemption number
ĸ	Type of organi				I Vear	of formation	111(0) 011	M State of legal domicile
	art i	Sum			j E rear	OI IOITHAUOH		T Wi Otate of legal dollricite
	7			ne organization's mission or most significant activities:				
	1 -	-		shelter and services to those with overnigh	.+			
ဥ	ء ا			or transitional housing needs.	10			
na.	"	merge	JIIC)	or cransicional housing needs.				
Š	2 Cha	ما منطلا دام		if the assessment of decembers of the assessment	L 050/	-6.44	4_	
တိ	2 Che			if the organization discontinued its operations or disposed of more the	nan 25%	or its net as	1	1:7:
Activities & Governance	3 Nun		-	members of the governing body (Part VI, line 1a)		-3 1 -	3	7
Ę.	4 Nun		-	endent voting members of the governing body (Part VI, line 1b)		• 1	4	
	5 100			employees (Part V, line 2a)		عان	<u> </u>	
ĕ				volunteers (estimate if necessary)		2/ /	` 6	
				ated business revenue from Part VIII, column (C), line 12		•	72	
	b Net	unrelate	d bus	siness taxable income from Form 990-T, line 34		Dans Va)
	8 Con	tabution		Laranta (Part VIII), line 1h)	├	Pnor Ye	8,323	Current Year 3 244,714
ne E	0 Dro			I grants (Part VIII, line 1h)	-	,,27	<u>, , , , , , , , , , , , , , , , , , , </u>	· * * * * * * * * * * * * * * * * * * *
Revenue	10 Invo			revenue (Part VIII, line 2g)	-	> 1	6,724	
Re	10 1110			ne (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	3 1 1	0 j/1 Z-	0,200
				art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	\vdash	2.5	5,04	
_				dd lines 8 through 11\(must equal Part VIII, column (A), line 12)				
				ramounts Daid (Part IX, column (A), lines 1–3)	-	4.	2,878	40,107
)	ents par	okere	for members (Part Val. column (A), line 4)	-	1 2	0 471	136 270
ses	15 Sala	ines, qu	ierco	impensation, employes benefits (Part IX, column (A), lines 5–10)		12	8,47 <u>9</u>	136,279
ë	16a Prof	essional	i Tung	reising fees (Part IX, and mn (A), line 11e)	-			-
Expenses	b lota	ii iupora	Ising	expenses (Part IX, column (D), line 25) > 5,962	<u> </u>		7 7 - 1	72 200
_	,			Part X regium (A) lines 1a-11d, 11f-24f)			7,75	
	1	١.		Medices 13-17 (must equal Part IX, column (A), line 25)			9,108	
- 0	19 Rev	enue les	ex exp	enses. Subtract line 18 from line 12	D.	± ± ginning of Cur	5,939	9 1,300 End of Year
ets	20 Tota	l seeste	(Par	t X, line 16)			5,634	
Net Assets or	20 Tota		•	art X, line 26)			3,124	
Set	21 101a			d balances Subtract line 21 from line 20	├		$\frac{3,12}{2,51}$	
	art ii			e Block		71.	Z, JI(7 343,610
	ar i n			·				
		and bel	penant اسلار lief	es of perjury, I declare that I have examined this return, including accompanying sche type, correct, and complete Declaration of preparer (other than officer) is based on	iedules and i all informa	statements, a Ition of which	and to the preparer h	best of my knowledge as any knowledge
e:		\ /	ڪر	() ()			_	-28-10
Sig He	- ,		_	me forme				
пе	ile	N 519		ma Chasting Director			Da	te 2- 70:11
				MA (MC STINL, 1) I K-RETOR			7	2870
		ı y	pe or	./\ \ - \ /\ /		Т.		Preparer's identifying number
Pa	id	Prepare		Date		Check self-	ıf C	(see instructions)
	eparer's	signatu	re		9/23/	10 employ		_ P00093383
	e Only	Firm's r	name	or yours Simplified Accounting & Tax S	ervi	ce, In	C EIN	▶ 38-1812127
J	Ciny	ıf self-e	mploy	ed), 4305 South Cedar Street			Phon	
		address	s, and	ZIP+4 Lansing, MI 48910			no	▶ 517-882-2441
				turn with the preparer shown above? (see instructions)				Yes No
For	Privacy A	ct and P	aper	work Reduction Act Notice, see the separate instructions.				Form 990 (2009)
UHH	•							

Form 990 (2009) Loaves and Fig	shes Ministries	38-2407196	Page 2
Part III Statement of Program	Service Accomplishments		
1 Briefly describe the organization's missic Provide shelter and s emergency or transiti	ervices to those with	h overnight	
2. Did the organization undertake any organ	ficant program services during the year wh	auch word not listed on	
2 Did the organization undertake any signi the prior Form 990 or 990-EZ?	ilicant program services during the year wi	iich were not listed on	Yes X No
If "Yes," describe these new services on	Schedule O.		
	or make significant changes in how it cond	ucts, any program	
services?			Yes X No
If "Yes," describe these changes on Sch			
	ents for each of the organization's three lar ations and section 4947(a)(1) trusts are rec		1
	and revenue, if any, for each program ser		•
			 -
4a (Code) (Expenses \$	203,858 including grants of \$	26,084) (Revenue	\$
Sheltering program			
:	and the second	!	
		1	
•	1	•	
:	1	i	
î t			, .
	1		
4b (Code) (Expenses \$	7,926 including grants of \$	7,926) (Revenue	\$ -)
Feeding program	in the second of the second	mining the many of the state of	3 0.0000
	t r		
	•		
4c (Code) (Expenses \$	6,097 including grants of \$	6,097) (Revenue	\$)
Relocation guest prog		- , ,	•
4d Other program services. (Describe in Sci) (Deverye 2	,
(Expenses \$ 4e Total program service expenses ▶	including grants of \$ 217,881) (Revenue \$	
To Total program out the expenses P	22,,002		Form 990 (2009)

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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X candidates for public office? If "Yes." complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II 4 X 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III R Did the organization report an amount in Part X, line 21; 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." X 9 complete Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or در دول 🗶 quasi-endowments? If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI. 140 - 31 STIE PUTANCE OF 11 X 5 O at 1 11 VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI. 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. • 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. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets the above 15% or more of its total assets and 15% or more of its total assets and 15% or more of its total asset 15% or more of its 15% or more of its 1 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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? If "Yes," complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? No Yes X 12A If "Yes." completing Schedule D. Parts XI, XII, and XIII is optional. 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 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 X on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Form 990 (2009)

