

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

For calendar year 2011 or tax year beginning		, 2011, and ending				, 20		
Name of foundation					A Employer identification number			
FIS	SHES A	AND LOAVES FROM JESUS CHRIST, INC.			45-0450560			
Nu	mber ar	nd street (or P O box number if mail is not delivered to street address)	Ro	om/suite	B Telephone	number (see instruction	ons)	
124	41 BRC	DADWAY				701-235-826	9	
Cit	y or tow	n, state, and ZIP code		-	C If exempt	tion application is pen	dına. check here ▶	
FA	RGO, I	ND 58102				Lippinoanion io poni		
G	Check	· · · · · <u> </u>	n of a former pub	olic charity	D 1. Foreig	n organizations, check	here ►	
		☐ Final return ☐ Amended			2. Foreig	n organizations meetir	g the 85% test,	
	·	Address change Name cha				here and attach comp		
		type of organization. Section 501(c)(3) exempt p			E If private	foundation status was	terminated under	
		on 4947(a)(1) nonexempt charitable trust Other tax	•		section 5	07(b)(1)(A), check here	• ►	
		narket value of all assets at J Accounting method	l: ☑ Cash ∐	Accrual		ndation is in a 60-mon		
		f year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), ched	k here ► [_	
	line 16	· · · · · · · · · · · · · · · · · · ·	on cash basis.)	-Т	<u> </u>		I	
	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(0) NE	t investment ncome	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)	
_	1	Contributions, gifts, grants, etc., received (attach schedule)	28,5	00	1	. *.	<u> </u>	
	2	Check ► ☐ if the foundation is not required to attach Sch. B	·		* /		* *	
	3	Interest on savings and temporary cash investments					3,,	
	4	Dividends and interest from securities			1,409	**	*	
	5a	Gross rents						
	ь	Net rental income or (loss)						
ē	6a	Net gain or (loss) from sale of assets not on line 10					1 1,	
Ĕ	b	Gross sales price for all assets on line 6a						
Revenue	7	Capital gain net income (from Part IV, line 2)			377			
œ	8	Net short-term capital gain				29	<u> </u>	
	9	Income modifications				· · · · · · · · · · · · · · · · · · ·		
	10a	Gross sales less returns and allowances	, , , , , , , , , , , , , , , , , , , ,			* ,	* *.	
	b	Less: Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	20.5		4 705			
	12	Total. Add lines 1 through 11	28,5	00	1,785	29	-	
S	13	Compensation of officers, directors, trustees, etc.						
Expenses	14	Other employee salaries and wages		DE	TEINE	D + -	 	
pe	15	Pension plans, employee benefits	-	HE	111111	<u> </u>		
Ж	16a b	Legal fees (attach schedule)	1	V		3 		
Š	C	Other professional fees (attach schedule)		<u> </u>	T 29 20	18/		
Operating and Administrative	17	Interest					 	
str	18	Taxes (attach schedule) (see instructions)	 	100	DFN.	ilT 1	 	
Ē	19	Depreciation (attach schedule) and depletion	——	UC	والماليان		 	
Ę	20	Occupancy			-			
Ĭ	21	Travel, conferences, and meetings						
שב	22	Printing and publications						
g	23	Other expenses (attach schedule)		15				
iţi	24	Total operating and administrative expenses.						
5		Add lines 13 through 23		_				
ğ	25	Contributions, gifts, grants paid	52,50					
_	26	Total expenses and disbursements. Add lines 24 and 25	52,5	15				
	27	Subtract line 26 from line 12.		.	24 2	, , , , ,	ļ	
	а	Excess of revenue over expenses and disbursements	-24,0	15	(j ²), ∗ ',5		12 22	
	b	Net investment income (if negative, enter -0-)	- 4 ° y 14		1,785		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
		Adjusted net income (if negative, enter -0-)	l , , , , ,	`. I		29	1 3 ° 4.5 \$ \$	

SCANNED NOV 0 6 2012

Part II		Attached schedules and amounts in the description column	Beginning of year	End o	f year
		Balance Sheets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	4,706	1,330	1,330
	2	Savings and temporary cash investments		-	
	3	Accounts receivable ►	_		
		Less: allowance for doubtful accounts ▶		7 5%	
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
	'	Less. allowance for doubtful accounts ►			A-1 - A-1 - A-1
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			_
\ss	1 .	Investments—U.S. and state government obligations (attach schedule)			
•	10a	Investments—corporate stock (attach schedule)	109,528	00.200	92.720
	Ь	,	109,528	90,286	83,728
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶	<u>-</u>		
	۱	Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶	-	~	
	Ī	Less. accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	114,234	91,616	85,058
	17	Accounts payable and accrued expenses			* * *
S	18	Grants payable			A Line is
ŧ÷	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here ▶ □			***
Balances		and complete lines 24 through 26 and lines 30 and 31.			, "
Ĕ	24	Unrestricted	114,234	91,616	i
ä	25	Temporarily restricted			*
8	26	Permanently restricted			1
pur		Foundations that do not follow SFAS 117, check here ▶ □			
Ī		and complete lines 27 through 31.			
Net Assets or	27	Capital stock, trust principal, or current funds	ľ		4.14.44
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Se	29	Retained earnings, accumulated income, endowment, or other funds			
As	30	Total net assets or fund balances (see instructions)	114,234	91,616	
et	31	Total liabilities and net assets/fund balances (see			, , ,
Z		instructions)	114,234	91,616	144, 124, 124, 124, 124, 124, 124, 124,
Pε	rt III	Analysis of Changes in Net Assets or Fund Balances	,254	3.,510	<u> </u>
		I net assets or fund balances at beginning of year—Part II, colui	mn (a), line 30 (must	agree with	
•		of-year figure reported on prior year's return)		•	114,234
•		or amount from Part I, line 27a			-24,015
2		er increases not included in line 2 (itemize) NET INVESTMENT IN		3	1,397
3				4	91,616
4		lines 1, 2, and 3		 1	91,010
5	Deci	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—I	Part II column (b) lin	e 30 6	91,616
	iota	i liet assets of futio parances at end of year (little 4 fillitus little 5)—f	arrii, coluiiii (b), iiii	000	91016

