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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07/01/12 , and ending 06/30/13

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, town or post office, state, and ZIP code: MACON GA 31202

D Employer identification number: 58-1880653

E Telephone number: 478-741-1007

G Gross receipts $: 428,374

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)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ loavesandfishesministrymacon.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1988

M State of legal domicile: GA

Part I Summary

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

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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	10
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

Activities & Governance

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	391,742	427,909
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	244	465
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	391,986	428,374

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	212,262	199,494
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,411		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	201,158	208,084
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	413,420	407,578
19	Revenue less expenses Subtract line 18 from line 12	-21,434	20,796

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	551,827	552,718
21	Total liabilities (Part X, line 26)	75,116	55,191
22	Net assets or fund balances Subtract line 21 from line 20	476,711	497,527

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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 knowledge

Sign Here

▶ Signature of officer

▶ Charles Hines Executive Director — Type or print name and title

Date: 12/18/2013

Paid Preparer Use Only

Print/Type preparer's name: GENE K. KING JR., CPA	Preparer's signature	Date: 12/03/13	Check ☒ if self-employed	PTIN: P01248591
Firm's name ▶ MBC & GK Consulting & Accounting, LLC			Firm's EIN ▶	58-2152863
Firm's address ▶ P.O. Box 18067 Macon, GA 31210-8067			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.

DAA

Form **990** (2012)

Part III Statement of Program Service Accomplishments

Check 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 292,765 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▶ 292,765

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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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	3		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	4		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	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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	11a	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	11b		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	11c		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	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		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	16		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)	17		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	18		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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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	1a	8		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	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	2a	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ See 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?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
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?		14a		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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	28		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	28		
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?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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 478-741-1007

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

Check 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 0.00	X						54,000	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total ▶								54,000		
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								54,000		

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

		Yes	No
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		X
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		X
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		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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

			(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				
	d Related organizations	1d				
	e Government grants (contributions)	1e	123,586			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	304,323			
	g Noncash contributions included in lines 1a-1f	$	29,623			
	h **Total.** Add lines 1a–1f	▶		427,909		
Program Service Revenue		Busn Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	465	465		
	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	▶	428,374	465	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)

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

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	54,000	27,000	27,000	
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	116,176	58,088	58,088	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	15,672	10,449	5,223	
10 Payroll taxes	13,646	10,507	3,139	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	3,595		3,595	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,070	4,070		
12 Advertising and promotion				
13 Office expenses	30,406	27,365	3,041	
14 Information technology	3,079	2,063	1,016	
15 Royalties				
16 Occupancy	77,801	70,021	7,780	
17 Travel	731	731		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,462	15,716	1,746	
23 Insurance	7,592	6,833	759	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD - BREAD	29,623	29,623		
b CASH/FOOD/MISC ASSIST	25,739	25,739		
c VEHICLE EXPENSE	4,423	4,423		
d FUNDRAISING FEES	3,411			3,411
e All other expenses	152	137	15	
25 Total functional expenses Add lines 1 through 24e	407,578	292,765	111,402	3,411
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		10,570	1	7,154
	2	Savings and temporary cash investments		63,040	2	17,028
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 762,743			
	b	Less accumulated depreciation	10b 234,207	478,217	10c	528,536
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		551,827	16	552,718
Liabilities	17	Accounts payable and accrued expenses		3,116	17	3,191
	18	Grants payable			18	
	19	Deferred revenue		40,000	19	20,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		32,000	25	32,000
	26	**Total liabilities.** Add lines 17 through 25		75,116	26	55,191
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here** ▶ ☐ **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 (ASC 958), check here ▶ ☒ **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		476,711	32	497,527
	33	Total net assets or fund balances		476,711	33	497,527
	34	Total liabilities and net assets/fund balances		551,827	34	552,718

Part XI Reconciliation of Net Assets

Check 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	428,374
2	Total expenses (must equal Part IX, column (A), line 25)	2	407,578
3	Revenue less expenses Subtract line 2 from line 1	3	20,796
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	476,711
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	20
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	497,527