19

20

X

X

20

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

P	art IV Checklist of Required Schedules (continued)	ig.		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	ŀ		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	, 21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States 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	ĺ		l
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	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		
d	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			ŀ
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ.
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 💎 🕡 🛅 🖰 🔞 ১ ১ ১ ১ ১ ১ ১ ১ ১ ১ ১ ১ ১ ১ ১ ১ ১ ১	, ,	٠,	(
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	,	1	
i	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 Schedule L, 📑 📑 🗥 💎 💎 👵	.`	`	
!	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	`		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		٠,٠	
	Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a 💎 🚊 😘 😘 😘 😘 😘	- ,	21 4 1	ar in
į	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	1		
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			l
	conservation contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		_X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		i	
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	I	I	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		ļ	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	- 1		
	19? Note. All Form 990 filers are required to complete Schedule O	38_		<u> </u>
			000	(2000)

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance					
	•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	l 1			ŀ	
	U.S. Information Returns. Enter -0- if not applicable	1a		_	t	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rej	oortabl	le		1	
	gaming (gambling) winnings to prize winners?		•	1c	ļ	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a_	4	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	ļ	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				1	
	instructions)				}	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by				
	this retum?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	 	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial] :	.,
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
_	and Financial Accounts.				1	
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 transact		_)/ <mark>15b</mark> // ∪, ∪	-	<u>^</u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarded Tay Shalks Tayson 1992	arding	7,5	5c		''
6-	Prohibited Tax Shelter Transaction?		er de la	—	ļ ,	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	е		1	, ,	х
	If "Yes," did the organization include with every solicitation an express statement that such contribution	ne or		; ba		-21
b	qifts were not tax deductible?	115 01	, , , , , ,	6b ']	
7	Organizations that may receive deductible contributions under section 170(c).		· 9 · · ·		,	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	nods	_	1		
a	and services provided to the payor?	,0003	201 9211 1811	i i	ا '، ا	,
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		and the second			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
_	required to file Form 8282?	_	v.	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	<u> </u>	7		
	benefit contract?			7e	}	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as		1	1	
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8	ļ	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:) <u>.</u> 1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		\dashv		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		\dashv		
1	Section 501(c)(12) organizations. Enter:	ایدا				
а	Gross income from members or shareholders	11a		\dashv		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445				
2-	amounts due or received from them.)	11b		122		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 ? 12b		12a		
IJ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		. i		<u> </u>

Form 990 (2009) Loaves and Fishes Ministries 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 in -Schedule O. See instructions.

<u> 260</u>	tion A. Governing Body and Management			•	T	<u> </u>
12	Enter the number of voting members of the governing body	10	7		Yes	No
1a b	Enter the number of voting members of the governing body Enter the number of voting members that are independent	1a 1b	7	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1		
-	any other officer, director, trustee, or key employee?			2	1	х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
•	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		•			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					•
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			· 9 _	1	X.
Sec	tion B. Policies (This Section B requests information about policies not required by the transport of the section B. Policies (This Section B requests information about policies not required by the section B. Policies (This Section B requests information about policies not required by the section B. Policies (This Section B requests information about policies not required by the section B requests information about policies not required by the section B requests information about policies not required by the section B requests information about policies not required by the section B requests information about policies not required by the section B requests information about policies not required by the section B requests information about policies not required by the section B requests information about policies not required by the section B requests information about policies not required by the section B requests information about policies not required by the section B requests information about policies not required by the section B requests information about policies not be set to be section by the section B requests in the section B reques	nterna	المريونة به (भेग्रह	ર્તે ર્વર્ડ∗	1,2
Rev	renue Code.) " 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ر ا	· ~ 4 - ·	•		
	State of the state			·	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		។ មានកម្មក្រស់ព្រំ ក្រុ	10a	r, ı	X
b		· ' Y - 31'		:	***	· · ·
	The state of the s		sam and	~10b′	. /	, r
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		હોંગ ફેર્ટાંનું ક	1.5	•	~
1	form?	7,7		11		X,
11a ⁻			~ 12 EL T-505/1		·`	<u>`</u> '
12a	,,,,,,,,,,,,,	732- 33	e ८ == गॅर्ड्स्ट्रहरू	12a	; .	X >
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			1		
	rise to conflicts?			12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1		
40	describe in Schedule O how this is done			12c		x
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approval by					
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-		x
a	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
. 54	with a taxable entity during the year?			16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	•				
J	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					,
	the organization's exempt status with respect to such arrangements?			16b	١٠	
Sec	tion C. Disclosure			1 100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ MI					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	onlv)				
	available for public inspection. Indicate how you make these available Check all that apply.	<i>z,</i>				
	Own website Another's website Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest				
	policy, and financial statements available to the public.	-				
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the				
	organization. ▶ Erma Chastine 831 North Sycamore		et			
_La	unsing MI 4890	•		<u>-4</u> 8	<u>2 - 2</u>	099
DAA						(2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