Part	V Capital Gains an	d Losses for Tax on Investr	nent Income			
		he kind(s) of property sold (e.g., real estatuse, or common stock, 200 shs. MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a CAPITAL GAINS REINVESTED				Р	VARIOUS	VARIOUS
b	b PUBLICLY TRADED SECURITIES P				VARIOUS	VARIOUS
c						
d						
<u>е</u>				l		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) i) minus (g)
a	116					116
<u>b</u>	46,000			45,739	· - -	
<u>c</u>	· · · · · · · · · · · · · · · · · · ·		ļ		<u> </u>	
d						
<u>е</u>	0	(h) and	<u> </u>	10/21/00		
	Complete only for assets sh	owing gain in column (h) and owned	1			(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (ı) (i), ıf any		less than -0-) or rom col (h))
		45 01 12/01/05				448
<u>a</u>						116
<u>b</u>						261
<u>c</u>						
d e	· · · · · · · · · · · · · · · · · · ·					
		(If gain	also enter in Pa	rt L line 7		
2	Capital gain net income of		, enter -0- in Pai		2	377
3	Net short-term capital ga	in or (loss) as defined in sections				
•		I, line 8, column (c) (see instru				
				· }	3	29
Part		der Section 4940(e) for Redu		let Investment	Income	····
Was t		e section 4942 tax on the distribut t qualify under section 4940(e). I			pase period?	☐ Yes ☐ No
1		ount in each column for each ye			aking any entries	<u> </u>
- -	(a)	(b)	1	(c)		(d)
Cale	Base penod years endar year (or tax year beginning in	Adjusted qualifying distribution	ns Net value of	f noncharitable-use a		nbution ratio divided by col. (c))
	2010	"			(55. (5) 5	
	2009					
	2008					
	2007					
	2006					
	· · · · · · · · · · · · · · · · · · ·		-4			
2	Total of line 1, column (d					
3		for the 5-year base period—div				
	number of years the foun	dation has been in existence if le	ess than 5 years		3	
					1 1	
4	Enter the net value of nor	ncharitable-use assets for 2011 t	from Part X, line	5	. 4	
					1 1	
5	Multiply line 4 by line 3				. 5	
					1 1	
6	Enter 1% of net investme	ent income (1% of Part I, line 27b	o)		. 6	
					_	
7	Add lines 5 and 6				. 7	
_						
8	Enter qualifying distribution of the line 8 is equal to or green Part VI instructions.	ons from Part XII, line 4	n Part VI, line 1b	o, and complete t	. 8 hat part using a 1	% tax rate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	Instr	<u>uctio</u>	ns)				
1a		_		,				
b	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check 1 36							
•	here ▶ ☐ and enter 1% of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of							
	Part I, line 12, col. (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			 				
3	Add lines 1 and 2		36	+				
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		36					
6	Credits/Payments:			1				
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a							
b	Exempt foreign organizations—tax withheld at source 6b							
C	Tax paid with application for extension of time to file (Form 8868) 6c			}				
d	Backup withholding erroneously withheld 6d			İ				
7	Total credits and payments. Add lines 6a through 6d			<u> </u>				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			↓				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		36	\vdash				
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . ► 10 Enter the amount of line 10 to be: Credited to 2012 estimated tax ► Refunded ► 11			┼──				
	VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No				
	participate or intervene in any political campaign?	1a		1				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	<u>1</u> b		✓				
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		-	12.				
	published or distributed by the foundation in connection with the activities.							
C	,							
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$		ļ	'				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$		44.00					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u> </u>	1				
•	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	1	İ					
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3_						
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	1				
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	-	/				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		\$	1				
	By language in the governing instrument, or		٠ ء	2				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	İ	é,					
	conflict with the state law remain in the governing instrument?							
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	1	<u> </u>				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶	. ,	٠,	-				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	k						
J	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	1					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or							
	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"]						
	complete Part XIV	9		<u> </u>				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10						
	names and addresses	10	O DE					

Par	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶	13	✓	
14		1-235-	5513	
		5810		
15	Located at ► 1241 BROADWAY, FARGO, ND Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the year ► 15		•	► □ N/A
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of		·	
	the foreign country ►			'
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		4	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes Vo (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	;		,
	disqualified person?			. 1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes . No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			'
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1	","~~%	3 7 3%
	• • •	ا د د د د	14279	, °,
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after	ì		Y i
	termination of government service, if terminating within 90 days.)			١,
h	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			. ;
b	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here		, «»	, 1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	ζ.,	v	
•	were not corrected before the first day of the tax year beginning in 2011?	1c	~ .	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	,		1
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and			, * ;
	6e, Part XIII) for tax year(s) beginning before 2011?			
	If "Yes," list the years ▶ 20 10 , 20 09 , 20 08 , 20 07			` !
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		^ .] ;
	all years listed, answer "No" and attach statement—see instructions)	2b		 ✓ ,
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			,,,,,
^-	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
3a	at any time during the year?			
			35 12 ³ 37 "; ;	
b				
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	, ,	Ì `-	 -
	foundation had excess business holdings in 2011.)	Зь	٠.	'
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
+a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	-	ļ	† ·
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	-	1
	, , , , , , , , , , , , , , , , , , , ,			