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 [X] 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b		X
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	2c		
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?	3a		
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	3b		

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

2012

Open to Public Inspection

Name of the organization	Employer identification number
LOAVES AND FISHES MINISTRY OF MACON, GEORGIA, INC.	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–Non-functionally integrated

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?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2011 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test—2012.** 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 ▶ ☐

b **33 1/3% support test—2011.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2012.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2011.** 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 ▶ ☐

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 ▶ ☐

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	398,940	382,646	386,728	391,742	427,909	1,987,965
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1 through 5	398,940	382,646	386,728	391,742	427,909	1,987,965
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)						1,987,965

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	398,940	382,646	386,728	391,742	427,909	1,987,965
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	520	1,044	1,012	244	465	3,285
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	520	1,044	1,012	244	465	3,285
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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)	399,460	383,690	387,740	391,986	428,374	1,991,250

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** ▶

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99 84 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	99.87 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2012.** 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 ▶ X

b **33 1/3% support tests—2011.** 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open 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)

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

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 XIII, 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 XIII, 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 XIII

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 XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

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

Description of property	(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		612,475	208,505	403,970
c Leasehold improvements				
d Equipment		19,172	15,430	3,742
e Other		10,900	10,272	628
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				528,536

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) Book value
(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 XIII, 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) Check here if the text of the footnote has been provided in Part XIII

Part XI 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 XIII)	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 XIII)	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 XII 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 XIII)	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 XIII)	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 XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part XIII Supplemental Information (continued)

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

▶ Attach to Form 990

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization: LOAVES AND FISHES MINISTRY OF MACON, GEORGIA, INC.

Employer identification number: 58-1880653

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	1	29,623	
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both Also complete this part for any additional information

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

2012

Open to Public Inspection

Name of the organization: LOAVES AND FISHES MINISTRY OF MACON, GEORGIA, INC.

Employer identification number: 58-1880653

Form 990, Part I, Line 6

VOLUNTEERS ARE USED TO ASSIST LOAVES AND FISHES MINISTRY TO CARRY OUT ITS MISSION TO THE MIDDLE GEORGIA COMMUNITY.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

EACH AFFILIATED CHURCH ELECTS 2 MEMBERS TO THE GOVERNING BODY. THERE ARE ELEVEN AFFILIATED CHURCHES. IN ADDITION, THERE ARE THREE AT LARGE MEMBERS AND 3 HOMELESS INDIVIDALS MAKING A TOTAL OF 28 MEMBERS

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

TWENTY-EIGHT 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.

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

Name of the organization LOAVES AND FISHES MINISTRY OF

Employer identification number 58-1880653

REVIEW BY THE BOARD

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

UPON REQUEST

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

PRIOR YEAR ADJUSTMENT	$	20

25 Board Members

Loaves and Fishes Ministry Board of Directors
August 2013
DUNS #860114149

Bailey, Sharon
1492 Maynards Mill Road
Forsyth 31029
First Baptist Church of Christ
H: 992-9232
C: 960-8156
dab647@bellsouth.net
Female, Not Hispanic, Caucasian, not Homeless
On Board since 2011

Barkley, Kevin
Male, Not Hispanic, Caucasian, formerly homeless
Member At Large
On Board since 2012

Beall, Edwina
4927-B Rivoli Drive
Macon 31210
St. Andrew's Presbyterian
H: 474-1073
C: 747-8079
F: 474-1073
Edwinahb@aol.com
Female, Not Hispanic, Caucasian, not Homeless
On Board since 2008

Cooper, Bettye
291 Plantation Center Dr. #2101
Macon 31210
Holsey Temple
H: 474-5775
ccamillia4@aol.com
Female, Not Hispanic, African American, not Homeless
On Board since 2010

Cornelius, Abraham
595 Richmond St.
Macon, GA 31206
Mt. Hope, AME
Male, Not Hispanic, African American, not Homeless
On board since 2013

Dunn, Chris
1731 Twin Pines Drive
Macon 31211
Holsey Temple
C: 256-9346
cdunn@co.bibb.ga.us
Male, Not Hispanic, African American, not Homeless
On Board since 2010

