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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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization LOAVES AND FISHES MINISTRY OF MACON, GEORGIA, INC.		D Employer identification number 58-1880653	
		Doing Business As			
		Number and street (or P O box if mail is not delivered to street address) P. O. BOX 825			Room/suite
		City or town, state or country, and ZIP + 4 MACON GA 31202			
		F Name and address of principal officer CHARLES L. HINES - EXECUTIVE DIR P.O. BOX 825 MACON GA 31202			

I Tax-exempt status 501(c) (3) ▲ (insert no) 4947(a)(1) or 527J Website: ► **N/A**K Type of organization Corporation Trust Association Other ► L Year of formation **1988** M State of legal domicile **GA****Part I Summary**

1 Briefly describe the organization's mission or most significant activities

PROVIDE SUPPORTIVE SERVICES AND TRANSITIONAL HOUSING FOR THE WORKING POOR AND HOMELESS POPULATION IN THE MIDDLE GEORGIA AREA.2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of employees (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34

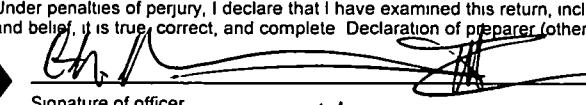
3	26
4	26
5	8
6	75
7a	
7b	0

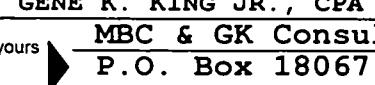
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
		392,815	401,929	
	9 Program service revenue (Part VIII, line 2g)			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	520	1,044	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,125	2,017	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	399,460	404,990	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	RECEIVED		
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	181,532	189,348	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25)	220,419	230,154	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24)	401,951	419,502	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-2,491	-14,512	
	19 Revenue less expenses Subtract line 18 from line 12			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year
		554,150	627,075	
		36,035	123,472	
		518,115	503,603	

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Sign Here  Signature of officer Charles L. Hines III Executive Director Type or print name and title	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	Date 12-10-10			

Paid Preparer's Use Only Preparer's signature  GENE K. KING JR., CPA	Date 11/19/10	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) 250-80-0656
Firm's name (or yours if self-employed), address, and ZIP + 4  MBC & GK Consulting & Accounting, LLC P.O. Box 18067 Macon, GA 31210-8067	EIN ► 58-2152863	Phone no ► 478-471-6888	

May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
DAAX Yes No

Form 990 (2009)

917-20

23

Form 990 (2009) **LOAVES AND FISHES MINISTRY OF**
Part III Statement of Program Service Accomplishments**58-1880653**

Page 2

1 Briefly describe the organization's mission

PROVIDE SUPPORTIVE SERVICES AND TRANSITIONAL HOUSING FOR THE WORKING POOR AND HOMELESS POPULATION IN THE MIDDLE GEORGIA AREA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

 Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

 Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.4a (Code) (Expenses \$ **369,378** including grants of \$) (Revenue \$)
PROVIDE SUPPORTIVE SERVICES AND TRANSITIONAL HOUSING TO THE WORKING POOR AND HOMELESS POPULATION IN THE MIDDLE GEORGIA AREA

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► **369,378**

Form 990 (2009)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

6 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," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 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," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 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 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 Schedule D, Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b 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

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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

	Yes	No
1	X	
2	X	
3		X
4		X
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12		X
12A	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20		X

Form 990 (2009) **LOAVES AND FISHES MINISTRY OF**
Part IV Checklist of Required Schedules (continued)**58-1880653**

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		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 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 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	
c	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 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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)		
a	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 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 family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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, 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 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	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable

1a	13	Yes	
1b	0	No	

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c	X		
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2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2a	8		
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b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)

2b	X		
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3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

3a		X	
----	--	---	--

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4a		X	
----	--	---	--

b If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5a		X	
----	--	---	--

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5b		X	
----	--	---	--

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?

5c			
----	--	--	--

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?

6a		X	
----	--	---	--

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

6b			
----	--	--	--

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

7a		X	
----	--	---	--

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

7b			
----	--	--	--

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7c		X	
----	--	---	--

d If "Yes," indicate the number of Forms 8282 filed during the year

7d			
----	--	--	--

e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e		X	
----	--	---	--

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7f		X	
----	--	---	--

g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?