Form 99	0-PF (2011)									ı	age 6
Par	VII-B Statements Regarding Activities	s for V	Vhich Form	4720	May Be F	equir	ed (continue	ed)			
5a	During the year did the foundation pay or incur a	any amo	ount to:				_				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . ☐ Yes ☑ No (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?										
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ✓ No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ✓ No										
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?										
b									 .		
С	Organizations relying on a current notice regarding disaster assistance check here ▶ □										
6a	If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any on a personal benefit contract?	funds,	directly or in	directly		emiums		No			
b	Did the foundation, during the year, pay premium	ns, dire	ectly or indire	ctly, on	a personal	benefi	t contract?	•	6b		
7a	If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a	a party	to a prohibited	d tax sh	elter transac	ction?	☐Yes ✓	No.			
	If "Yes," did the foundation receive any proceeds								7b		1
Part	VIII Information About Officers, Direc	tors, 1	Trustees, F	ounda	tion Man	agers,	Highly Paid	d Er	mploy	ees,	
	and Contractors										
1	List all officers, directors, trustees, foundation	· · · · · · · · · · · · · · · · · · ·				ı (see i	nstructions)				
	(a) Name and address	hou	e, and average irs per week ed to position	(c) Co (If not	mpensation paid, enter -0-)	empl	Contributions to byee benefit plan erred compensation		(e) Exper other a	nse aco allowan	
CRAIC	RICHIE	DIREC	CTOR, 20		0			0			0
1241 E	BROADWAY, FARGO, ND 58102										
	RICHIE BROADWAY, FARGO, ND 58102	DIREC	TOR, 20	PR, 20 0				0			0
2	Compensation of five highest-paid employee "NONE."	es (oth	er than thos	se incl	uded on li	ne 1	see instruct	ions	;). If no	one, e	enter
	a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to pe	veek ~	(c) Comper	nsation	(d) Contribution employee beni plans and defer compensatio	efit red	(e) Expended the contract (e) (e) (e) (e) (e) (e) (e) (e) (e) (e)		
NONE											
									-		
								\dashv			
										· <u></u>	
								_			_
Total	number of other employees paid over \$50,000 .					•		• 1		0	

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empand Contractors (continued)	oloyees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON		
Tota	number of others receiving over \$50,000 for professional services	0
		<u> </u>
Pai	IX-A Summary of Direct Charitable Activities	
Lis	the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of	Evnence
or	nizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1	CHRISTIAN SPORTS COMMISSION GRANT	
	GRANT TO FUND THE LAURIE BERRY CHRISTIAN HOME.	52,500
2		
_		
3		
4		
4		
Pa	IX-B Summary of Program-Related Investments (see instructions)	
De	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	N/A	
2		
	ther program-related investments. See instructions	
3		
Total	Add lines 1 through 3	
1012	Add miles i anodgire i i i i i i i i i i i i i i i i i i	om 990-PF (2011)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign	ign found	ations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1.12	
	purposes:		
а	Average monthly fair market value of securities	1a	-
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and	ν ,	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)		
1	Mınımum investment return from Part X, line 6	1	0
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.) 2b], , , ,	
С	Add lines 2a and 2b	2c	36
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	-36
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	-36
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	-36
Part	XII Qualifying Distributions (see Instructions)		-
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	F	
' a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	52,500
b	Program-related investments—total from Part IX-B	1b	32,300
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
_	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the.	-	
a		3a	
a b	Suitability test (prior IRS approval required)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	52,500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	-	32,300
3	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	52,500
U			 _
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	y whether	the loundation

Part XIII Undistributed Income (see instruct	tions)				P
1 Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2	2010 (6		(d)
2 Undistributed income, if any, as of the end of 2011:			20	10	2011
	_				
oral for billot years. 30		<u></u>	_	-	
3 Excess distributions carryover, if any, to 2011:	3.0	-			
b From 2007	, , ,	* *	,		
C From 2008				1	
d From 2009					
e From 2010		1	1	1	
otal of lines 3a through					
line 4: • c				1	
a Applied to 2010, but 7-4		1			
a Applied to 2010, but not more than line 2a. b Applied to undistributed income of prior years (Election required—see instruction)		1			
(Election required—see instructions)		 			
- "Gated as distributions and		1			
			+		
- Applied to 2011 dietributable			1	1	
	52,500				
(If an amount appear in the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the specific of the sp	52,500				
	*				
- not the net total of and	1	•			
	ا در څ	,		1	, `
Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		\$.	1
Prior years' undistributed income. Subtract line 5 line 4b from line 2b	52,500			,	*/
	1				
Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the				1	5
been issued or on what we deficiency has	1				
				1	And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
			<		4 *
Undistributed income for 2010 Subtract line					
4a from line 2a. Taxable amount—see instructions				-	
Undistributed income to an					
4d and 5 from line 1. This amount must be distributed in 2012					
	**	. 1.			
""" VUUUI II HAMAA AA AKALII					
to satisfy requirements imposed by section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(3) (see a section 170(b)(1)(F) or 4942(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(+	
Excess distributions community (See Instructions)	1	1			,
	-				į
""- VO UISTRIBITIONS			,	1	
					£
rialysis of line 9:	52,500				
excess from 2007					
xcess from 2008 .	1	1		1	
xcess from 2010	1	1	!		:
xcess from 2011		l			1

