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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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public.  
► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**Open to Public  
Inspection**A For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14**

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>LOAVES AND FISHES MINISTRY OF MACON, GEORGIA, INC.</b>  <b>Doing Business As</b> <b>P.O. BOX 825</b> <b>City or town, state or province, country, and ZIP or foreign postal code</b> <b>MACON GA 31202</b>	<b>D Employer identification number</b> <b>58-1880653</b>  <b>E Telephone number</b> <b>478-741-1007</b>  <b>G Gross receipts \$</b> <b>373,186</b>
	<b>F Name and address of principal officer</b> <b>CHARLES L. HINES - EXECUTIVE DIR</b> <b>P.O. BOX 825</b> <b>MACON GA 31202</b>	<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
	<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J Website</b> ► <a href="http://loavesandfishesministrymacon.org">loavesandfishesministrymacon.org</a>
	<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	<b>L Year of formation</b> <b>1988</b> <b>M State of legal domicile</b> <b>GA</b>

**Part I Summary**

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

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

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

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

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

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

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

3	<b>28</b>
4	<b>28</b>
5	<b>10</b>
6	<b>75</b>
7a	<b>0</b>
7b	<b>0</b>

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

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) **5,932**

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

20 Total assets (Part X, line 16)

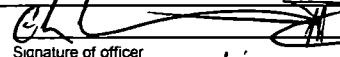
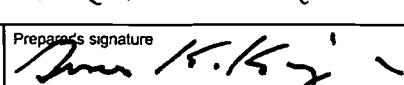
21 Total liabilities (Part X, line 26)

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

Prior Year	Current Year
<b>427,909</b>	<b>373,142</b>
	<b>0</b>
<b>465</b>	<b>44</b>
	<b>0</b>
<b>428,374</b>	<b>373,186</b>
	<b>0</b>
<b>199,494</b>	<b>188,138</b>
	<b>0</b>
<b>208,084</b>	<b>201,541</b>
<b>407,578</b>	<b>389,679</b>
<b>20,796</b>	<b>-16,493</b>
<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>552,718</b>	<b>519,821</b>
<b>55,191</b>	<b>38,787</b>
<b>497,527</b>	<b>481,034</b>

**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

<b>Sign Here</b>	 Signature of officer <b>Charles L. Hines</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GENE K. KING JR., CPA</b> Firm's name ► <b>MBC &amp; GK Consulting &amp; Accounting, LLC</b> Firm's address ► <b>P.O. Box 18067 Macon, GA 31210-8067</b>	Preparer's signature  Date <b>12/14/14</b> Check <input checked="" type="checkbox"/> if self-employed <b>P01248591</b> Firm's EIN ► <b>58-2152863</b> Phone no <b>478-471-8585</b>

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

 Yes  NoFor Paperwork Reduction Act Notice, see the separate instructions.  
DAAForm **990** (2013)

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## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 \$ 313,415 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.****EXPERIENCE WORKS - DONATED HELP SERVICE \$12,528****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 ► 313,415

## Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 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
- 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
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, 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
- 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
- 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
  - 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
  - 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
  - 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
  - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- 12b 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 14b 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
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 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)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	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	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	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	33	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	34	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	35a	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	
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	36	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	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	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response or note to any line in this Part V 

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7  
 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0

1c

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  
 2b

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  
 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  
 3c

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)?  
 4b 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  
 4c

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  
 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  
 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  
 5d

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?  
 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  
 6c

7 **Organizations that may receive deductible contributions under section 170(c).**  
 7a 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?  
 7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  
 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  
 7d If "Yes," indicate the number of Forms 8282 filed during the year 7d  
 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  
 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  
 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  
 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  
 8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  
 9 **Sponsoring organizations maintaining donor advised funds.**  
 9a Did the organization make any taxable distributions under section 4966?  
 9b Did the organization make a distribution to a donor, donor advisor, or related person?  
 10 **Section 501(c)(7) organizations.** Enter  
 10a Initiation fees and capital contributions included on Part VIII, line 12  
 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  
 11 **Section 501(c)(12) organizations.** Enter  
 11a Gross income from members or shareholders  
 11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  
 12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?  
 12b 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.**  
 13a Is the organization licensed to issue qualified health plans in more than one state?  
 Note. See the instructions for additional information the organization must report on Schedule O  
 13b 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  
 13c Enter the amount of reserves on hand  
 14a Did the organization receive any payments for indoor tanning services during the tax year?  
 14b 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 or note to any line in this Part VI