7g		X	
----	--	---	--

h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?

7h		X	
----	--	---	--

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			
---	--	--	--

9 Sponsoring organizations maintaining donor advised funds.

a 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			
----	--	--	--

10 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12

10a			
-----	--	--	--

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b			
-----	--	--	--

11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders

11a			
-----	--	--	--

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

11b			
-----	--	--	--

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12a			
-----	--	--	--

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b			
-----	--	--	--

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body **26**
 b Enter the number of voting members that are independent **26**

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **X**

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? **X**

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? **X**

5 Did the organization become aware during the year of a material diversion of the organization's assets? **X**

6 Does the organization have members or stockholders? **X**

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **X**
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
 a The governing body? **X**
 b Each committee with authority to act on behalf of the governing body? **X**

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O **X**

	Yes	No
1a	26	
1b	26	
2		X
3		X
4		X
5		X
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9		X

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

10a Does the organization have local chapters, branches, or affiliates? **X**
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **X**

11a Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy? **X**

14 Does the organization have a written document retention and destruction policy? **X**

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 a The organization's CEO, Executive Director, or top management official **X**
 b Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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? **X**

	Yes	No
10a	X	
10b		
11		X
12a	X	
12b		X
12c	X	
13		X
14		X
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **GA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 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 interest 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 ► **CHARLES L. HINES** **651 MARTIN LUTHER KING BLVD**
MACON **GA 31201** **478-254-2804**

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.

Check this box if the above information is incorrect or incomplete.

Check this box if the organization did not compensate any current officer, director, or trustee

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

1b Total

44,829

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

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

8

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	10,618			
	d Related organizations	1d				
	e Government grants (contributions)	1e	147,957			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	243,354			
	g Noncash contributions included in lines 1a-1f		\$ 56,110			
	h Total. Add lines 1a-1f		► 401,929			
Program Service Revenue		Busn Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		►			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	►	1,044	1,044		
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►				
	6a Gross Rents	(i) Real	(ii) Personal			
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)	►				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis & sales exps						
c Gain or (loss)						
d Net gain or (loss)	►					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events	►					
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities	►					
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory	►					
Miscellaneous Revenue	Busn. Code					
11a INSURANCE REIMBURSEMENT		2,017	2,017			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	►	2,017				
12 Total Revenue. See instructions	►	404,990	3,061	0	0	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
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	44,829	30,035	14,794	
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	113,096	101,786	11,310	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	17,549	15,794	1,755	
10 Payroll taxes	13,874	12,487	1,387	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	3,300	2,970	330	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	4,660	4,194	466	
14 Information technology				
15 Royalties				
16 Occupancy	107,735	96,961	10,774	
17 Travel	1,660	1,660		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	345	310	35	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,934	17,941	1,993	
23 Insurance	7,919	7,127	792	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FOOD - BREAD	28,679	28,679		
b CASH/FOOD/MISC ASSIST	16,522	16,522		
c COMMUNICATION EXP	15,891	14,302	1,589	
d VEHICLE EXPENSE	9,559	9,559		
e FUNDRAISING EVENTS	4,460			4,460
f All other expenses	9,490	9,051	439	
25 Total functional expenses. Add lines 1 through 24f	419,502	369,378	45,664	4,460
26 Joint costs. Check here ► <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest bearing	8,668	1	16,902	
	2 Savings and temporary cash investments	11,471	2	96,058	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	694,962			
	b Less accumulated depreciation	180,885	534,011	10c	514,077
	11 Investments—publicly traded securities			11	
	12 Investments—other securities See Part IV, line 11			12	
	13 Investments—program-related See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets See Part IV, line 11			15	38
16 Total assets. Add lines 1 through 15 (must equal line 34)	554,150	16	627,075		
Liabilities	17 Accounts payable and accrued expenses	4,035	17	3,958	
	18 Grants payable		18		
	19 Deferred revenue		19	87,514	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities Complete Part X of Schedule D	32,000	25	32,000	
	26 Total liabilities. Add lines 17 through 25	36,035	26	123,472	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		27		
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds	518,115	32	503,603	
	33 Total net assets or fund balances	518,115	33	503,603	
	34 Total liabilities and net assets/fund balances	554,150	34	627,075	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 b Were the organization's financial statements audited by an independent accountant?
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
 d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