Gordon, Rev. Maria A. cell: 478-501-2767
Pastor, Steward Chapel AME pastormaria8@gmail.com
580 Captain Kell Dr., 31204
Female, Not Hispanic, African American, Not Homeless
On Board since 2013

Kendall, Meredith H: 746-0402
1731 Twin Pines Drive **auc9565@gmail.com**
Macon 31211
Washington Avenue Presbyterian
Female, Not Hispanic, African American, not Homeless
On Board since 2009

Kitchens, Gwen H: 745-5210
656 Lee Rd. **georgiamind@cox.net**
Macon 31204
Northminster Presbyterian
Female, Not Hispanic, Caucasian, not Homeless
On Board since 2007

Laury, Gene GeneLaury1062@gmail.com
Adult Transitional Housing Resident
Male, Not Hispanic, African American, Homeless
One Board since 2012

Lewis, Rev. Charles W: 742-4922
C: 404-449-4592
Macon 31201 **pastorclewis45@yahoo.com**
Pastor, Mt. Hope AME
Male, Not Hispanic, African American, not Homeless
On Board since 2010

McCord, Nita W: 742-3676
Member-At-Large H/C: 957-1947
Board Treasurer **macontime_1@yahoo.com**
Female, Not Hispanic, Caucasian, not Homeless
On Board since 2009, CPA

McNaughton, Jane H: 741-1870
2265 Robin Lyn Ct 31204 **janieinmaconga@hotmail.com**
Member-at-Large, Past President
Retired GA DOL – Disability Counselor
Female, Not Hispanic, Caucasian, not Homeless
On Board since 2001

Mellard, Flo C: 731-4040
1246 Jackson Springs Road **grovehillmacon@aol.com**
Macon 31211
Christ Church
Female, Not Hispanic, Caucasian, not Homeless
On Board since 2010

Oldham, Emily
925 Pate Rd.
Juliette, GA 31046
St. Andrews Presbyterian
Female, Not Hispanic, Caucasian, Not Homeless
On Board since March, 2013

H: 477-7724
C: 390-9907
emily.oldham@raymondjames.com

O'Neal, June
1233 Bass Road
Macon 31210
Member-at Large
Female, Not Hispanic, Caucasian, not Homeless
Director, Bibb County Mentors Projec
On Board since 2001

W: 765-8624
C: 954-4346
H: 477-3092
joneal@bibb.k12.ga.us
Fax: 765-8540

Anita P. Ross
St. Paul's Episcopal Church
Female, Not Hispanic, Not homeless
On Board since 23 July 2012

H: 478-742-8362
C: 478-719-3773
anita.ross888@gmail.com

Stokes, Derek
2140 Ingleside Ave.
Macon, GA 31204
Male, Not Hispanic, Caucasian, Not Homeless
St. Francis Episcopal Church

H: 478-747-7584
Derek.e.stokes@gmail.com

Uebel-Trotter, Christine
882 Horne Road,
Roberta 31078
St. James Episcopal
Board President
Female, Not Hispanic, Caucasian, not Homeless
On board since 2008, Retired Col. USAF

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

Walker, Anna
632 Byars Drive
Macon 31210
St. James Episcopal
Female, not Hispanic Caucasian, not Homeless
On Board since 2007; Professor Mercer Medical School

W: 301-4067
walker_an@mercer.edu

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

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

Walton, Joan
2988 Malibu Drive
Macon 31211
H: 745-4351
waltonjoanr@gmail.com
Washington Avenue Presbyterian
Female, not Hispanic, African American, not Homeless
On Board since 2007, Retired Educator

Washington, Shirley
6591 Chriswood Drive
Macon 31216
H: 781-5247
C: 731-2869
stwashington@cox.net
Steward Chapel AME
President Elect
Female, Not Hispanic, African American, not Homeless
On Board since 2010

Webb, Mary Alice
124 Ashford Trace Lane
Macon 31210
H: 474-2715
dawgsfan77@aol.com
St. Paul's Episcopal
Female, Not Hispanic, Caucasian, not Homeless
On Board since 2011