Page 10
or 4942(j)(5)
(e) Total
0
0
e in assets at
the foundation
e portion of the

N/A

Part 2	XIV Private Operating Founda	itions (see instruc	ctions and Part \	VII-A, question 9)			
1a	If the foundation has received a ruling	g or determination	letter that it is a p	orivate operating	-			
	foundation, and the ruling is effective for	r 2011, enter the da	te of the ruling	. > [
b	Check box to indicate whether the fou	ndation is a private	operating foundati	on described in se	ction	3) or 4942(j)(5)		
2a	Enter the lesser of the adjusted net	Tax year		(e) Total				
	income from Part I or the minimum investment return from Part X for	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(c) rotal		
	each year listed	0	0	0	0	0		
b	85% of line 2a							
С	Qualifying distributions from Part XII,							
	line 4 for each year listed				_			
d	Amounts included in line 2c not used directly for active conduct of exempt activities							
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c			-				
3	Complete 3a, b, or c for the alternative test relied upon:							
а	"Assets" alternative test-enter.							
	(1) Value of all assets							
	(2) Value of assets qualifying under							
	section 4942(j)(3)(B)(i)							
þ	"Endowment" alternative test—enter 2/3 of minimum investment return shown in							
	Part X, line 6 for each year listed							
С	"Support" alternative test—enter:							
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)							
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)							
	(3) Largest amount of support from an exempt organization .							
	(4) Gross investment income .					0		
Part	XV Supplementary Information	on (Complete thi	is part only if th	ne foundation ha	ad \$5,000 or mo	re in assets at		
	any time during the year-	-see instruction	s.)					
1	Information Regarding Foundation	_						
а	List any managers of the foundation					by the foundation		
	before the close of any tax year (but o	only if they have co	ntributed more tha	an \$5,000). (See se	ection 507(a)(2).)			
NONE		100/						
ь	List any managers of the foundation ownership of a partnership or other e				· · · · · · · · · · · · · · · · · · ·	ge portion of the		
NONE	ownership of a partnership of other e	mility) of which the i	ouridation has a r	070 or greater line				
NONE	Information Deposition Contribution	- Crost Cift Loo	. Sabalarship of	Drograms:				
2	Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.							
а	The name, address, and telephone no	umber of the person	n to whom applica	ations should be a	ddressed [.]			
CRAIG	& IRENE RICHIE, 1241 BROADWAY, FA	ARGO, ND 58102						
b	The form in which applications should	be submitted and	information and r	naterials they show	nld include.			
N/A								
C N/A	Any submission deadlines.		_		_			
	Any restrictions or limitations on av	vards, such as by	geographical are	eas, charitable fie	lds, kinds of insti	tutions, or other		

Part XV Supplementary Information (conf	tinued)			
3 Grants and Contributions Paid During	the Year or Approv		ture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient	contribution	
a Paid dunng the year				
CHRISTIAN SPORTS COMMISSION PO BOX 241, MAYVILLE, ND 58257	5	PUBLIC	LB CHRISTIAN HOME PROJECT	52,500
		į		}
		}		!
		Ì		
		<u> </u>		
Total		· · · · ·	▶ 3a	52,500
b Approved for future payment				
		1		
Total	· · · · · · ·		▶ 3b	

nto	art XVI-A Analysis of Income-Producing /					
	er gross amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt function income
1	Program service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
•	a	·	0		0	
	b		0		0	
	С		0		0	
	d		0		0	
	e	- }				
	·		0		0	
2	g Fees and contracts from government agencies	·	0		0	
	 Membership dues and assessments Interest on savings and temporary cash investments 		0		0	
4					0	
•						
_	a Debt-financed property		0		0	
	b Not debt-financed property		0		0	
	Net rental income or (loss) from personal property		0		0	
7	Other investment income		0		0	
8	• •	' i	0		0	
9	, ,		0		0	
10			0		0	
11	Other revenue: a	-	0	<u> </u>	0	
	c	· -	0		0	<u>' </u>
	d		0		0	
	e		0		0	·
12	Subtotal. Add columns (b), (d), and (e)	·	0	, , ,	0	
	Total. Add line 12, columns (b), (d), and (e)				13	
	e worksheet in line 13 instructions to verify calculation					
	rt XVI-B Relationship of Activities to the	- 				
	me No. Explain below how each activity for whic accomplishment of the foundation's exempt p	h income is repo urposes (other thai	rted in column	(e) of Part XVI	 A contributed in 	nnortantly to the
					oses) (See instruc	tions)
	1				oses) (See instruc	tions)
					oses) (See instruc	tions)
				as for such purpo	oses) (See instruc	tions)
			, p, eviding land	us for such purpo	oses) (See instruc	tions)
				as for such purpo	oses) (See instruc	tions)
				as for such purpo	oses) (See instruc	tions)
				as for such purpo	oses) (See instruc	tions)
				as for such purpo	oses) (See instruc	tions)
				as for such purpo	oses) (See instruc	tions)
					oses) (See instruc	tions)
					oses) (See instruc	tions)
					oses) (See instruc	tions)
					oses) (See instruc	tions)
					oses) (See instruc	tions)
					oses) (See instruc	tions)
					oses) (See instruc	tions)
					oses) (See instruc	tions)
					oses) (See instruc	tions)
					oses) (See instruc	tions)
					oses) (See instruc	tions)
					oses) (See instruc	tions)

