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Form **990**Department of the Treasury
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

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11****B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization **LOAVES AND FISHES MINISTRY OF
MACON, GEORGIA, INC.**

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****D** Employer identification number**58-1880653****E** Telephone number**478-741-1007****G** Gross receipts \$ **387,740****F** Name and address of principal officer**CHARLES L. HINES - EXECUTIVE DIR****P.O. BOX 825****MACON****GA 31202****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **N/A****H(c)** Group exemption number ▶**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1988****M** State of legal domicile **GA****Part I Summary**

Activities & Governance

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)**3** **26****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **26****5** Total number of individuals employed in calendar year 2010 (Part V, line 2a)**5** **8****6** Total number of volunteers (estimate if necessary)**6** **75****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a** **0****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0**

Revenue

8 Contributions and grants (Part VIII, line 1b)

Prior Year

401,929

Current Year

386,728**9** Program service revenue (Part VIII, line 2g)**1,044****1,012****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**2,017****11** Other revenue (Part VIII, column (A), lines 5, 6d-8c, 9c, 10c, and 11e)**404,990****387,740****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)**189,348****187,252****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)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **3,612****230,154****204,443****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**419,502****391,695****18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**-14,512****-3,955****19** Revenue less expenses Subtract line 18 from line 12Net Assets or
Fund Balances

Beginning of Current Year

627,075

End of Year

576,856**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**123,472****78,868****22** Net assets or fund balances. Subtract line 21 from line 20**503,603****497,988****Part II Signature Block**Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is
true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledgeSign
Here

Signature of officer

Date

Charles L. Hines, III, Executive Director**12-12-12**

Type or print name and title

Paid

Preparer
Use Only

Print/Type preparer's name

GENE K. KING JR., CPA

Preparer's signature

Date

12/04/11Check ☒ if PTINself-employed **P01248591**

Firm's name ▶

MBC & GK Consulting & Accounting, LLC

Firm's EIN ▶

58-2152863

Firm's address ▶

P.O. Box 18067

Phone no

478-471-8585

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

DAA

917 13

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**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 \$ **342,985** including grants of \$) (Revenue \$)
PROVIDE SUPPORTIVE SERVICES AND TRANSITIONAL HOUSING TO THE WORKING POOR AND HOMELESS POPULATION IN THE MIDDLE GEORGIA AREA.

THE FOLLOWING IN-KIND DONATIONS FOR SERVICES, AND FACILITIES HAVE NOT BEEN REPORTED IN PART VIII, STATEMENT OF REVENUE BUT ARE LISTED BELOW AS A NARRATIVE AS PER PART III INSTRUCTIONS.

GIBSON - DONATED ACCOUNTING SERVICES \$1800
EXPERIENCE WORKS - DONATED HELP SERVICE \$13,572
MCT WHOLESALE - DONATED FACILITY \$21,300

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 ► **342,985**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c 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		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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, Parts I and IV		X
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, Parts II and IV		X
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, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
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		X
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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	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		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		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		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		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
25b 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		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		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		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)		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		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		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	X	

☐ Yes ☒ No

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	4	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.	8	
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 (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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.

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

- 1a** Enter the number of voting members of the governing body at the end of the tax year
- 1b** Enter the number of voting members included in line 1a, above, who are independent
- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?
- 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5** Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6** Does the organization have members or stockholders?
- 7a** Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
- b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a** The governing body?
- b** Each committee with authority to act on behalf of the governing body?
- 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

	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?
- 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?
- 11a** Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?
- b** 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?
- 14** Does the organization have a written document retention and destruction policy?
- 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
- 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?