X Check this box if the organization	n did not compe	ensat	e an	y cu	rent	offic	er, c	lirector, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee		Officer -	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
••			e			sated		<u></u>		
Carol Baker								. 11	Carol ta	
Board Direct	1.00	X	l				1	0	371 L. 0	! · · o
Mary Beth McCreig	ht								A STORY OF THE	7.00
Board Direct	1.00	X	<u> </u>					0,	· · · 0	. `C
Donna Stone						,			Decay a sar	
Board Direct	1.00	X						O	ေးရေးရေးခြင္း.0	· 0
Mary Tardif				1					4-0-1 1,170	, 1
Buard Direct	1.00	X	<u> </u>		L	<u> </u>		0	0	
Joan Tirak	<u> </u>									
President	2.00	<u> </u>		X		<u>L</u>		0	0	0
Vern Jackson John		1								
Treasurer	2.00			X		<u> </u>		0	0	0
Barbara Curtis										
Secretary	2.00	<u> </u>		Х		ļ	Ш	0	0	0
-										
-										-
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		(A) e and Title			Ave	B) rage rs per		Posi	tion ((chec	C) k all	that a			(D Repor comper	table			Repo Compe					(F) Estima	ited,	
						eek		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		fro th organi (W-2/109	m e zation			from r organiz V-2/109	elateo zation	is		co. oi a	othe mpens from t rganiza nd rela ganiza	er sation the ation ated	
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• ;	·,,-	nille	e liberer	::	-	<u>· ;</u>	• ,•		,			1,	er -e	: ·	· r	X T	-1	٠,		 ,		 	` ,	e Enr		_
			Halley Company (Fig. 1977)	- 1		· · · ·	• r-	e e." Iperia	,	e e der eg Sie	. ~ ए'ध	ه لاي ميد د د	12 Gr		. داسير			· }-	-		<u>'.</u> -			,	+ /	_
-,6 1.	5 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		r zavana Terupi	·].	, F	iri		ļ. ·;	ر برادر د د	د ۲۰۰۰	×.76	5 . 7. 1. 7.	₹r, 「	1317	1, 6 ⁵		- 1		· · · · · · · · · · · · · · · · · · ·	_ : ,		,			,•	_
	;;.	<u></u> F	'=+1 e	4 .	٠,٣	, - - -	:	, .	4,\$	erc d	તાંક દ) <u>(</u> [-12		-						٠.	'.	, -		, 	
1b 2	Total Total numl	ber of ind	ividuals (includ	ding	but n	ot li	mite	d to	thos	e lıs	ted a	bov	 e) wh	o receive	d more	than	\$100,0	00 in							_
	reportable	compens	sation fror	m the	orga	anıza	tion	>	0																Yes	Τ
3 4	Did the org employee For any inc	on line 1a dividual lis	a? If "Yes sted on lu	s," cor ne 1a	mple 1, is t	te So he su	hed um (iule . of re	J for porta	suc able	h ind	lividi. pens	ial satio	n and	other co	mpensa	ation 1	rom						3	103	
5	individual Did any pe services re	erson liste	ed on line	1a re	eceiv	e or a	accı	rue c	omp	ens	atıor	fron	n an	y unr	elated org								-	5		-
	tion B. Inde	ependent	t Contrac	tors																				<u> </u>		_
1	Complete compensa		the organ	nizati	on.		mpe	ensa	ted i	ndep	pend	ent c	ontr	actor	s that red) of						
			Name an	(A) nd busir	ness a	ddress							<u> </u>			C	Descripti	(B) on of serv	ices		_		_	Cor	(C) npensa	tio
																										_
				_		-							· 													
																					· -		_			_
2	Total numb	er of inde	ependent	cont	racto	ors (ir	ıclu	dına	but	not I	ımıte	ed to	thos	e list	ed above) who re	eceive		_				\perp			_

P	<u>art V</u>	III Stater	ment of Reve	nue						
			•				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	,			·····				revenue	·	512, 513, or 514
t t	1a	Federated car		1a			<u> </u>			
gra	b	Membership of	dues	1b						
S,	С	Fundraising e	vents	1c			<u>[</u>			
턞	d	Related organ	nizations	1d			<u> </u>			
έE	e	Government grants		1e		118,911	}			
loi s	f	All other contributio	•				1			
Pet			s not included above	1f .		125,803				
Ē					•	123,003	ł			
Son	g		ons included in lines 1a-	-11	\$		044 514			
	h	Total. Add line	<u>es 1a–1f</u>			<u> </u>	244,714			
Ž						Busn. Code				
Ş	2a									
æ	b									
<u>:</u>	C									
ē	l d									
E	ءَ ا									
Program Service Revenue Contributions, giffs, grants	້	All other are	70m 00m 100 70:			——	 			
õ	'		ram service reve	nue						
<u> </u>	7	Total. Add line								-
	3		come (including	dıvıder	ids, intere	est, and		1		
		other similar a	imounts)			>	6,268			6,268
	4	Income from i	nvestment of tax	-exem	pt bond p	roceeds 🕨			1 , , ,	1 .
	5	Royalties				>			,	
			(ı) Real		(II) F	Personal	,			
	6a	Gross Rents						· ·	,	, ,
	b	Less rental exps					,			
		·			- -		· ·		,	·
	C	Rental inc or (loss)	·				ı			
	7a	Net rental inco Gross amount from			1				. 1	
		sales of assets	(i) Securities	<u> </u>	(H)	Other	,			,
		other than inventory					,			, .
	b	Less cost or other			1	ı			1.	
		basis & sales exps								
	С	Gain or (loss)								
		Net gain or (lo				•				
			om fundraising evei	nte [
en.	Ua	(not including \$	on fundialising ever	1113						
/en		•	41 1 4-1							
Re			reported on line 1c)							
Other Reven		See Part IV, line		a						
¥		Less direct ex	•	b						
۲			(loss) from fund	7	events	<u> </u>				
	9a	Gross income fro	om gaming activities	s						
		See Part IV, line	19	a						
	b	Less direct ex		Ы						
			(loss) from gam	יים ומת פרי	hvities	•				
			finventory, less	,,,g uc]	41603					
	iva									
		returns and all		a						
		Less cost of g		bį						
ļ	С		(loss) from sales		entory	•				
		Misce	ellaneous Revenue			Busn. Code				
	11a									
	b							-		
	c									<u> </u>
		All other reven	II.E							
ļ		Total. Add line								······································
ļ							250,982	0	0	6,268
	12	i otai Kevenue	e. See instruction	15.			430,384		U	0,468