4947(a)(1) nonexempt charitable trust

**LOAVES AND FISHES MINISTRY OF
MACON, GEORGIA, INC.**

Employer identification number
58-1880653

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 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

5 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)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

9 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)

10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III—Functionally integrated d Type III—Other

e 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)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 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) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	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	►	<input type="checkbox"/>
b 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	►	<input type="checkbox"/>
17a 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	►	<input type="checkbox"/>
b 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	319,824	272,122	362,586	398,940	382,646	1,736,118
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					3,061	3,061
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	319,824	272,122	362,586	398,940	385,707	1,739,179
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						1,739,179

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	319,824	272,122	362,586	398,940	385,707	1,739,179
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6	89	1	520	1,044	1,660
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6	89	1	520	1,044	1,660
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	319,830	272,211	362,587	399,460	386,751	1,740,839
14 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) organization, check this box and stop here	► <input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99 90 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	► <input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2009 **LOAVES AND FISHES MINISTRY OF** **58-1880653** Page 4

Part.IV **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

2009Open to Public
Inspection

Name of the organization

**LOAVES AND FISHES MINISTRY OF
MACON, GEORGIA, INC.**

Employer identification number

58-1880653**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► — — — —

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

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

 Yes No

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

► — — — —

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

► \$ — — — —

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

 Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

► \$ — — — —
► \$ — — — —

Schedule D (Form 990) 2009 **LOAVES AND FISHES MINISTRY OF** **58-1880653** **Page 2****Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

	Amount
1c	
1d	
1e	
1f	

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		120,196		120,196
b Buildings		548,397	159,887	388,510
c Leasehold improvements				
d Equipment	15,469		15,330	139
e Other	10,900		5,668	5,232

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

514,077

Schedule D (Form 990) 2009 LOAVES AND FISHES MINISTRY OF

58-1880653

Page 3

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		

Part VIII Investments—Program Related. See Form 990 Part X line 13

Total. (Column (b) must equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

Part X Other Liabilities. See Form 990, Part X, line 25

1	(a) Description of liability	(b) Amount
Federal income taxes		
STATE HOUSING TRUST		32,000

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

32,000

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

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	10

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

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		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2009 **LOAVES AND FISHES MINISTRY OF**
Part XIV Supplemental Information (continued)**58-1880653****Page 5**

SCHEDULE M
(Form.990)Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No 1545-0047

2009**Open To Public
Inspection**Name of the organization **LOAVES AND FISHES MINISTRY OF MACON, GEORGIA, INC.** Employer identification number **58-1880653****Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	12	21,300	RENT SUBSIDY FMV
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	52	28,679	RESTAURANT RETAIL FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (PART TIME HELP)	X	52	6,131	RATE X NUMBER OF HOURS
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

**LOAVES AND FISHES MINISTRY OF
MACON, GEORGIA, INC.**Employer identification number
58-1880653**Form 990, Part VI, Line 6 - Classes of Members or Stockholders****THE ORGANIZATION IS MADE UP OF MEMBERS****Form 990, Part VI, Line 7a - Election of Members and Their Rights****EACH AFFILIATED CHURCH ELECTS 2 MEMBERS TO THE GOVERNING BODY****Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members****TWENTY-SIX VOTING MEMBERS MAKE UP THE GOVERNING BODY OF LOAVES AND FISHES
MINISTRY. DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL OF THE
MAJORITY OF ITS MEMBERS.****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 12c - Enforcement of Conflicts Policy****Inquiry of its members****Form 990, Part VI, Line 15a - Compensation Process for Top Official**
REVIEW BY THE BOARD**Form 990, Part VI, Line 15b - Compensation Process for Officers**
REVIEW BY THE BOARD**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**
UPON REQUEST