	Yes	No
10a		X
10b		
11a		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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES HINES DIRECTOR	40.00	X						52,162	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							52,162			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							52,162			

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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

(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 **0**

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 7,673				
	d Related organizations	1d				
	e Government grants (contributions)	1e 154,536				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 224,519				
	g Noncash contributions included in lines 1a-1f \$	23,408				
h Total. Add lines 1a-1f			386,728			
Program Service Revenue	2a	Busn. Code				
	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)		1,012	1,012		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real (ii) Personal				
	6a Gross Rents					
	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						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			387,740	1,012	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	52,163	34,949	17,214	
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	105,354	94,819	10,535	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	16,212	14,591	1,621	
10 Payroll taxes	13,523	12,171	1,352	
11 Fees for services (non-employees):				
a Management				
b Legal	99	89	10	
c Accounting	3,550	3,195	355	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	4,569	4,112	457	
14 Information technology				
15 Royalties				
16 Occupancy	89,884	80,896	8,988	
17 Travel	1,149	1,149		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	464	418	46	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,399	16,559	1,840	
23 Insurance	8,619	7,757	862	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FOOD - BREAD	23,408	23,408		
b CASH/FOOD/MISC ASSIST	18,049	18,049		
c COMMUNICATION EXP	16,013	14,412	1,601	
d VEHICLE EXPENSE	8,531	8,531		
e FUNDRAISING EVENTS	3,612			3,612
f All other expenses	8,097	7,880	217	
25 Total functional expenses. Add lines 1 through 24f	391,695	342,985	45,098	3,612
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	16,902	1	2,808
	2 Savings and temporary cash investments	96,058	2	78,370
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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	10a 694,962		
	b Less: accumulated depreciation	10b 199,284	514,077	10c 495,678
	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	38	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	627,075	16	576,856	
Liabilities	17 Accounts payable and accrued expenses	3,958	17	3,368
	18 Grants payable		18	
	19 Deferred revenue	87,514	19	43,500
	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	123,472	26	78,868
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	503,603	32	497,988
33 Total net assets or fund balances	503,603	33	497,988	
34 Total liabilities and net assets/fund balances	627,075	34	576,856	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	387,740
2	Total expenses (must equal Part IX, column (A), line 25)	2	391,695
3	Revenue less expenses Subtract line 2 from line 1	3	-3,955
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	503,603
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,660
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	497,988

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐**1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain 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 separate basis, consolidated 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** (2010)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2010Open to Public
InspectionName of the organization **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.
- 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)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	272,122	362,586	398,940	382,646	386,728	1,803,022
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				2,017	1,012	3,029
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	272,122	362,586	398,940	384,663	387,740	1,806,051
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.)						1,806,051

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	272,122	362,586	398,940	384,663	387,740	1,806,051
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	89	1	520	1,044	1,012	2,666
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	89	1	520	1,044	1,012	2,666
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.)	272,211	362,587	399,460	385,707	388,752	1,808,717
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 2010 (line 8, column (f) divided by line 13, column (f))	15	99.85 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.90 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a** 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒
- b** 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV

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. Also complete this part for any 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

2010Open 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

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

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

	Amount
1c	
1d	
1e	
1f	

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.

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?

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

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

Part VI 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	176,094	372,303
c Leasehold improvements				
d Equipment		15,469	15,430	39
e Other		10,900	7,760	3,140
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				495,678

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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
(1) Federal income taxes	
(2) STATE HOUSING TRUST	32,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	32,000

2. FIN 48 (ASC 740) 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 (ASC 740)

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.

Part XIV Supplemental Information (continued)

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010Open to Public
InspectionName of the organization **LOAVES AND FISHES MINISTRY OF
MACON, GEORGIA, INC.**Employer identification number
58-1880653**Form 990, Part VI, Line 7a - Election of Members and Their Rights**

EACH AFFILIATED CHURCH ELECTS 2 MEMBERS TO THE GOVERNING BODY. THERE ARE
TEN AFFILIATED CHURCHES. IN ADDITION, THERE ARE THREE AT LARGE MEMBERS AND
3 HOMELESS INDIVIDUALS MAKING A TOTAL OF 26 MEMBERS

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 11b - Organization's Process to Review Form 990

FORM 990 IS REVIEWED WITH ORGANIZATIONAL STAFF MEMBER DURING PROCESS OF
COMPLETION. ALL QUESTIONS ARE REVIEWED ONE BY ONE.