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
			сирензез	general expenses	ехрепаеа
1	The same and a same a same as a same a s				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	40 107	40 107		
	the U.S See Part IV, line 22	40,107	40,107		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	105,341	91,647	10,534	3,10
8	Pension plan contributions (include section 401(k)		,		
•	and section 403(b) employer contributions)				
9	Other employee benefits	22,916	19,937	2,292	61
10	B	8,022	 	. 802	24
					של נו אין יולו לפא.
	Fees for services (non-employees):	the problems of the second	. ८८ ६ । वर्षाच्या अस्तिका	לחיים בין הפינות היים איני ליים איני ליים איני איני ליים איני ליים איני ליים איני ליים איני ליים איני ליים אינ איני או היים או היים איני ליים	man the the first
	Management				
	Legal	1. 14 h 755m		· 4 Le 파.	· · · · · · · · · · · · · · · · · · ·
	Accounting	4,563		·4,563	
ď	Lobbying	e the three	and the state of the	4 35117	
е	Professional fundraising services See Part IV, line 17	e ta dat mineral			।ध्युक्ति ्र र र
f	Investment management fees and the second	CALL GARD GALLS		ែកក្រាស់ពីជ	and the miles
·g	Other:	St. 5634 Will	the residue to the contract	स भाग	, , ,
-	Advertising and promotion	-1, 1	13	. 12 1/E = 3 07/2	Compared to
13	Office expenses		ני א וכני רי אין	13 (ficte pric	^s /
14	Information technology				
15	Royalties				
16	Occupancy	23,927	20,816	2,393	7:
17	Travel	6,331	6,331	2,000	, , , , , , , , , , , , , , , , , , , ,
18	Payments of travel or entertainment expenses	0,331	0,331		
10	• •				
	for any federal, state, or local public officials	C1 C		F1 F	
19	Conferences, conventions, and meetings	515		515	
20	Interest				
	Payments to affiliates ,				<u></u>
22	Depreciation, depletion, and amortization	9,215	8,293	922	
23	Insurance		ļ		
		. , ,	 		
24	Other expenses. Itemize expenses not		,	3 47 23 143 1	
	covered above. (Expenses grouped together	1 11 29 1 11	1 19/1 1	1 1 1 1 1 1 1 1 1 1 1 1	
	and labeled miscellaneous may not exceed	, ,	,	3 1 T	
	5% of total expenses shown on line 25 below.)				,
а	Supplies	8,303	7,473	830	
b	Equipment rental and main	6,929	6,929	- 330	
	Telephone	3,567	3,567		······································
C	Printing and publications	3,012		-	
d	<u>_</u>		3,012	0.050	
e	Postage and Shipping	2,258	6 500	2,258	
	All other expenses	4,676	2,790	730	1,1!
	Total functional expenses. Add lines 1 through 24f	249,682	217,881	25,839	5,96
	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Par	X Balance Sheet			rage II
	,	(A) Beginning of year		(B) End of year
- -	Cash—pon-interest bearing	149,070	1	156,512
:	2 Savings and temporary cash investments	149,515	2	149,616
:	Pledges and grants receivable, net		3_	
- 4	Accounts receivable, net		4	
. !	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees Complete Part II of			
	Schedule L		5	
- (Receivables from other disqualified persons (as defined under section			
ŀ	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
Assets	Notes and loans receivable, net		7	
SS	Inventories for sale or use		8	
، ◄	Prepaid expenses and deferred charges		9	
10	Da Land, buildings, and equipment, cost or			
İ	other basis. Complete Part VI of Schedule D 10a 373,66	[9]		
	b Less: accumulated depreciation 10b 146,73		10c	226,934
11		10,900	11	12,751
12	Investments—other securities. See Part IV, line 11		12	
1:	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	, , , ,	-15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	545,634	16	545,813
17	Accounts payable and accrued expenses	3,124	17	2,003
18	Grants payable	,	18	11
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
န္တ 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	,
Liabilities		·"(/ 、 ·		, .
<u>ا</u> ق	employees, highest compensated employees, and disqualified	(a) (a)		1 114
<u>. 2</u>	persons Complete Part II of Schedule L		22	14 /-
23		•	23	
24	·		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	3,124	26	2,003
Sa	Organizations that follow SFAS 117, check here ▶ X and			
ဋိ	complete lines 27 through 29, and lines 33 and 34.			
<u>e</u> 27	Unrestricted net assets	542,510	27	543,810
mi 28	Temporanly restricted net assets		28	
일 29	Permanently restricted net assets		29	
Ī	Organizations that do not follow SFAS 117, check here ▶ 🗍			-
-	and complete lines 30 through 34.			
ဖ္တ 30	Capital stock or trust principal, or current funds		30	
8 31	Paid-in or capital surplus, or land, building, or equipment fund		31	· · · · · · · · · · · · · · · · · · ·
g 32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances 25 26 28 29 30 31 32 33 34	Total net assets or fund balances		33	543,810
Ž 34	Total liabilities and net assets/fund balances		34	545,813

Form **990** (2009)

orn	n 990 (2009) Loaves and Fishes Ministries 38-	2407196		Pag	ge 12
Pa	art XI Financial Statements and Reporting		•		
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Of	ther			
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in	,		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accoun	itant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	į	2b		_X_
С	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility f	or oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent a	ccountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year	ar, explain in			
	Schedule O				
d	I If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the	e year were			
	issued on a consolidated basis, separate basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as	set forth in		ŀ	
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not u	ındergo the			

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Loaves and Fishes Ministries

Employer identification number 38-2407196

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 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 1000 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III–Functionally integrated d | Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (IV) Is the organization (v) Did you notify (vi) Is the (ii) EIN (iii) Type of organization (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support col (i) of your (i) organized in the above or IRC section governing document? US? support? (see instructions)) Yes Yes No No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Loaves and Fishes Ministries 38-2407196 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 184.397 230,543 248,323 244,714 1,139,839 231,862 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge 244,714 Total. Add lines 1 through 3 184,397 231,862 230,543 248,323 1,139,839 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) Public support. Subtract line 5 from line 4 1,139,839 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 184,397 230,543 248,323 244,714 1,139,839 231,862 Gross income from interest, dividends, . : : : . . . * 11 . t payments received on securities loans, p.rl rents, royalties and income from similar ь, 4,539 .6,297 9,119 6.724 6,268 32,947 sources -9 - Net income from unrelated business remeter. \$55, in tur activities, whether or not the business is 1 Wycarrospror 0 regularly carned on 0... Other income. Do not include gain or 10 .4 101 25 loss-from-the sale of capital-assets ----(Explain in Part IV) 1 1249 1,172,786 11 Total support. Add lines 7 through 10 4.2 5.7733, Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here • Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 97.19% 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 2.00% 15 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	-					·
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that			_ ,,		، لادلمه، ، ،،	
	exceed the greater of \$5,000 or 1% of the		~ >0 -			5 - 12 / 2 - 2 / 1	Part Control
•	amount on line 13 for the year	٠		٠	. 4.	11 1	
С	Add lines 7a and 7b						,
8	Public support (Subtract line 7c from line 6)				4 ,		
Sect	tion B. Total Support			,	20 c = 1	Carlo Paris	46
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	· (e) 2009 ½,	(f) Total
_	Amounts from line 6	_ ::			, ,	, ,	
9	Amounts nom tine o	1			_	1	
1 -	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				ali Noto	n north 2 d Canarago con	tan a kalenda a
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly						
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
10a b c 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11,	-	second, third, fou	rth, or fifth tax yea			
10a b c 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the	e		rth, or fifth tax yea			
10a b c 11 12 13 14 Sect	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public St.	pport Percent	age				
10a b c 11 12 13 14 Sect 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization, check this box and stop here	pport Percent , column (f) divided	age by line 13, colum			(c)(3)	▶
10a b c 11 12 13 14 Sect 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Support percentage for 2009 (line 8 Public support percentage from 2008 Sche	e Ipport Percent , column (f) divided edule A, Part III, lin	age by line 13, colum e 15			(c)(3)	▶ [
10a b c 11 12 13 14 Sect 15 16 Sect	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Support percentage for 2009 (line 8)	pport Percent , column (f) divided edule A, Part III, lin nt Income Per	age by line 13, colum e 15 centage	n (f))		(c)(3)	▶ [
10a b c 11 12 13 14 Sect 15 16 Sect 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Support percentage for 2009 (line 8 Public support percentage from 2008 Scheion D. Computation of Investme	pport Percent , column (f) divided edule A, Part III, lin nt Income Per ne 10c, column (f)	age by line 13, column e 15 centage divided by line 13,	n (f))		(c)(3)	▶ □ % %
10a b c 11 12 13 14 Sect 15 16 Sect 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Supulic support percentage for 2009 (line 8) Public support percentage from 2008 Scheion D. Computation of Investme Investment income percentage for 2009 (linestimulation)	pport Percent column (f) divided edule A, Part III, lin nt Income Per ne 10c, column (f) Schedule A, Part I	age by line 13, column e 15 centage divided by line 13,	column (f))	r as a section 501	(c)(3) 15 16 17 18	▶ [
10a b c 11 12 13 14 Sect 15 16 Sect 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Supublic support percentage for 2009 (line 8 Public support percentage from 2008 Scheion D. Computation of Investme Investment income percentage from 2008 (linestiment income percentage from 2008 (linestiment income percentage from 2008)	pport Percent column (f) divided edule A, Part III, lin nt Income Per ne 10c, column (f) Schedule A, Part I nization did not che	age by line 13, column e 15 centage divided by line 13, ll, line 17 eck the box on line	column (f)) 14, and line 15 is	r as a section 501	(c)(3) 15 16 17 18 %, and line	▶ [
10a b c 11 12 13 14 Sect 15 16 Sect 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Supublic support percentage for 2009 (line 8 Public support percentage from 2008 Scheion D. Computation of Investme Investment income percentage from 2008 33 1/3 % support tests—2009. If the orga	pport Percent column (f) divided edule A, Part III, lin nt Income Per ne 10c, column (f) Schedule A, Part I nization did not che ox and stop here.	age by line 13, columne 15 centage divided by line 13, line 17 eck the box on line The organization of	column (f)) 14, and line 15 is qualifies as a public	r as a section 501 more than 33 1/3 cly supported orga	(c)(3) 15 16 17 18 %, and line anization	▶ [
10a b c 11 12 13 14 Sect 16 Sect 17 18 19a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public St. Public support percentage for 2009 (line 8 Public support percentage from 2008 Scheion D. Computation of Investme Investment income percentage from 2008 33 1/3 % support tests—2009. If the orga 17 is not more than 33 1/3 %, check this b	ppport Percent column (f) divided edule A, Part III, lin nt Income Per ne 10c, column (f) Schedule A, Part I nization did not che ox and stop here. nization did not che	by line 13, columne 15 centage divided by line 13, line 17 eck the box on line The organization of eck a box on line 1	column (f)) 14, and line 15 is jualifies as a public 4 or line 19a, and	more than 33 1/3 cly supported orgaline 16 is more than	(c)(3) 15 16 17 18 %, and line anization an 33 1/3 %, and	▶ [