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Sec. 179 Bonus	Savage/ Basis Adj.	Depreciation	Current Depreciation	Total Depreciation
Net for: 1623						60,322.50		0.00	0.00	6,882.05	1,155.03
24		PINE VALLEY DRIVE HOUSE	7/9/2003	ADS / MM	40.0000	51,599.21	100.0000	0.00	0.00	7,686.13	1,289.98
25		PINE VALLEY DRIVE LAND	7/9/2003	No Calc / N/A	0.0000	23,388.29	100.0000	0.00	0.00	0.00	0.00
Subtotal: 1624						74,987.50		0.00	0.00	7,686.13	1,289.98
Less dispositions and exchanges:						0.00		0.00		0.00	0.00
Net for: 1624						74,987.50		0.00	0.00	7,686.13	1,289.98
26		DELLWOOD AVENUE HOUSE	12/1/2003	ADS / MM	40.0000	39,649.05	100.0000	0.00	0.00	5,493.06	991.23
27		DELLWOOD AVENUE LAND	12/1/2003	No Calc / N/A	0.0000	12,307.69	100.0000	0.00	0.00	0.00	0.00
Subtotal: 1625						51,956.74		0.00	0.00	5,493.06	991.23
Less dispositions and exchanges:						0.00		0.00		0.00	0.00
Net for: 1625						51,956.74		0.00	0.00	5,493.06	991.23
28		EUELL AVENUE HOUSE	11/10/2003	ADS / MM	40.0000	60,417.86	100.0000	0.00	0.00	8,496.28	1,510.45
29		EUELL AVENUE LAND	11/10/2003	No Calc / N/A	0.0000	10,653.62	100.0000	0.00	0.00	0.00	0.00
Subtotal: 1626						71,071.48		0.00	0.00	8,496.28	1,510.45
Less dispositions and exchanges:						0.00		0.00		0.00	0.00
Net for: 1626						71,071.48		0.00	0.00	8,496.28	1,510.45
30		GREENWICH PLACE HOUSE	11/10/2003	ADS / MM	40.0000	67,456.53	100.0000	0.00	0.00	9,486.06	1,686.41
31		GREENWICH PLACE LAND	11/10/2003	No Calc / N/A	0.0000	16,430.79	100.0000	0.00	0.00	0.00	0.00
Subtotal: 1627						83,887.32		0.00	0.00	9,486.06	1,686.41
Less dispositions and exchanges:						0.00		0.00		0.00	0.00
Net for: 1627						83,887.32		0.00	0.00	9,486.06	1,686.41
32		LEASEHOLD IMPROVEMENTS	12/31/1994	SL / N/A	20.0000	14,542.00	100.0000	0.00	0.00	10,543.20	727.10
11		LEASEHOLD IMPROVEMENTS	1/18/1995	SL / N/A	20.0000	4,800.00	100.0000	0.00	0.00	3,360.00	240.00
12		BUILDING IMPROVEMENTS REBEKAH HOUSE									3,600.00

**LOAVES & FISHES MINISTRY OF MACON, INC. [519]
Depreciation Expense**

Sorted: General - Department

Federal

07/01/2019 = 08/08/2010

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Beg. Accum.	Sec. 179/ Bonus	Salvage/Basis	Current	Depreciation	Total
------------	---	-------------	-----------------	----------------	------	--------------------	-------------	-----------------	---------------	---------	--------------	-------