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

Loaves and Fishes Ministry Board of Directors
September 2011
DUNS #860114149

Bailey, Sharon
1492 Maynards Mill Road
Forsyth 31029
First Baptist
Female, Caucasian, not Homeless
On Board since 2011

H: 992-9237
dab64@bellsouth.net

Barkley, Kevin
Resident, Caldwell Complex
Male, Caucasian, Homeless
On Board 2 months

Beall, Edwina
4927-B Rivoli Drive
Macon 31210
St. Andrew's Presbyterian
Female, Caucasian, not Homeless
On Board since 2008 – 3 years

H: 474-1073
C: 747-8079
F: 474-1073
Edwinahb@aol.com

Bongiovanni, Fred
140 Brandon Way
Macon 31210
First Baptist Church of Christ
Male, Caucasian, not Homeless
On Board since 2008 – 3 years

W: 301-5395
bongiovann_F@mercer.edu

Cooper, Bettye
291 Plantation Center Dr. #2101
Macon 31210
Holsey Temple
Female, African American, not Homeless
On Board since 2010 – 1 year

H: 474-5775
ccamillia4@aol.com

Curl, Ron
119 Silver King Ct.
Bonaire 31005
St. Francis
Male, Caucasian, not Homeless
On Board since 2009 – 2 years

714-0117
ron_curl@cox.net

Dunn, Chris
1731 Twin Pines Drive
Macon 31211
Holsey Temple
Male, African American, not Homeless
On Board since 2010 – 1 year

C: 256-9346
cdunn@co.bibb.ga.us

Haskins, Evan
1248 Nottingham Dr.
Macon, GA 31211
St. Andrews Presbyterian
Male, Caucasian, not Homeless
On Board 2 months

Kendall, Meredith
1731 Twin Pines Drive
Macon 31211
Washington Avenue Presbyterian
Female, African American, not Homeless
On Board since 2009 – 2 years

H: 746-0402
meredith_alice@yahoo.com

Kitchens, Gwen
656 Lee Rd.
Macon 31204
Northminster Presbyterian
Female, Caucasian, not Homeless
On Board since 2007 – 4 years

H: 745-5210
georgiamind@cox.net

Lewis, Rev. Charles
887 Forsyth Street
Macon 31201
Steward Chapel AME
Male, African American, not Homeless
On Board since 2010 – 1 year

W: 742-4922
C: 404-449-4592
pastorclewis45@yahoo.com

Lightsey, Pamela
291 Northridge Dr.
Macon 31220
St. Paul's' Episcopal
Board Secretary
Female, Caucasian, not Homeless
On Board since 2004 – 7 years

H: 475-1749
W: 621-2603
C: 731-1824
pam.lightsey@usdoj.gov

McCord, Nita
Member-At-Large
Board Treasurer
Female, Caucasian, not Homeless
On Board since 2009 – 2 years

W: 742-3676
H/C: 957-1947
macontime_1@yahoo.com

McNaughton, Jane
2265 Robin Lyn Ct.
Macon 31204
Member-at-Large
Past President
Female, Caucasian, not Homeless
On Board since 2001 – 10 years

H: 741-1870
janieinmaconga@hotmail.com

Mellard, Flo
1246 Jackson Springs Road
Macon 31211
Christ Church
Female, Caucasian, not Homeless
On Board since 2010 – 1 year

C: 731-4040
grovehillmacon@aol.com

O'Neal, June
1233 Bass Road
Macon 31210
Member-at Large
Female, Caucasian, not Homeless
On Board since 2001 – 10 years

W: 765-8624
C: 954-4346
H: 477-3092
joneal@bibb.k12.ga.us

Roberts, Keoto
Resident, Family Transitional Housing
Female, African American, Homeless
On Board 6 months

Robinson, Michelle
Resident, Rebekah House
Female, Afridan American, Homeless
On Board 6 months

Saturna, Denise
P.O. Box 13243
Macon 31208
Member-At Large
Female, Caucasian, not Homeless
On Board since 2011

W: 478-746-8515
C: 478-538-0933
denise@saturnacpa.com

Sexton, Judy
3219 Upper River Road
Macon 31211
St. Francis Episcopal
Female, Caucasian, not Homeless
On Board since 2009 – 2 years