_		Exempt Or	ganizations										
1	ın se	ction 501(c) of th	directly or indirectly one Code (other than									Yes	No
	_	nizations?			4.11			•			' '		\$ <u>)</u>
а			porting foundation to	a nonch	aritable exer	mpt org	anization	OT:			4-(4)		
		ash									1a(1)	<u> </u>	1
h		r transactions:		, , ,							1a(2)	., .	┌~
			a noncharitable exe	mnt orga	กเรอร์เดก						16(1)	1 1	√
			ets from a noncharite								1b(2)		V
	• •		, equipment, or othe				• • •				1b(3)		V
		eimbursement ai				•	• •			•	1b(4)		<u> </u>
		oans or loan gua	•								1b(5)		7
		•	ervices or membersh			citations					1b(6)		
С	-		quipment, mailing lis		_						1c		<u> </u>
			of the above is "Yes					Column (b)	should	always sho	w the	fair m	arket
	value	of the goods, o	ther assets, or servi	ces given	by the repo	rting fo	undation.	If the found	dation r	eceived les	s than	faır m	arket
	value	in any transaction	on or sharing arrang	ement, sh	low in colum	nn (d) th	ie value o	f the goods,	other a	assets, or s	ervices	recer	ved.
(a) Line	no ((b) Amount involved	(c) Name of nonch	nantable exe	mpt organizatio	on	(d) Descr	ption of transfe	ers, transa	ections, and st	naring arr	angeme	ents
					-								
				· <u> </u>									
									···				
													
													
								 -					
	-+		<u> </u>										
	+.												
	— ∔		 -	·····									
								 -					
	-+												
													
	desci	ribed in section 5 es," complete the	ectly or indirectly aff 501(c) of the Code (or following schedule								☐ Yes	V	No
		(a) Name of organ	ızatıon		(b) Type of orga	nızatıon			(c) Descr	ption of relation	onship		
													
_						_							
			·										
	Unde	er penalties of penury. I	declare that I have examine	d this return.	including accom	panying se	chedules and	statements, and	to the be	st of my knowle	dge and I	pelief, it	ıs true.
Sign			aradon of preparer (other tha							-	IRS discu		_
Here					D- 22-17	ACCC	UNTANT			with the	preparer	shown I	below
		ature of officer of trus	stee		Date	Title				(see instr	uctions)? [∡]Yes[□No
		Print/Type preparer	's name	Preparer's	signature			Date	T_{α}	heck 📝 ıf	PTIN		
Paid Propa	aror	DUSTIN OLSON		4	 			125-01	/ と s	elf-employed	POO	74192	:9
Prepa Use (Firm's name ▶	OLSON TAX SERVIC	E	VW			·	Firm's E	I IN ▶			
	Jilly	Firm's address ▶	330 3RD ST. NE #158	8, MAYVIL	LE, ND 5825	7_			Phone n		01-341-	0171	
											orm 99	0-PF	(2011)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Employer identification number

FISHES AND LOAVES FROM JESUS CHRIST 45-0450560 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on

Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
FISHES AND LOAVES FROM JESUS CHRIST

Employer identification number 45-0450560

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CRAIG & IRENE RICHIE 1241 BROADWAY FARGO, ND 58102-2636	\$\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RICK BERGSETH 2544 WILLOW ROAD FARGO, ND 58102-2137	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	RAY & NANCY WARD 1561 410TH ST. ST. VINCENT, MN 56755-9562	\$\$.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

FISHES AND LOAVES FROM JESUS CHRIST, INC

Part II, Line 10b (990-PF) - Investments - Corporate Stock

		Num.				
		Shares/Face	Book value	Book Value End	FMV Beg of	FMV End of
,	Description	Value	Beg. of Year	of Year	Year	Year
1	I AMERICAN PALLET LEASING		20,100	20,100	20,100	20,100
	2 FRANKLIN TEMPLETON 101-1977481138	528	166'1	10,555	5,874	8,605
3	3 FRANKLIN TEMPLETON 192-19212107080	169	3,927	3,941	2,291	2,502
4	4 FRANKLIN TEMPLETON 474-4062295	119	8,124	3,186	6,222	2,358
2	5 FRANKLIN TEMPLETON 477-2719932	359	12,857	10,306	12,746	9,741
9	6 FRANKLIN TEMPLETON 711-6498707	433	16,288	10,342	16,025	9,182
7	FRANKLIN TEMPLETON 158-15812834990	406	18,924	13,061	20,736	14,149
80	8 FRANKLIN TEMPLETON 111-11120680391	1021	1,021	1,021	1,021	1,021
6	9 FRANKLIN TEMPLETON 109-90224978267	7652	20,351	17,774	18,453	16,070

83,728

103,468

90,286

109,528

FISHES AND LOAVES FROM JESUS CHRIST, INC

LINE 23 (990-PF) - OTHER EXPENSES

	_,	 	 	 	
Disbursements for	Charitable Purposes				
Adjusted Net	aucome				
Net Investment	Income				j
Revenue and Expenses Net Investment	per books 15				
	Description 1 Fees				
	17				