13	WASHER/DRYER REBEKAH HOUSE	10/31/1997 SL / N/A	20.0000	19,900.00	100.0000	0.00	0.00	11,608.33	995.00	12,603.33	12,603.33
	Subtotal: 1630		39,242.00	0.00	0.00	0.00	0.00	25,511.53	1,982.10	27,473.63	27,473.63
Less dispositions and exchanges:											
	Net for: 1630		39,242.00	0.00	0.00	0.00	0.00	25,511.53	1,982.10	27,473.63	27,473.63
<hr/>											
3	AIR CONDITIONER STEPHANAS HOUSE	1/13/1994 SL / N/A	5.0000	500.00	100.0000	0.00	0.00	500.00	0.00	500.00	500.00
4	COPIER	7/17/1998 SL / N/A	7.0000	407.00	100.0000	0.00	0.00	407.00	0.00	407.00	407.00
5	TYPEWRITER	11/1/1993 SL / N/A	5.0000	840.00	100.0000	0.00	0.00	840.00	0.00	840.00	840.00
6	PRINTER/FAX	1/4/1994 SL / N/A	5.0000	408.00	100.0000	0.00	0.00	408.00	0.00	408.00	408.00
7	IBM COMPUTER	2/13/1995 SL / N/A	5.0000	1,167.00	100.0000	0.00	0.00	1,167.00	0.00	1,167.00	1,167.00
8	COMPUTER FURNITURE	1/30/1996 SL / N/A	5.0000	3,997.00	100.0000	0.00	0.00	3,963.52	0.00	3,963.52	3,963.52
9	COMPUTERS COMPUTER SOLUTIONS	1/30/1996 SL / N/A	7.0000	950.00	100.0000	0.00	0.00	944.72	0.00	944.72	944.72
10	WASHER/DRYER	5/28/1999 SL / N/A	5.0000	5,997.95	100.0000	0.00	0.00	5,997.95	0.00	5,997.95	5,997.95
32	32/7/2005 SL / N/A	5.0000	1,202.00	100.0000	0.00	0.00	861.43	240.40	1,101.83	1,101.83	
	Subtotal: 1640		15,468.95	0.00	0.00	0.00	0.00	15,089.62	240.40	15,330.02	15,330.02
	Less dispositions and exchanges:										
	Net for: 1640		15,468.95	0.00	0.00	0.00	0.00	15,089.62	240.40	15,330.02	15,330.02
<hr/>											
33	2004 FORD F150	9/16/2008 M / HY	5.0000	10,900.00	100.0000	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Subtotal: 1650		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1650		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1660		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1660		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1670		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1670		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1680		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1680		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1690		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1690		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1700		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1700		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1710		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1710		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1720		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1720		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1730		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1730		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1740		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1740		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1750		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1750		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1760		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1760		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1770		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1770		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1780		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1780		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1790		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1790		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1800		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1800		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1810		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1810		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1820		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1820		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
<hr/>											
	Subtotal: 1830		10,900.00	0.00	0.00	0.00	0.00	2,180.00	3,488.00	5,668.00	5,668.00
	Less dispositions and exchanges:										
	Net for: 1830		10,900.00	0.00	0.00	0.00 </					

Loaves and Fishes Ministry Board of Directors
June, 2010
DUNS #860114149

Bcall, Edwina 3404 Ridge Avenue 31204 St. Andrew's Presbyterian Female, Caucasian, not homeless	H: 474-1073 C: 747-8079 F: 474-1073 Edwinahb@aol.com
Bongiovanni, Fred 140 Brandon Way 31210 First Baptist Church of Christ Male, Caucasian, not homeless	W: 301-5395 bongiovann_F@mercer.edu
Bowens, Lenora Rebekah House Residential Transitional Housing Program Female, African American, Homeless	
Carpenter, Jake 1054 Walnut Street 31201 Member-At-Large Engineer Male, Caucasian, not Homeless	C: 501-6410 jcarpenter@carterslope.com
Holland, C. Terry 227 Orange St. 31201 St. Paul's Episcopal Immediate Past President Interior Decorator Male, Caucasian/Russian, not Homeless	C: 747-3094 W: 746-1939 JSL36@aol.com
Jennings, Anthony Caldwell Complex Adult Transitional Housing Program Male, African American, Homeless	H: 508-2141 Aprogress1@yahoo.com
Kendall, Meredith 1731 Twin Pines Dr. Macon, GA 31210 Washington Avenue Presbyterian Female, African American, not Homeless	H: 476-0316 C: 706-975-9980 meredith_alice@yahoo.com
Kitchens, Gwen 656 Lee Rd. 31204 Northminster Presbyterian Retired Educator Female, Caucasian, not Homeless	H: 745-5210 georgiamind@cox.net

Lewis, Rev. Charles 478-742-4922
Pastor, Steward Chapel AME Church
887 Forsyth Street
Macon, GA 31202

Lightsey, Pamela H: 475-1749
291 Northridge Dr. 31220 W: 621-2603
St. Paul's' Episcopal C: 731-1824
Secretary pam.lightsey@usdoj.gov
DOJ - Community Relations
Female, Caucasian, not Homeless