Schedule A (Form 990 or 990-EZ) 2009 Loaves and Fishes Ministries

38-2407196

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

L	oaves and Fishes Ministries		38-2407196
Pa	Organizations Maintaining Donor Advised Fu the organization answered "Yes" to Form 990,	nds or Other Similar Funds or A Part IV, line 6.	Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised	<u> </u>
•	funds are the organization's property, subject to the organization's excl		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in	· · · · · · · · · · · · · · · · · · ·	
Ŭ	used only for chantable purposes and not for the benefit of the donor o	• •	
	purpose conferring impermissible private benefit?	donor advisor, or for any other	Yes No
Pa	art II Conservation Easements. Complete if the organic	anization answered "Yes" to For	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im	portant land area
	Protection of natural habitat	Preservation of certified historic	structure
	Preservation of open space		er and a comment
2	Complete lines 2a through 2d if the organization held a qualified conse easement on the last day of the tax year.	rvation contribution in the form of a conse	ervation in the perfect of the second
		, ,	Held at the End of the Tax Year
a	Total number of conservation easements	47, 44, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	2ar to refer requirement
b	Total acreage restricted by conservation easements		2b ' (a
С	Number of conservation easements on a certified historic structure incl	uded in (a)	2c ()
d	Number of conservation easements included in (c) acquired after 8/17/		2d 2x 2 2 2 2
3	Number of conservation easements modified, transferred, released, ex		
	the taxable year ▶		الما الما المارس جدرة الم
4	Number of states where property subject to conservation easement is I	ocated ▶	Some Stellier Commence
5	Does the organization have a written policy regarding the periodic mon		
	violations, and enforcement of the conservation easements it holds?	,	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	oing conservation easements during the y	/ear
	>	· ·	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing o	conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	·	Yes No
9	In Part XIV, describe how the organization reports conservation easem	ents in its revenue and expense stateme	nt, and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	describes
	the organization's accounting for conservation easements.		
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report	in its revenue statement and balance sho	eet works of
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance o	f public service,
	provide, in Part XIV, the text of the footnote to its financial statements t	hat describes these items.	
b	If the organization elected, as permitted under SFAS 116, to report in it	s revenue statement and balance sheet	works of art,
	historical treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pul	blic service,
	provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	ovide the
	following amounts required to be reported under SFAS 116 relating to t	-	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