FISHES AND LOAVES FROM JESUS CHRIST, INC

45-0450560

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Compensation	0	0				
Average	Hours	20	20				
	Title	DIRECTOR	DIRECTOR				
Foreign	Country						
	ZIP	58102	58102				
	State	ND	ND				
	City	FARGO	FARGO				
	Street	1241 BROADWAY	1241 BROADWAY				
Check "X" if	Business						
	Name	CRAIG RICHIE	IRENE RICHIE				
		1	2				

Part IV (990-PF) - Capital Gains and Losses for

i Jar	rart IV (990-PF) - Capital Gallis alia Losses IDI						
						(k) Excess of co.	I Gains (col (h) gain mainus col. (k), but not
			_	(i) FMV as of	(j) Adjusted basis as	(i) over col. (j), if	(i) over col. (j), if less than zero) or Losses
	(a) Kind(s) of Property Sold	CUSIP#	(h) Gain or Loss	12/31/69	of 12/31/69	any	(from col. (h))
	L Capital Gains Reinvested		116				116
	2 Franklin Income Fund Stock		-561				-561
	3 Franklin Rising Dividends Fund Stock		2029				2029
4	4 Mutual Global Discovery Fund Stock		250				250
	5 Templeton Growth Fund Stock		-465				-465
٩	5 Templeton Developing Markets Trust Stock		-3				-3
_	7 Mutual Shares Fund Stock		066-				066-
	8						
	Total PUBLICLY TRADED SECURITIES (Lines 2-7)		261				261

Form 8868

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension	n, complete d	only Part I and check this	box			▶ 🔲	
-	are filing for an Additional (Not Automatic) 3-							
Do not	complete Part II unless you have already bee	n granted an	automatic 3-month exten	sion on a previou	ısly fi	iled Form	1 8868.	
a corpo 8868 to Return	onic filing (e-file). You can electronically file Formation required to file Form 990-T), or an additional request an extension of time to file any of the for Transfers Associated With Certain Persolions). For more details on the electronic filing o	onal (not auto e forms listed nal Benefit C	omatic) 3-month extensio d in Part I or Part II with Contracts, which must b	n of time. You ca the exception of e sent to the IF	an ele f Forr RS In	ectronica m 8870, paper :	lly file Form Information format (see	
Part	Automatic 3-Month Extension of Tir	ne. Only sul	omit original (no copies	needed).				
	oration required to file Form 990-T and req	uesting an a	utomatic 6-month exter	sion-check thi	s bo	x and c	omplete	
	nly							
	r corporations (including 1120-C filers), partnei	rships, REMIC	Cs, and trusts must use F	orm 7004 to req	uest a	an extens	sion of time	
to file in	acome tax returns.							
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		Ente	er filer's identifyin				
Type or print	Name of exempt organization or other filer, se	e instructions	1	Employer identif	icatio	n number	(EIN) or	
File by the		box, see instr	1 :	Social security r	umbe	er (SSN)		
filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions								
return Se	e i i		,					
Enter th	ne Return code for the return that this application	n is for (file a	separate application for	each return) .	• •	· · ·		
Applic	ation	Return	Application				Return	
Is For		Code	Is For				Code	
Form 9		01	Form 990-T (corporation	n)		 	07	
	990-BL	02	Form 1041-A				08	
	990-EZ	01	Form 4720				09	
	990-PF	04	Form 5227	 			10	
	990-T (sec. 401(a) or 408(a) trust)	05 06	Form 6069 Form 8870				11 12	
FORIT S	990-T (trust other than above)	1 00	F0111 6670				12	
• The b	ooks are in the care of ►					•		
Telep	hone No ▶	F	AX No. ▶					
	organization does not have an office or place o	f business in	the United States, check	this box			▶ 🗆	
	is for a Group Return, enter the organization's							
for the	whole group, check this box $\dots lacksquare$. $\dots lacksquare$.	If it is for par	t of the group, check this	box	▶ [and at	tach	
	th the names and EINs of all members the exte							
1	I request an automatic 3-month (6 months for a	corporation i	required to file Form 990-	T) extension of ti	me			
	until, 20, to file the e	xempt organi:	zation return for the orgar	nization named a	bove.	The ext	ension is	
	for the organization's return for:							
	▶ 🗌 calendar year 20 or							
	Marriage basinging	20	and anding			20		
2		2 months ch	eck reason: Tinitial retu	ırı		, 20		
	If the tax year entered in line 1 is for less than 1 Change in accounting period	z months, ch	eck reason. [] minarren	anı 🖵 Finai fet	uiti			
	If this application is for Form 990-BL, 990-PF,	990-T. 4720.	or 6069, enter the tentati	ve tax, less any				
	nonrefundable credits. See instructions.		c. coo, c.no. the terran		За	 \$		
	If this application is for Form 990-PF, 990-1	, 4720. or 6	6069, enter any refundal	ole credits and		<u> </u>		
	estimated tax payments made Include any price				3b	\$		
	Balance due. Subtract line 3b from line 3a. Inc							
	EFTPS (Electronic Federal Tax Payment Systen				3с	\$		
Cortion	If you are going to make an electronic fund withdray	val with this Eo	rm 8868, see Form 8453-FC	and Form 8879-F) for r	ayment u	netructions	