Long, Jody W: 742-6485
511 High Place 31201 jodytlong@gmail.com
First Baptist Church of Christ
Male, Caucasian, not Homeless

McCord, Nita W: 742-3676
Member-At-Large H/C: 957-1947
Treasurer macontime 1@yahoo.com
Certified Public Accountant
Female, Caucasian, not Homeless

McNaughton, Jane H: 741-1870
2265 Robin Lyn Ct. 31204 W: 757-4098
Member-at-Large janieinmaconga@hotmail.com
Past President
Rehab Counselor
Female, Caucasian, not Homeless

O'Neal, June W: 765-8624
1233 Bass Road 31210 C: 954-4346
Member-at Large H: 477-3092
Exec. Dir. Mentors Project joneal@bibb.k12.ga.us
Female, Caucasian, not Homeless

Osmus, Kyra W: 301-5390
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St. Andrews Presbyterian C: 719-2836
Past President Osmus_KL@Mercer.edu
Professor, Human Services
Female, Caucasian, not Homeless

Pettigrew, Mildred H: 745-8820
P.O. Box 5092 31208 milmpet@aol.com
Holsey Temple CME
Retired BOE Registrar
Female, African American, not Homeless

Sexton, Judy H: 478-361-4066
3219 Upper River Road 31211 49kanga@gmail.com
St. Francis Episcopal
Female, Caucasian, not Homeless

Stollenwerck, Heidi H: 781-2435
117 Ellis Way 31216 C: 390-7714
St. Francis Episcopal heidi.stollenwerck@cox.net
DFCS Social Service Supervisor
Female, Caucasian, not Homeless

Tolliver, Eula H: 477-2686
1935 Forest Hill Road 31204 culat3@cox.net
Holsey Temple CME
Minister
Female, African American, not Homeless

Uebel, Christine H: 571-213-1887
882 Horne Road, Roberta 31078 cuebel@pstel.net
St. James Episcopal
Vice President
Ret. AF Colonel
Female, Caucasian, not Homeless

Walker, Anna W: 301-4067
632 Byars Drive 31210 walker_an@mercer.edu
St. James Episcopal
Professor/Physician
Female, Caucasian, not Homeless

Waller, Mary H: 741-9566
1078 Clay Avenue 31211 C: 737-4605
Christ Episcopal mary@marywaller.com
Female, Caucasian, not Homeless

Walton, Joan H: 745-4351
2988 Malibu Drive 31211 wdcbred@aol.com
Washington Avenue Presbyterian
Retired Educator
Female, African American, not Homeless

Washington, Shirley H: 781-5247
Steward Chapel AME C: 731-1315
Female, African American, not Homeless stwashington@cox.net

Whitaker, Genny H: 474-2106
300 E. Breckinridge 31210 ggwhit@cox.net
Northminster Presbyterian
President
Retired Professor
Female, Caucasian, not Homeless

Loaves and Fishes Staff

Executive Director
Charles Hines

W: 741-1007 loaves_hines@bellsouth.net
C: 318-5076

Senior Case Manager

Pastor P. Henderson Little W: 741-1007 loaves_little@bellsouth.net

Adult Case Manager
Mark Jones W: 741-1007 loaves_jones@bellsouth.net

Day Life Center Coordinator
Bridgette Coley W: 741-1007 loaves_coley@bellsouth.net

Administrative Assistant
Sarah Tapley W: 741-1007 loaves_tapley@bellsouth.net

Form **8868**
(Rev April 2009)Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

► **Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

►

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

►

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization LOAVES AND FISHES MINISTRY OF MACON, GEORGIA, INC.	Employer identification number 58-1880653
	Number, street, and room or suite no. If a P O box, see instructions P.O. BOX 825	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MACON GA 31202	

Check type of return to be filed (file a separate application for each return)

Form 990
 Form 990-BL
 Form 990-EZ
 Form 990-PF

Form 990-T (corporation)
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 990-T (trust other than above)
 Form 1041-A

Form 4720
 Form 5227
 Form 6069
 Form 8870

- The books are in the care of ► **CHARLES L. HINES**

Telephone No ► **478-254-2804**FAX No ► **478-254-2807**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover

►

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year or
 ► tax year beginning **07/01/09**, and ending **06/30/10**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)