Sche	dule D (Form 990) 2009 Loaves and	d Fishes	Minis	tries	38-24	07196			Page 2
P	et III Organizations Maintaining	Collections	of Art, Hi	storical Trea	sures, or Other	Similar A	ssets (cd	ntinue	
3	Using the organization's acquisition, accession collection items (check all that apply).	n, and other reco	ords, check a	any of the follow	ing that are a signific	ant use of its			,
а	Public exhibition	d 🗆	Loan or e	xchange progra	ms				
b	Scholarly research	e T	Other _						
С	Preservation for future generations								
4	Provide a description of the organization's coll Part XIV.	ections and expl	ain how the	y further the orga	anization's exempt p	urpose in			
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donation be maintained as	s of art, hist s part of the	orical treasures, organization's o	or other similar collection?			Yes	☐ No
Pa	rt IV Escrow and Custodial Arra IV, line 9, or reported an am	•	•	_	zation answered	"Yes" to F	orm 990	, Part	
	Is the organization an agent, trustee, custodian				her assets not				
	included on Form 990, Part X?	in or other interm	culary for or	on an additional or of	anci assess not		Γ	Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV a	and complete the	following ta	hle [.]			L	_,	
	Tes, explain the arrangement in arrange	ind complete the	TOHOWING 12	DIC.			Ar	mount	
_	Beginning balance					1c			
٦	Additions during the year				-	1d			
u	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on For	m 000 Part Y lu	no 212				<u> </u>	7 ٧	No
	If "Yes," explain the arrangement in Part XIV.	III 990, Pait A, III	116 21 !				L	_ Yes	□ NO
	rt V Endowment Funds. Comple	ete if organiza	ation ans	wered "Ves"	to Form 990 Pa	rt IV line.	1030-		1
	Endowner Tunds. Compic	(a);Current ye			(c) Two years back	(d) Three year			ears back
4' 1a	Beginning of year balance	1.		nt flor	3(0)		—————	7 , .	
	· Contributions · · · · ·			1 19 7 5 11 F T		 	<u> </u>		
	Net investment earnings, gains,	 	DOC FIRE	- = t c ++1		4.5	- V		
, -C						_	Ì		
, 	and losses	2. 2	, y 3	- 11 - 1 - 1 - 1		7, 7			
	Grants or scholarships	a storic			 		,		
е	Other expenditures for facilities.	1.	-" ' '	· · / ! ` i · · · · · · · · · · · · · · · · · ·	[", "		1	•	
	and programs			** * * * * * * * * * * * * * * * * * * *	,		(300 7		
	Administrative expenses	1 15/24	-	11. 6,3 (1.7)				*************	
	End of year balance		<u> </u>	<u> </u>	L	1000	1		
2	Provide the estimated percentage of the year	end balance held	l as [.]	•					
а	Board designated or quasi-endowment ▶	%		1		,			
þ	Permanent endowment %								
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	sion of the organi	ization that a	are held and adr	ninistered for the				
	organization by:						Г.		es No
	(i) unrelated organizations							3a(i)	$+\!\!-\!\!\!-$
	(ii) related organizations						3	Ba(ii)	+
b	If "Yes" to 3a(II), are the related organizations I						L	3b	
4	Describe in Part XIV the intended uses of the c								
Pa	rt VI Investments—Land, Buildir	i e					ī		
	Description of investment	(a) Cost or other		(b) Cost or ot	I	umulated	(d)	Book val	iue
		(investme	nt)	basis (other	r) depr	eciation			
1a	Land					<u> </u>			
b	Buildings								
С	Leasehold improvements						ļ		
d	Equipment								
е	Other								
Total	Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Pa	art X, colum	n (B), line 10(c)))	·L		

Schedule D (Form 990) 2009

	Form 990) 2009 Loaves and Fishes Min		38-2407196	Page 3
Part VII	Investments—Other Securities. See Form 9			
•	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	r market value
Financial deri	vatives			
Closely-held	equity interests			
Other	•			
_ -		-		
		-		
		_		24,10,
		_		_
		-		<u>.</u>
	nn (b) must equal Form 990, Part X, col (B) line 12.)		<u> </u>	
Part VIII	Investments—Program Related. See Form 9	90, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
		 		
	,			
•	1			
··			,	·- · · · · · · · · · · · · · · · · · ·
				
				
				,
	n (b) must equal Form 990, Part X, col (B) line 13.)		E \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Part IX	Other Assets. See Form 990, Part X, line 15.		2 3 3 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ra in propria Outonia
	· (a) Description			(b) Book value
	(4, - 555)			
	(ii) Lossipion			
	(c) seempton			
		· · · · · · · · · · · · · · · · · · ·		
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
otal. (Colum Part X				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	25.		
	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	25.		
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	25.		
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Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	25.		
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Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	25.		
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	25.		
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	25.		
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	25.		
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	25.		
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	25.		
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	25. (b) Amount		

organization's liability for uncertain tax positions under FIN 48

Sch	edule D (Form 990) 2009 Loaves and Fishes Ministries		38-24071			ge 4
P	IRT XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ited Financial State	nents	<u> </u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	,	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	}	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	,	
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)			8		
9	Total adjustments (net). Add lines 4 through 8			9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	ı		10		
Pi	Reconciliation of Revenue per Audited Financial Statemen	nts V	Vith Revenue per Re	turn	-	
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIV)	2d		1		
e	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	[1	۳		
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a h	Other (Describe in Part XIV)	4b.	c	1		,
, D	Add lines:4a and 4b	,	Tripe of	Acr	r didnes in the	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	-	i i i i i i i i i i i i i i i i i i i		Color para Trem	 -
. <u> </u>	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nte			<u>l</u> násti starchteit	247
					इस्तियं स्टब्स् । इस्ति वर्ष	
1 1	Total expenses and losses per audited financial statements		Ayun	*******	111	***
	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1 2-	1 2. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1		
a	A NEW TOTAL OF A NEW TOTAL OF A NEW TOTAL PROPERTY OF THE PARTY OF THE	2a	7- 12- 17-	4	The state of the s	 , -,
		2b .	, , , , , , , , , , , , , , , , , , , ,	{	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
r	Other losses	2c	o Chi an		and the second	·
, d	Other (Describe in Part XIV)	2d	ال الله الله الله الله الله الله الله ا	1	map of	
; е	Add lines 2à through 2d 5 20 5 5		4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		<u>'</u>	
3	Subtract line 2e from line 1	ſ	I	3	1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		ł		
	Other (Describe in Part XIV)	_4b		-		
	Add lines 4a and 4b			4c		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
	rt XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	es 1a	and 4; Part IV, lines 1b			
and :	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line	es 2d	and 4b Also complete			
this p	art to provide any additional information					
						_
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<u> </u>		 	· 	 		_ _

Schedule D (I	orm 990) 2009		oave							Mir	nis	tr	ie	<u>s_</u> _			3	8-	24	071	96						Page	<u>: 5</u>
Part XIV	Supp	leme	ntal I	<u>Infor</u>	mat	ion	(co	ntir	nued)																			
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SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

٠,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

OMB No 1545-0047 2009

Open to Public Inspection

Department c Internal Rever	Department of the Treasury Internal Revenue Service			► Attach to Form 990.	01111 330, Faltiv, IIIIes 21 01 22. 10.	3 Z I OI ZZ.		Open to Public Inspection
Name of the organization	0.1	ביים היא				Employer	Employer Identification number	
Part		nd Assistance				38-24	0/170	•
1 Does the se 2 Descr	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	e the amount of the gra stance? monitoring the use of gr	ints or ass	istance, the grantees' in the United States	eligibility for the grants	or assistance, and	D	Yes X No
Part	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	Governments and recipient that reci 90) if additional sp	Organi eived m ace is n	zations in the Un ore than \$5,000. eeded	Organizations in the United States. Complete if the organization answered "Yes" to eived more than \$5,000. Check this box if no one recipient received more than \$5,00 ace is needed	plete if the org no one recipie	anization answ nt received mo	ered "Yes" to re than \$5,000. Use
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				·				
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				an Garage	; ; ;			
) -			
				l U	1			
2 Enter 3 Enter	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	int organizations			4 4 5 7 5			
		;						