a If you a	Rev 1-2012) re filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complete only De	et II and chack this	box	Page 2
•	ly complete Part II if you have already been grain					
	re filing for an Automatic 3-Month Extension ,			on on a previously i	nea roini o	
Part II				original (no copie	s needed).	
	Traditional (Hotz tate many) - months			ter filer's identifying		
T	Name of exempt organization or other filer, see ii	nstructions.		Employer identific		
Type or print	FISHES AND LOAVES FROM JESUS CHRIST I	NC.		4	5-0450560	
•	Number, street, and room or suite no If a P O b	ox, see instr	uctions.	Social security nu	mber (SSN)	
File by the due date for	1241 BROADWAY					
filing your return See	City, town or post office, state, and ZIP code. For	or a foreign a	ddress, see instructions.			
instructions	FARGO, ND 58102					
Entor the	Return code for the return that this application	in for /file a	congrate application for	each return)		. 0 4
		·			· · · ·	
Applicat	tion	Return	Application			Return
Is For		Code	Is For	TELLIANS Diese Zei-Sinelow. 3	adometramentary residen	Code
Form 99		01				- International - 315
Form 99	 	02	Form 1041-A			08
Form 99		01	Form 4720			09
Form 99	<u>. </u>	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870						12
Form 00						1 14
• The boo	o not complete Part II if you were not already gr	anted an a	utomatic 3-month extens	sion on a previously	filed Form	8868.
• The boo Telepho • If the or • If this is for the whist with the	onot complete Part II if you were not already grows are in the care of CRAIG & IRENE RICHIE Tone No 701-235-8269 Tone a Group Return, enter the organization's for a Group, check this box	FAX Dusiness in ur digit Gro it is for par n is for.	No. ► the United States, check up Exemption Number (6 t of the group, check this	this box		▶ □ nis is ttach a
• The boo Telepho • If the or • If this is for the whilst with the	onot complete Part II if you were not already grows are in the care of CRAIG & IRENE RICHIE one No 701-235-8269 ganization does not have an office or place of befor a Group Return, enter the organization's for note group, check this box	FAX pusiness in ur digit Gro it is for par is for.	No. ► the United States, checkup Exemption Number (0 t of the group, check this	this box	 If th ▶ □ and a	▶ □ nis is ttach a
• The boo Telepho • If the or • If this is for the wh list with th	o not complete Part II if you were not already grows are in the care of ► CRAIG & IRENE RICHIE one No ► 701-235-8269 rganization does not have an office or place of be for a Group Return, enter the organization's for note group, check this box . ► □ . If the names and EINs of all members the extension equest an additional 3-month extension of time or calendar year 11 , or other tax year beginni the tax year entered in line 5 is for less than 12 in	FAX pusiness in ur digit Gro it is for par is for.	No. ► the United States, checkup Exemption Number (0 t of the group, check this	this box	 If th ▶ □ and a	▶ □ nis is ttach a
• The bood Telephoto • If the or • If this is for the whilst with the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	o not complete Part II if you were not already grows are in the care of ► CRAIG & IRENE RICHIE one No ► 701-235-8269 ganization does not have an office or place of be for a Group Return, enter the organization's for nole group, check this box . ► □ . If the names and EINs of all members the extension equest an additional 3-month extension of time or calendar year 11 , or other tax year beginning the tax year entered in line 5 is for less than 12 is Change in accounting period	FAX pusiness in ur digit Gro it is for par is for.	No. ► the United States, checkup Exemption Number (0 t of the group, check this	this box	 If th ▶ □ and a	▶ □ nis is ttach a
• The book Telephot • If the or • If this is for the whilst with the 4	o not complete Part II if you were not already grows are in the care of ► CRAIG & IRENE RICHIE one No ► 701-235-8269 rganization does not have an office or place of be for a Group Return, enter the organization's for note group, check this box . ► □ . If the names and EINs of all members the extension equest an additional 3-month extension of time or calendar year 11 , or other tax year beginni the tax year entered in line 5 is for less than 12 in	FAX pusiness in ur digit Gro it is for par in is for. until ing months, ch	No. ► the United States, checkup Exemption Number (0 t of the group, check this NOVEMBER 15 , 20 , eck reason: ☐ Initial r	this box		▶ □ nis is ttach a
• The book Telepho • If the or • If this is for the whist with the 4	o not complete Part II if you were not already grows are in the care of ► CRAIG & IRENE RICHIE one No ► 701-235-8269 ganization does not have an office or place of be for a Group Return, enter the organization's for nole group, check this box . ► □ . If the names and EINs of all members the extension equest an additional 3-month extension of time or calendar year 11 , or other tax year beginning the tax year entered in line 5 is for less than 12 is Change in accounting period that is not already graph.	FAX pusiness in ur digit Gro it is for par in is for. until ing months, ch	No. ► the United States, checkup Exemption Number (0 t of the group, check this NOVEMBER 15 , 20 , eck reason: ☐ Initial r	this box		▶ □ nis is ttach a
• The book Telepho • If the or • If this is for the whist with the 4	o not complete Part II if you were not already grows are in the care of ► CRAIG & IRENE RICHIE one No ► 701-235-8269 ganization does not have an office or place of be for a Group Return, enter the organization's for nole group, check this box . ► ☐ . If the names and EINs of all members the extension equest an additional 3-month extension of time for calendar year 11 , or other tax year beginning the tax year entered in line 5 is for less than 12 is Change in accounting period tate in detail why you need the extension HE EXTENSION IS REQUESTED DUE TO AN ILLINE F THE RETURN PREVENTED ITS PREPARATION.	FAX pusiness in ur digit Gro it is for par is for. until ing months, ch	No. ► the United States, check up Exemption Number (0 t of the group, check this NOVEMBER 15 , 20 , eck reason: ☐ Initial r	this box		▶ □ nis is ttach a