## **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
1b		1b	28
2		2	X
3		3	X
4		4	X
5		5	X
6		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	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	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		

**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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	X
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	

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### **Section C. Disclosure**

651 MARTIN LUTHER KING BLVD

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 or note to any line 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
(1) CHARLES HINES DIRECTOR	40.00 0.00	X					56,000		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
		Officer or director or trustee or individual employee	Individual trustee	Officer	Key employee	Employee paid highest compensation			
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
(18)									
(19)									
<b>1b Sub-total</b>							<b>56,000</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>							<b>56,000</b>		

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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	4	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	5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
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	128,016			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	245,126			
	g Noncash contributions included in lines 1a-1f		\$ 26,816			
	h Total. Add lines 1a-1f		► 373,142			
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)	►	44	44		
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►				
	6a Gross rents	(i) Real	(ii) Personal			
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)	►				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)	►				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b					
c Net income or (loss) from fundraising events	►					
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities	►					
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory	►					
Miscellaneous Revenue	Busn. Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	►					
12 Total revenue. See instructions	►	373,186	44	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 or note to any line 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	56,000	28,000	28,000	
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	111,423	92,804	18,619	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	8,983	5,989	2,994	
10 Payroll taxes	11,732	9,034	2,698	
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)	3,401	3,401		
12 Advertising and promotion	30	30		
13 Office expenses	22,121	19,909	2,212	
14 Information technology	1,001	671	330	
15 Royalties				
16 Occupancy	79,527	71,574	7,953	
17 Travel	996	996		
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	15,371	13,834	1,537	
23 Insurance	10,488	9,439	1,049	
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	26,816	26,816		
b CASH/FOOD/MISC ASSIST	24,640	24,640		
c FUNDRAISING FEES	5,932		5,932	
d VEHICLE EXPENSE	4,279	4,279		
e All other expenses	3,344	1,999	1,345	
25 Total functional expenses. Add lines 1 through 24e	389,679	313,415	70,332	5,932
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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest bearing	7,154	1	4,775	
	2 Savings and temporary cash investments	17,028	2	1,881	
	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	762,743			
	b Less accumulated depreciation	249,578	528,536	10c	513,165
	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)	552,718	16	519,821		
Liabilities	17 Accounts payable and accrued expenses	3,191	17	4,787	
	18 Grants payable		18		
	19 Deferred revenue	20,000	19	2,000	
	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	55,191	26	38,787	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		27		
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds	497,527	32	481,034	
	33 Total net assets or fund balances	497,527	33	481,034	
	34 Total liabilities and net assets/fund balances	552,718	34	519,821	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	373,186
2 Total expenses (must equal Part IX, column (A), line 25)	2	389,679
3 Revenue less expenses Subtract line 2 from line 1	3	-16,493
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	497,527
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	
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	481,034

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
2b 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
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	

Form 990 (2013)

**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

**LOAVES AND FISHES MINISTRY OF  
MACON, GEORGIA, INC.**Employer identification number  
**58-1880653****Part I Reason for Public Charity Status (All organizations must complete this part) See instructions**

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

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  
 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )  
 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—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?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

Yes	No
11g(i)	
11g(ii)	
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)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b <b>33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

(If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	382,646	386,728	391,742	427,909	373,142	1,962,167
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					44	44
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 <b>Total.</b> Add lines 1 through 5	382,646	386,728	391,742	427,909	373,186	1,962,211
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 <b>Public support</b> (Subtract line 7c from line 6 )						1,962,211

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	382,646	386,728	391,742	427,909	373,186	1,962,211
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,044	1,012	244	465	44	2,809
c Add lines 10a and 10b	1,044	1,012	244	465	44	2,809
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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12 )	383,690	387,740	391,986	428,374	373,230	1,965,020