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Schedule I (Form 990) 2009 Loaves and Fishes Ministries	Fishes Ministr		38-2407196		Page 2
Part III Grants and Other Assistance to Individuals in the Ur	e to Individuals in the	United States. Con	plete if the organiza	nited States: Complete if the organization answered "Yes" to Form 990. Part IV. line 22.	١.
Use Part IV and Schedule I-1 (Form 990) if additional	(Form 990) if additio	nal space is needed.			
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
		-			
Food		7,926	,		
		- -			
Furnishings		2,007	, , ,		
		2 Th	 		
Motel lodging		3,256			
		±-	7 7 1		
Utilities		3,513			
		. A			
Utilities-Guests		107			
			-		
Transportation-Guests		1,005			
Identification-Guests		542	-		
Part IV Supplemental Information. Complete this part to provide the information required in Part I. line 2, and any other additional information	Complete this part to p	rovide the informatic	on required in Part I.	line 2. and any other additi	onal information
			1		

Schedule I (Form 990) 2009

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SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Part i

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047 2009 Open to Public inspection Employer identification number (h) Purpose of grant or assistance 38-2407195 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash Attach to Form 990 to list additional information for assistance • • • Schedule I (Form 990), Part II or Part III. if applicable Loaves and Fishes Ministries (p) EIN 1 ١ ١ ١ ١ 1 ١ ļ ı ł I ١ l ١ ļ 1 1 (a) Name and address of organization ١ ١ ١ ١ 1 1 ١ 1 1 ł or government 1 1 1 I 1 I i ١ ı ١ 1 1 1 1 1 1 ١ Name of the organization 1 Ī 1 1 1 1 1 1 ١ ١ 1 ١ Ī 1

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

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Schedule I-1 (Form 990) 2009

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Schedule 1-1 (Form 990) 2009 Loaves and Fishes Ministries 38-2407196 Part # Continuation of Grants and Other Assistance to Individuals in the United States (Schedule 1 / Earm 000) Doct 11 1	and Pishes Ministries	es 38-2407196	07196	000 000	Page 2
	(b) Number of recipients	(c) Amount of cash grant :	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Miscellaneous		. 88			
Medical		1,091			
Rents/Security deposits		1,294			
Zaccaeus House		18,778			
		.I			
			-		
		-			
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		18 19 17 17 17	1.7.7. For		
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		31			•
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					Schedule I-1 (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2009

Department of the Treasury Internal Revenue Service

Luke's House Program.

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

Attach to Form 990.

Open to Public Inspection

Name of the organization

Loaves and Fishes Ministries

Employer identification number 38-2407196

Form 990, Part III, Line 4d - All Other Achievements

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions.

Attachment Sequence No

Nam								fying number 2407196				
	ness or activity to which this form relates				·	-				, _ ,		
	ndirect Depreciat:	ion										
	art I Election To Expen		nerty Under Se	ction	179							
•	Note: If you have a					ı cor	nolete P	art I.				
1	Maximum amount See the instruc				bololo you	<u> </u>	iipioto i	<u> </u>	1		250,000	
2	Total cost of section 179 property	_		00000					2			
3	Threshold cost of section 179 prop	•		instruct	tions)				3		800,000	
4	Reduction in limitation. Subtract lir	•	•						4			
5	Dollar limitation for tax year Subtract lin				no separately s	see inst	ructions		5			
6	(a) Description	· · · · · · · · · · · · · · · · · · ·	57 1000; 07 tor 0 17 77 to		t (business use			lected cost			-	
							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
7	Listed property. Enter the amount	from line 29				7						
8	Total elected cost of section 179 p		ts in column (c) Jin	nes 6 ar	nd 7	<u> </u>			8			
9	Tentative deduction. Enter the sm			.00 0 0.					9			
10	Carryover of disallowed deduction								10			
11	Business income limitation. Enter	•		ss than	zero) or line :	5 (see	instruction	ns)	11			
12	Section 179 expense deduction A		•		•	0 (300	ii isa a dada		12			
13	Carryover of disallowed deduction				.	13	13	1 ,		N 12	·	
	: Do not use Part II or Part III below						14 \	 	- ;	, 1, ,		
	art II Special Depreciati				ion (Do no	at inc	lude list	ed 'nron	ertý)	(See ins	tr.)	
14	Special depreciation allowance for						14	ou prop	J	1000 1110	9.7	
	during the tax year (see instruction		outer than hoted pro	JPO.13 71	pidood iii ooi	*100		.1.	14	, ,	,	
15	Property subject to section 168(f)(•					(i	i i i i i i i i i i i i i i i i i i i	15	٠,	-, ,	
16	Other depreciation (including ACR	•					ر ۱ ر ۱	- ·	- 16	. 1	-	
	art III MACRS Depreciati		ude listed prop	erty)	(See instr	uctio			7 10	1. 2. 7. 7.	71 -11-12 7 7 1	
- 1 1	MACKO Depresia	ion (Do not mon	Secti		1000 111011	aotio	110.7					
17	MACRS deductions for assets place	ced in service in tay			na			,'	17.	1 , 1	9,216	
18	If you are electing to group any assets p					ccount	check here	. —		l		
		Assets Placed in Se							/stem			
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruct	ciation ent use	(d) Recovery period		Convention	(f) Met		(g) Depreci	ation deduction	
19a	3-year property	3577.00	5, 555555									
b	5-year property											
c	7-year property											
	10-year property				<u> </u>							
	15-year property										· · · · · · · · · · · · · · · · · · ·	
f												
a					25 yrs			S/L				
h	Residential rental				27 5 yrs.		ММ	S/L				
	property				27 5 yrs		ММ	S/L				
i	Nonresidential real				39 yrs		MM	S/L				
	property						мм	S/L				
	Section C—As	sets Placed in Serv	rice During 2009 T	ax Yea	r Using the A	Altern	ative Depr			1		
20a	Class life						·	S/L				
	12-year				12 yrs			S/L				
	40-year				40 yrs		мм	S/L				
	ert IV Summary (See ins	tructions.)										
 21	Listed property Enter amount from			•					21			
22	Total. Add amounts from line 12, li		ines 19 and 20 in o	column	(g), and line	21. Er	iter here				-	
_	and on the appropriate lines of you	-							22		9,216	
23	For assets shown above and place											
	portion of the basis attributable to		• ,			23						
			-								1-00	