H: 478-361-4066
judysexton49@yahoo.com

Uebel-Trotter, Christine
882 Horne Road,
Roberta 31078
St. James Episcopal
Female, Caucasian, not Homeless
On board since 2008 – 3 years

H: 571-213-1887
cuebel@pstel.net

Board President

Walker, Anna
632 Byars Drive
Macon 31210
St. James Episcopal
Female, Caucasian, not Homeless
On Board since 2007 – 4 years

W: 301-4067
walker_an@mercer.edu

Waller, Mary
1078 Clay Avenue
Macon 31211
Christ Episcopal
Female, Caucasian, not Homeless
On Board since 2007 – 4 years

H: 741-9566
C: 737-4605
mary@marywaller.com

Walton, Joan
2988 Malibu Drive
Macon 31211
Washington Avenue Presbyterian
Female, African American, not Homeless
On Board since 2007 – 4 years

H: 745-4351
wdcbred@aol.com

Washington, Shirley
6591 Chriswood Drive
Macon 31216
Steward Chapel AME
Female, African American, not Homeless
On Board since 2010 – 1 year

H: 781-5247
C: 731-1315
stwashington@cox.net

Vice President-Pres. Elect

Webb, Mary Alice
124 Ashford Trace Lane
Macon 31210
St. Paul's Episcopal
Female, Caucasian, not Homeless
On Board since 2011

H: 474-2715
dawgsfan77@aol.com

Whitaker, Genny
300 E. Breckinridge
Macon 31210
Northminster Presbyterian
Female, Caucasian, not Homeless
On Board since 2006 – 5 years

H: 474-2106
ggwhit@cox.net

Past President

Loaves and Fishes Staff

Executive Director

Charles Hines

W: 741-1007

loaves_hines@bellsouth.net

C: 318-5076

Adult/Family 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

Development Director

Mary Gatti

W: 741-1007

loaves_gatti@bellsouth.net

C: 478-501-2098

Depreciation Expense

Federal

07/01/2010 - 06/30/2011

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./Inv. %	Sec 179 Bonus	Salvage/Basis Adj.	Beg Accum Depreciation	Current Depreciation	Total Depreciation
1610												
1	•	LAND REBEKAH HOUSE	12/16/1993	No Calc / N/A	0.0000	10,000.00	100.0000	0.00	0.00	0.00	0.00	0.00
16	•	LAND EDNA PLACE	4/25/2000	No Calc / N/A	0.0000	10,000.00	100.0000	0.00	0.00	0.00	0.00	0.00
		Subtotal: 1610				20,000.00				0.00	0.00	0.00
		Less dispositions and exchanges:				0.00				0.00	0.00	0.00
		Net for 1610				20,000.00				0.00	0.00	0.00
1620												
2	•	REBEKAH HOUSE	12/16/1993	SL / N/A	20.0000	58,478.00	100.0000	0.00	0.00	48,244.70	2,923.90	51,168.60
17	•	CALDWELL HOUSES 1062 & 1070 EDNA PLACE	4/25/2000	MSL / MM	39.0000	82,561.00	100.0000	0.00	0.00	21,610.53	2,116.95	23,727.48
		Subtotal: 1620				141,039.00				69,855.23	5,040.85	74,896.18
		Less dispositions and exchanges:				0.00				0.00	0.00	0.00
		Net for 1620				141,039.00				69,855.23	5,040.85	74,896.18
1621												
18	•	WEST OAK DRIVE HOUSE	7/9/2003	ADS / MM	40.0000	58,639.87	100.0000	0.00	0.00	10,200.91	1,466.00	11,666.87
19	•	WEST OAK DRIVE LAND	7/9/2003	No Calc / N/A	0.0000	15,297.63	100.0000	0.00	0.00	0.00	0.00	0.00
		Subtotal 1621				73,937.50				10,200.91	1,466.00	11,666.87
		Less dispositions and exchanges:				0.00				0.00	0.00	0.00
		Net for 1621				73,937.50				10,200.91	1,466.00	11,666.87
1622												
20	•	MAMIE CARTER DRIVE HOUSE	7/9/2003	ADS / MM	40.0000	44,153.95	100.0000	0.00	0.00	7,680.96	1,103.85	8,784.81
21	•	MAMIE CARTER DRIVE LAND	7/9/2003	No Calc / N/A	0.0000	7,995.55	100.0000	0.00	0.00	0.00	0.00	0.00
		Subtotal 1622				52,149.50				7,680.96	1,103.85	8,784.81
		Less dispositions and exchanges:				0.00				0.00	0.00	0.00
		Net for 1622				52,149.50				7,680.96	1,103.85	8,784.81
1623												
22	•	PHARR AVENUE HOUSE	7/9/2003	ADS / MM	40.0000	46,201.01	100.0000	0.00	0.00	8,037.08	1,155.03	9,192.09
23	•	PHARR AVENUE LAND	7/9/2003	No Calc / N/A	0.0000	14,121.49	100.0000	0.00	0.00	0.00	0.00	0.00
		Subtotal 1623				60,322.50				8,037.08	1,155.03	9,192.09
		Less dispositions and exchanges:				0.00				0.00	0.00	0.00