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 2013 (line 8, column (f) divided by line 13, column (f))	15	99.86 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.84 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a <b>33 1/3% support tests—2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33 1/3% support tests—2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV**

**Supplemental Information.** 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.

OMB No. 1545-0047

**2013**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)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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)

<input type="checkbox"/> a Public exhibition	<input type="checkbox"/> d Loan or exchange programs
<input type="checkbox"/> b Scholarly research	<input type="checkbox"/> e Other
<input type="checkbox"/> c Preservation for future generations	

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
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes  No

b If "Yes," explain the arrangement in Part 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

(i) unrelated organizations  
(ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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	223,248	389,227
c Leasehold improvements				
d Equipment		19,172	15,430	3,742
e Other		10,900	10,900	
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				513,165

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)		

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

32,000

2. Liability for uncertain tax positions 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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

- 1 Total revenue, gains, and other support per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
  - a Net unrealized gains on investments
  - b Donated services and use of facilities
  - c Recoveries of prior year grants
  - d Other (Describe in Part XIII )
  - e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 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
  - b Other (Describe in Part XIII )
  - c Add lines 4a and 4b
- 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )

	1	
	2a	
	2b	
	2c	
	2d	
	2e	
	3	
	4a	
	4b	
	4c	
	5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

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

	1	
	2a	
	2b	
	2c	
	2d	
	2e	
	3	
	4a	
	4b	
	4c	
	5	

**Part XIII Supplemental Information**

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

Schedule D (Form 990) 2013    **LOAVES AND FISHES MINISTRY OF**  
**Part XIII    Supplemental Information (continued)**

**58-1880653**

**Page 5**

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

Name of the organization

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

OMB No. 1545-0047

**2013****Open To Public  
Inspection**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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (	X	1	26,816	
26 Other ► (				
27 Other ► (				
28 Other ► (				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

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

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

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

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

b If "Yes," describe in Part II

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

	Yes	No
30a		X
31		X
32a		X

**Part II Supplemental Information.** 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

Name of the organization

**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.
- Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**Open to Public  
Inspection
**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 INDIVIDUALS 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 AND SIGNATURE OF MEMBERS ON ANNUAL BASIS

 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

Schedule O (Form 990 or 990-EZ) (2013)

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

• Item was disposed  
of during current year.