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of Internal Reven			► Fü	e a separate application for each return.			1			
		tomatic 3-Month Extension	on. compl	lete only Part I and check this box					▶ 2	ĸΤ
			-	extension, complete only Part II (on page 2 of	this form).			, =	
				an automatic 3-month extension on a previously			68			
Part I				e. Only submit original (no copies ne		-				_
A compression	required to file	Earm 000 T and requeste		matic C month autonous about the house of						
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only									⊾Г	٦
· •		t		40 N						J
-	come tax returr		inips, REN	AICs, and trusts must use Form 7004 to reques	st an exte	nsion	of			
Electronic Fi	ilina (e-file). Ge	enerally you can electronic	ally file Fo	orm 8868 if you want a 3-month automatic exter	nsion of ti	me to	file			
				ed to file Form 990-T). However, you cannot file						
				th extension or (2) you file Forms 990-BL, 6069			qı			
				must submit the fully completed and signed pa						
8868. For mo	ore details on th	e electronic filing of this for	m, visit w	ww.irs gov/efile and click on e-file for Chaпties	& Nonpro	fits.				
Type or	Name of Ex	empt Organization			E	mploy	yer identifi	cation nur	nber	
print										
File by the								8-2407196		
due date for filing your	I Number, street, and foom of suite no if a P.O. box, see instructions									
return See instructions				a foreign address, see instructions						_
mod dodono	Lansin			I 48906-5065						
Check type o	-	filed (file a separate applica			,					_
X Form 99	90			Form 990-T (corporation)			Fo	orm 4720		
Form 99	90-BL			Form 990-T (sec 401(a) or 408(a) trust)	ł		☐ Fo	orm 5227		
Form 99	90-EZ			Form 990-T (trust other than above)			Fo	orm 6069		
Form 99	90-PF			Form 1041-A			Fo	orm 8870		
							_			
.		4 h								
• The books	s are in the car	e of ▶ Erma Cha	stine							
Telephone	e No ▶ 51'	7-482-2099		FAX No. ▶						
•			of busines	s in the United States, check this box					▶ [1
				Group Exemption Number (GEN)	. If th	his is			, <u> </u>	,
	group, check th			t of the group, check this box	and atta	ch				
a list with the i	names and EIN	ls of all members the exten	sion will c	over						
				required to file Form 990-T) extension of time						
			zation retu	ım for the organization named above The exte	nsion is					
	organization's re									
	calendar year									
▶ 📙	tax year beginr	ing , and	ending	·						
2 If thus to		a than 10 manths, shoot so	Г]						
2 If this tax	x year is for les	s than 12 months, check re	ason: _	Initial return Final return Cha	ange in ac	ccoun	ting period			
3a If this ap	polication is for	Form 990-BL 990-PF 990	T 4720 d	or 6069, enter the tentative tax,						-
-	•	credits. See instructions.	., 20, .		Į	3a	\$			
			er any refu	undable credits and estimated tax			· ·		-	_
		e any prior year overpayme	•		ŀ	3ь	\$			
				ment with this form, or, if required,						_
				ectronic Federal Tax Payment		ĺ				
System)	See instructio	ns.				3с	\$			_
		nake an electronic fund with	drawal wi	th this Form 8868, see Form 8453-EO and For	m 8879-E	0				
for payment in:			-							_
For Privacy Ac	ct and Paperwe	ork Reduction Act Notice,	see Instri	uctions.			Form	8868 (Rev	/ 4-2009))

Form 8868 (I	Rev 4-2009)				_		٧	'Page 2
 If you are 	e filing for an Additional (N	ot Automatic) 3-Month Extension, complete	only Part II and	d check this box				► X
Note. Only c	omplete Part II if you have	already been granted an automatic 3-month e	extension on a pr	reviously filed Form	1 8868.			
 If you are 		Month Extension, complete only Part I (on p						
Part II	Additional (Not A	utomatic) 3-Month Extension of Ti	me. Only file	the original (no	copi	<u>es neede</u>	ed)	
Type or	Name of Exempt Organ	nization			Employ	er identific	ation nur	mber
print								
File by the	Loaves_and	Fishes Ministries			<u> 38-2</u>	40719	6	
extended	Number, street, and ro	Number, street, and room or suite no. If a P.O. box, see instructions						
due date for filing the	831 North S							
return See	City town or post office	, state, and ZIP code. For a foreign address,	see instructions.		.,,			
instructions	Lansing	MI 48906-50	65					
Check type of	of return to be filed (File a	separate application for each return)						
X Form 9	90	Form 990-PF		Form 1041-A			Form 6069	€
Form 9	90-BL	Form 990-T (sec 401(a) or 408(a) trust)		Form 4720		F	orm 8870)
Form 9	90-EZ	Form 990-T (trust other than above)		Form 5227				
STOP! Do no	t complete Part II if you v	vere not already granted an automatic 3-mo	nth extension o	n a previously file	d Form	8868.		
The book	s are in the care of	Erma Chastine						
Telephon	e No ▶ 517-482-	·2099 FAX No ▶						
•		office or place of business in the United State	es, check this bo	×				▶ 🗍
If this is for	or a Group Return, enter th	e organization's four digit Group Exemption N	lumber (GEN)	If this	ıs	•		_
for the whole	group, check this box	. If it is for part of the group, ch	eck this box	▶ and	d attach	١a		
	ames and EINs of all mem			_				
		tension of time until 11/15/10.			-			
		r other tax year beginning	, and ending	4,			2005	م، بن ر
		nonths, check reason: Initial return [Final return	Change in a	accoun	tina penod	2.00	
	If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period Change State in detail why you need the extension							
		is requested to gather	informat	tion to p	repa	re a l	combl	ete -
	accurate ret						-	- : 4 4
				_				
8a If this ai	onlication is for Form 990-	BL, 990-PF, 990-T, 4720, or 6069, enter the to	ntative tax		<i> </i> ,.	, ,	7 1 3 TH	
	nonrefundable credits. Se			.,.	8a	\$ 5	, E	
		PF, 990-T, 4720, or 6069, enter any refundable	e credits and				ĉ n	-F'f 1300
		,[,	, ,	, -			
	paid previously with Form	lude any pnor year overpayment allowed as a	orcan and any		8b	\$	•	
		n line 8a Include your payment with this form	or if required (denosit	1.00			
		using EFTPS (Electronic Federal Tax Payme			8c	\$		
William	Coupon or, ii required, by	Signature and Ve		insuucions .	1 001	<u> </u>		
	of perjury, I declare that I have and complete, and that I am a	examined this form, including accompanying schedu		, and to the best of m	y knowle	dge and belie	∍f,	
Cianatura A		Title ▶				Date	08/1	12/10
Signature 🕨		Title P					8868 (Rev	
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