• The book Telephot • If the or • If this is for the whist with the 4 I ru 5 Fo 6 If the 7 St The O	onot complete Part II if you were not already grooks are in the care of ► CRAIG & IRENE RICHIE one No ► 701-235-8269 ganization does not have an office or place of but for a Group Return, enter the organization's for notice group, check this box . ►	FAX pusiness in ur digit Gro it is for par is for. until ing months, ch	No. ► the United States, check up Exemption Number (0 t of the group, check this NOVEMBER 15 , 20 , eck reason: ☐ Initial r	this box		▶ □ nis is ttach a
• The book Telepho • If the or • If this is for the whilst with the 4 I re 5 Fo 6 If it 7 St TI	onot complete Part II if you were not already grows are in the care of ► CRAIG & IRENE RICHIE one No ► 701-235-8269 ganization does not have an office or place of but for a Group Return, enter the organization's for note group, check this box . ►	FAX pusiness in ur digit Gro it is for par is for. until ing months, ch	No. ► the United States, check up Exemption Number (6 t of the group, check this NOVEMBER 15 , 20 , eck reason: ☐ Initial r	, 20 12 and ending eturn Final r		▶ □ nis is ttach a
• The book Telepho • If the or • If this is for the whilst with the 4 I re 5 Fo 6 If it 7 St TI O 8a If it no	onot complete Part II if you were not already grows are in the care of ► CRAIG & IRENE RICHIE one No ► 701-235-8269 ganization does not have an office or place of bustoned group, check this box ► □ . If the names and EINs of all members the extension equest an additional 3-month extension of time or calendar year 11 , or other tax year beginning the tax year entered in line 5 is for less than 12 is all Change in accounting period that accounting period the EXTENSION IS REQUESTED DUE TO AN ILLNE F THE RETURN PREVENTED ITS PREPARATION. This application is for Form 990-BL, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 9	FAX pusiness in ur digit Gro it is for par in is for. until ing months, ch	No. No. the United States, check up Exemption Number (of the group, check this november 15 , 20 , eck reason: ACCOUNTANT IN CHARCE or 6069, enter the tental foliation in the state of the group in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	, 20 12 and ending eturn Final r		▶ □ nis is ttach a , 20
• The book Telephote If the ore If this is for the wholest with the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the stre	onot complete Part II if you were not already grows are in the care of ► CRAIG & IRENE RICHIE Tone No ► 701-235-8269 Tone a Group Return, enter the organization's for a Group Return, enter the organization's for note group, check this box ►	FAX pusiness in ur digit Gro it is for par in is for. until ing months, ch	No. No. the United States, check up Exemption Number (of the group, check this november 15 , 20 , eck reason: ACCOUNTANT IN CHARCE or 6069, enter the tental foliation in the state of the group in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	, 20 12 and ending eturn Final r	if the land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a l	▶ □ nis is ttach a , 20
• The book Telephot • If the or • If this is for the whilst with this 4	onot complete Part II if you were not already grows are in the care of ► CRAIG & IRENE RICHIE one No ► 701-235-8269 ganization does not have an office or place of be for a Group Return, enter the organization's for mole group, check this box . ► □ . If the names and EINs of all members the extension equest an additional 3-month extension of time for calendar year 11 , or other tax year beginning the tax year entered in line 5 is for less than 12 is I Change in accounting period tate in detail why you need the extension HE EXTENSION IS REQUESTED DUE TO AN ILLNE F THE RETURN PREVENTED ITS PREPARATION. This application is for Form 990-BL, 990-PF, 99 onrefundable credits. See instructions. this application is for Form 990-PF, 990-T, stimated tax payments made. Include any price mount paid previously with Form 8868.	FAX pusiness in ur digit Gro it is for par in is for. until ing months, chess BY THE 0-T, 4720, or 6 or year over	No. Interest the United States, check up Exemption Number (0 tof the group, check this eck reason: Initial repayment allowed as a	, 20 12 and ending eturn Final r GE OF PREPARATIO		▶ □ nis is ttach a , 20
• The book Telephot • If the or • If this is for the whilst with this 4	onot complete Part II if you were not already grows are in the care of ► CRAIG & IRENE RICHIE Tone No ► 701-235-8269 Tone a Group Return, enter the organization's for a Group Return, enter the organization's for note group, check this box ►	FAX pusiness in ur digit Gro it is for par in is for. until ing months, chess BY THE 0-T, 4720, or 6 for year over our payments.	No. Interest the United States, check up Exemption Number (0 tof the group, check this eck reason: Initial repayment allowed as a	, 20 12 and ending eturn Final r GE OF PREPARATIO Tive tax, less any able credits and a credit and any by using EFTPS	if the land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a land a l	▶ □ nis is ttach a , 20

Under penalties of perjury, I	declare that I I	nave examined this	form, including	accompanying	schedules a	and statements,	and to	the best	of my
knowledge and belief, it is true	, Correct, And c	omplete, and that I a	am authonzed to	prepare this for	m.				

Signature ►

Title ► ACCOUNTANT

Date ► 10-22-42
Form 8868 (Rev 1-2012)