Whitaker, Genny
300 E. Breckinridge
Macon 31210
H: 474-2106
ggwhit@cox.net
Northminster Presbyterian
Past President
Female, Not Hispanic, Caucasian, not Homeless
On Board since 2006; Retired Educator

Loaves & Fishes Ministry of Macon, Inc.'s By-Laws states that the Board of Directors shall be elected as follows: each sponsoring church shall elect two board representatives, no more than five Members At Large selected by the Board from the community who exhibit the time, interest and commitment to support the Ministry, and at least one member of the Board will be a person from the serviced community and will represent participants in the family and individual residential programs of the Ministry.

Loaves and Fishes Staff

Executive Director		
Charles Hines	W: 741-1007 C: 318-5076	loaves_hines@bellsouth.net
Adult/Family Case Manager		
Mark Jones	W: 741-1007	loaves_jones@bellsouth.net
Volunteer Coordinator		
Judy Sexton	W: 741-1007	loaves_sexton@bellsouth.net
Administrative Assistant		
Sarah Tapley	W: 741-1007	loaves_tapley@bellsouth.net
Development Director		
Aryn Thompkins	W: 741-1007 C: 478-501-2098	loaves_thompkins@bellsouth.net

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

Depreciation Expense

Federal

07/01/2012 - 06/30/2013

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												
LAND REBEKAH HOUSE												
1			12/16/1993	No Calc / N/A	0 0000	10,000 00	100 0000	0 00	0 00	0 00	0 00	0 00
LAND EDNA PLACE												
16			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	0 00	0 00
Less dispositions and exchanges						0 00		0 00	0 00	0 00	0.00	0 00
Net for 1610						20,000 00		0 00	0 00	0 00	0 00	0 00
1620												
REBEKAH HOUSE												
2			12/16/1993	SL / N/A	20 0000	58,478 00	100 0000	0 00	0 00	54,092 50	2,923 90	57,016 40
CALDWELL HOUSES 1062 & 1070 EDNA PLACE												
17			4/25/2000	MSL / MM	39 0000	82,561 00	100 0000	0 00	0 00	25,844.43	2,116 95	27,961 38
Subtotal 1620						141,039 00		0 00	0 00	79,936 93	5,040 85	84,977 78
Less dispositions and exchanges						0 00		0 00	0.00	0 00	0 00	0 00
Net for 1620						141,039 00		0 00	0 00	79,936 93	5,040 85	84,977 78
1621												
WEST OAK DRIVE HOUSE												
18			7/9/2003	ADS / MM	40 0000	58,639 87	100 0000	0 00	0 00	13,132 91	1,466 00	14,598 91
WEST OAK DRIVE LAND												
19			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		0 00	0 00	13,132 91	1,466 00	14,598 91
Less dispositions and exchanges						0 00		0 00	0 00	0 00	0 00	0 00
Net for 1621						73,937 50		0 00	0 00	13,132 91	1,466 00	14,598 91
1622												
MAMIE CARTER DRIVE HOUSE												
20			7/9/2003	ADS / MM	40 0000	44,153 95	100 0000	0 00	0 00	9,888 66	1,103 85	10,992 51
MAMIE CARTER DRIVE LAND												
21			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		0 00	0 00	9,888 66	1,103 85	10,992 51
Less dispositions and exchanges						0 00		0 00	0 00	0 00	0 00	0 00
Net for 1622						52,149 50		0 00	0 00	9,888 66	1,103 85	10,992 51
1623												
PHARR AVENUE HOUSE												
22			7/9/2003	ADS / MM	40 0000	46,201 01	100 0000	0 00	0 00	10,347 14	1,155 03	11,502 17
PHARR AVENUE LAND												
23			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		0 00	0 00	10,347 14	1,155 03	11,502 17
Less dispositions and exchanges						0 00		0 00	0 00	0 00	0 00	0 00