Sorted: General - Department

Depreciation Expense

Federal

07/01/2010 - 06/30/2011

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./Inv. %	Sec. 179/ Bonus	Salvage/Basis Adj.	Beg Accum. Depreciation	Current Depreciation	Total Depreciation
Net for 1623						60,322.50		0.00	0.00	8,037.08	1,155.03	9,192.11
1624												
		PINE VALLEY DRIVE HOUSE										
24			7/9/2003	ADS / MM	40.0000	51,599.21	100.0000	0.00	0.00	8,976.11	1,289.98	10,266.11
		PINE VALLEY DRIVE LAND										
25			7/9/2003	No Calc / N/A	0.0000	23,388.29	100.0000	0.00	0.00	0.00	0.00	0.00
Subtotal: 1624						74,987.50		0.00	0.00	8,976.11	1,289.98	10,266.11
		Less dispositions and exchanges:				0.00		0.00	0.00	0.00	0.00	0.00
Net for: 1624						74,987.50		0.00	0.00	8,976.11	1,289.98	10,266.11
1625												
		DELLWOOD AVENUE HOUSE										
26			12/1/2003	ADS / MM	40.0000	39,649.05	100.0000	0.00	0.00	6,484.29	991.23	7,475.52
		DELLWOOD AVENUE LAND										
27			12/1/2003	No Calc / N/A	0.0000	12,307.69	100.0000	0.00	0.00	0.00	0.00	0.00
Subtotal: 1625						51,956.74		0.00	0.00	6,484.29	991.23	7,475.52
		Less dispositions and exchanges:				0.00		0.00	0.00	0.00	0.00	0.00
Net for: 1625						51,956.74		0.00	0.00	6,484.29	991.23	7,475.52
1626												
		EUELL AVENUE HOUSE										
28			11/10/2003	ADS / MM	40.0000	60,417.86	100.0000	0.00	0.00	10,006.73	1,510.45	11,517.28
		EUELL AVENUE LAND										
29			11/10/2003	No Calc / N/A	0.0000	10,653.62	100.0000	0.00	0.00	0.00	0.00	0.00
Subtotal: 1626						71,071.48		0.00	0.00	10,006.73	1,510.45	11,517.28
		Less dispositions and exchanges:				0.00		0.00	0.00	0.00	0.00	0.00
Net for: 1626						71,071.48		0.00	0.00	10,006.73	1,510.45	11,517.28
1627												
		GREENWICH PLACE HOUSE										
30			11/10/2003	ADS / MM	40.0000	67,456.53	100.0000	0.00	0.00	11,172.47	1,686.41	12,858.88
		GREENWICH PLACE LAND										
31			11/10/2003	No Calc / N/A	0.0000	16,430.79	100.0000	0.00	0.00	0.00	0.00	0.00
Subtotal: 1627						83,887.32		0.00	0.00	11,172.47	1,686.41	12,858.88
		Less dispositions and exchanges:				0.00		0.00	0.00	0.00	0.00	0.00
Net for: 1627						83,887.32		0.00	0.00	11,172.47	1,686.41	12,858.88
1630												
		LEASEHOLD IMPROVEMENTS										
11			12/31/1994	SL / N/A	20.0000	14,542.00	100.0000	0.00	0.00	11,270.30	727.10	11,997.40
		LEASEHOLD IMPROVEMENTS										
12			1/18/1995	SL / N/A	20.0000	4,800.00	100.0000	0.00	0.00	3,600.00	240.00	3,840.00
		BUILDING IMPROVEMENTS REBEKAH HOUSE										