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

Depreciation Expense

Federal

07/01/2012 - 06/30/2013

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	10,347 14	1,155 03	11,502 17
1624												
PINE VALLEY DRIVE HOUSE												
24			7/9/2003	ADS / MM	40 0000	51,599 21	100 0000	0 00	0 00	11,556 07	1,289 98	12,846 05
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	11,556 07	1,289 98	12,846 05
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	11,556 07	1,289 98	12,846 05
1625												
DELLWOOD AVENUE HOUSE												
26			12/1/2003	ADS / MM	40 0000	39,649 05	100 0000	0.00	0 00	8,466 75	991 23	9,457 98
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	8,466 75	991 23	9,457 98
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	8,466 75	991 23	9,457 98
1626												
EUELL AVENUE HOUSE												
28			11/10/2003	ADS / MM	40 0000	60,417 86	100 0000	0 00	0 00	13,027 63	1,510 45	14,538 08
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	13,027 63	1,510 45	14,538 08
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	13,027 63	1,510 45	14,538 08
1627												
GREENWICH PLACE HOUSE												
30			11/10/2003	ADS / MM	40 0000	67,456 53	100 0000	0 00	0 00	14,545 29	1,686 41	16,231 70
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	14,545 29	1,686 41	16,231 70
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	14,545 29	1,686 41	16,231 70
1630												
LEASEHOLD IMPROVEMENTS												
11			12/31/1994	SL / N/A	20 0000	14,542 00	100 0000	0 00	0 00	12,724 50	727 10	13,451 60
LEASEHOLD IMPROVEMENTS												
12			1/18/1995	SL / N/A	20 0000	4,800 00	100 0000	0 00	0 00	4,080 00	240 00	4,320 00
BUILDING IMPROVEMENTS REBEKAH HOUSE												

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

Depreciation Expense

Federal

07/01/2012 - 06/30/2013

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	14,593 33	995 00	15,588 33
LEASEHOLD IMPROVEMENTS												
34			6/30/2013	SL / N/A	20 0000	64,077 70	100 0000	0 00	0 00	0 00	0 00	0 00
Subtotal 1630						103,319 70		0 00	0 00	31,397 83	1,962 10	33,359 93
Less dispositions and exchanges						0 00		0 00	0 00	0 00	0 00	0 00
Net for 1630						103,319.70		0 00	0 00	31,397 83	1,962 10	33,359 93
1640												
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	1,202 00	0 00	1,202 00
APPLIANCES												
35			6/30/2013	SL / N/A	5 0000	3,703 48	100 0000	0 00	0 00	0 00	0 00	0 00
Subtotal 1640						19,172 43		0 00	0 00	15,430 19	0 00	15,430 19
Less dispositions and exchanges						0 00		0 00	0 00	0 00	0 00	0 00
Net for 1640						19,172 43		0 00	0 00	15,430 19	0 00	15,430 19
1650												
2004 FORD F150												
33			9/16/2008	M / HY	5 0000	10,900.00	100 0000	0 00	0 00	9,016 48	1,255 68	10,272 16
Subtotal 1650						10,900 00		0 00	0 00	9,016 48	1,255 68	10,272 16
Less dispositions and exchanges						0 00		0 00	0 00	0 00	0 00	0 00
Net for 1650						10,900 00		0 00	0 00	9,016 48	1,255 68	10,272 16
Subtotal						762,743 67		0 00	0 00	216,745 88	17,461 58	234,207 46
Less dispositions and exchanges						0 00		0 00	0 00	0 00	0 00	0 00
Grand Totals						762,743 67		0 00	0 00	216,745 88	17,461 58	234,207 46

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I OAV [redacted] 013 9 10 AM

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Form **8868**

(Rev January 2013)

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, complete only Part I** and check this box ▶ [X]
- 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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	LOAVES AND FISHES MINISTRY OF MACON, GEORGIA, INC.	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	Social security number (SSN)
	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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	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 L. HINES

  Telephone No ▶ 478-[redacted]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 2/15/14, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year _____ or

▶ [X] tax year beginning 7/1/12, and ending 6/30/13

2 If the 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

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

DAA

Form **8868** (Rev 1 2013)