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

Federal

07/01/2010 - 06/30/2011

07/01/2010 - 06/30/2011

Sorted: General - Department

System No	S	Description	Date in Service	Method / Conv.	Life	Cost / Other Basis	Bus./Inv. %	Sec. 179/ Bonus	Salvage/Basis Adj	Beg. Accum Depreciation	Current Depreciation	Total Depreciation
1630												
13			10/31/1997	SL / N/A	20.0000	19,900.00	100.0000	0.00	0.00	12,603.33	995.00	13,598.33
Subtotal: 1630						39,242.00		0.00	0.00	27,473.63	1,962.10	29,435.73
Less dispositions and exchanges:												
Net for 1630						0.00			0.00	0.00	0.00	0.00
1640						39,242.00		0.00	0.00	27,473.63	1,962.10	29,435.73
WASHER/DRYER REBEKAH HOUSE												
3			1/13/1994	SL / N/A	5.0000	500.00	100.0000	0.00	0.00	500.00	0.00	500.00
AIR CONDITIONER STEPHANAS HOUSE												
4			7/17/1998	SL / N/A	7.0000	407.00	100.0000	0.00	0.00	407.00	0.00	407.00
COPIER												
5			11/11/1993	SL / N/A	5.0000	840.00	100.0000	0.00	0.00	840.00	0.00	840.00
TYPEWRITER												
6			1/4/1994	SL / N/A	5.0000	408.00	100.0000	0.00	0.00	408.00	0.00	408.00
PRINTER/FAX												
7			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
IBM COMPUTER												
8			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
COMPUTER FURNITURE												
9			1/30/1996	SL / N/A	7.0000	950.00	100.0000	0.00	0.00	944.72	0.00	944.72
COMPUTERS COMPUTER SOLUTIONS												
10			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
WASHER/DRYER												
32			12/7/2005	SL / N/A	5.0000	1,202.00	100.0000	0.00	0.00	1,101.83	100.17	1,202.00
Subtotal: 1640						15,468.95		0.00	0.00	15,330.02	100.17	15,430.19
Less dispositions and exchanges:												
Net for 1640						0.00			0.00	0.00	0.00	0.00
1650						15,468.95		0.00	0.00	15,330.02	100.17	15,430.19
2004 FORD F150												
33			9/16/2008	M / HY	5.0000	10,900.00	100.0000	0.00	0.00	5,668.00	2,092.80	7,760.80
Subtotal: 1650						10,900.00		0.00	0.00	5,668.00	2,092.80	7,760.80
Less dispositions and exchanges:												
Net for 1650						0.00			0.00	0.00	0.00	0.00
Subtotal:						694,962.49		0.00	0.00	180,885.43	18,398.87	199,284.36
Less dispositions and exchanges:												
Grand Totals						0.00		0.00	0.00	0.00	0.00	0.00
						694,962.49		0.00	0.00	180,885.43	18,398.87	199,284.36

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ 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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

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.

Type or print	Name of exempt organization LOAVES AND FISHES MINISTRY OF MACON, GEORGIA, INC.	Employer identification number 58-1880653
File by the due date for filing your return. See instructions	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	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **CHARLES HINES**
Telephone No. ▶ **478-741-1007** FAX No ▶
- 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 is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/15/12**, 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 **7/1/10**, and ending **6-30-11**

2 If this tax year entered in line 1 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, 990-T, 4720, or 6069, 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, 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