## Depreciation Detail Listing

Program Services

For your records only

2013  
PAGE 1

### LOAVES AND FISHES MINISTRY

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current deprec.	Accumulated depreciation	Prior expense	Bonus depreciation	Social security number/ETIN		AMT Current
															58-1880653		
1	LAND REBEKAH HOUSE	19931216	10,000	10,000	100.00	0	0	0		0	0	0	0	0			
2	LAND EDNA PLACE	20010425	10,000	10,000	100.00	0	0	0		0	0	0	0	0	58,478	58,478	1,462
3	REBEKAH HOUSE	19931216	58,478	82,561	100.00	58,478	20	SL	HY	5	1,462	2,117	2,117	2,117			
4	CALDWELL HOUSE 162 &	20000425	82,561	58,640	100.00	82,561	39	SL	MM	2.564	2,117	30,078	16,065	1,466			1,466
5	WEST OAK DRIVE HOUSE	20030709	58,640	15,298	100.00	58,640	40	SL	MM	2.5	0	0	0	0			
6	WEST OAK DRIVE LAND	20030709	15,298	44,154	100.00	0	0	44,154	40	SL	MM	2.5	1,104	1,104			1,104
7	MAMIE CARTER DRIVE HO	20030709	44,154	7,996	100.00	0	0	0		0	0	0	0	0			
8	MAMIE CARTER DRIVE LA	20030709	7,996	46,201	100.00	46,201	40	SL	MM	2.5	0	0	0	0			
9	PHARR AVENUE HOUSE	20030709	46,201	14,121	100.00	0	0	0		0	0	0	0	0			1,155
10	PHARR AVENUE LAND	20030709	14,121	51,599	100.00	51,599	40	SL	MM	2.5	0	0	0	0			
11	PINE VALLEY DRIVE HOU	20030709	51,599	23,388	100.00	0	0	0		0	0	0	0	0			1,290
12	PINE VALLEY DRIVE LAN	20030709	23,388	39,649	100.00	39,649	40	SL	MM	2.5	0	0	0	0			
13	DELLWOOD AVENUE HOUSE	20031201	39,649	12,308	100.00	0	0	0		0	0	0	0	0			
14	DELLWOOD AVENUE LAND	20031201	12,308	60,418	100.00	60,418	40	SL	MM	2.5	0	0	0	0			
15	EUELL AVENUE HOUSE	20031110	60,418	10,654	100.00	0	0	0		0	0	0	0	0			1,510
16	EUELL AVENUE LAND	20031110	10,654	67,457	100.00	67,457	40	SL	MM	2.5	0	0	0	0			
17	GREENWICH PLACE HOUSE	20031110	67,457	16,431	100.00	0	0	0		0	0	0	0	0			
18	GREENWICH PLACE LAND	20031110	16,431	14,542	100.00	14,542	20	SL	HY	5	727	14,179	14,179	727			
19	LEASEHOLD IMPROVEMENT	19941231	14,542	4,800	100.00	4,800	20	SL	HY	5	240	4,560	4,560	240			
20	LEASEHOLD IMPROVEMENT	19950118	4,800	500	100.00	500	5				0	0	0	0			
21	WASHER/DRYER REBEKAH	19940113	500	407	100.00	407	7				0	0	0	0			
22	AIR CONDITIONER STEPH	19980717	407	840	100.00	840	5				0	0	0	0			
23	COPIER	19931111	840	408	100.00	408	5				0	0	0	0			
24	TYPEWRITER	19940104	408	1,167	100.00	1,167	5				0	0	0	0			
25	PRINTER/FAX	19950213	1,167	5,997	100.00	3,997	5				0	0	0	0			
26	IBM COMPUTER	19960130	5,997	950	100.00	950	7				0	0	0	0			
27	COMPUTER FURNITURE	19960130	950	5,998	100.00	5,998	5				0	0	0	0			
28	COMPUTERS COMPUTER SO	19990528	5,998	1,202	100.00	1,202	5				0	0	0	0			
29	WASHER/DRYER	20051207	1,202	10,900	100.00	10,900	5				200	200	200	200			
30	2004 FORD F150	20080916	10,900								5.76	628	628	628			628

- Item was disposed of during current year

## Depreciation Detail Listing

Program Services  
For your records only

2013  
PAGE 2

**Loaves and Fishes Ministry Board of Directors**  
**March, 2014**  
**DUNS #860114149**

Atkins, Ginny [gatkins@mindspring.com](mailto:gatkins@mindspring.com)  
1361 Waverland Dr., 31211  
St. Francis  
Female, Not Hispanic, Caucasian, Not Homeless

Bailey, Sharon H: 992-9237  
1492 Maynards Mill Road C: 960-8156  
Forsyth 31029 [dab647@bellsouth.net](mailto:dab647@bellsouth.net)  
First Baptist Church of Christ  
Female, Not Hispanic, Caucasian, not Homeless  
On Board since 2011; Retired Special Ed Teacher

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

Clark, Andre [aclark1282@gmail.com](mailto:aclark1282@gmail.com)  
TH Resident – Caldwell Complex 478-508-7007  
Male, Not Hispanic, African American, Homeless

Cooper, Bettye H: 474-5775  
291 Plantation Center Dr. #2101 [ccamillia4@aol.com](mailto:ccamillia4@aol.com)  
Macon 31210  
Holsey Temple  
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 C: 256-9346  
1731 Twin Pines Drive [edunn@co.bibb.ga.us](mailto:edunn@co.bibb.ga.us)  
Macon 31211  
Holsey Temple  
Male, Not Hispanic, African American, not Homeless, Deputy Sheriff  
On Board since 2010

Gordon, Rev. Maria A. cell: 478-501-2767  
Pastor, Steward Chapel AME [pastormaria8@gmail.com](mailto: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](mailto:georgiamind@cox.net)  
Macon 31204  
Northminster Presbyterian  
Female, Not Hispanic, Caucasian, not Homeless  
On Board since 2007

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 2012.8jane@g.mail.com  
Member-at-Large, Past President  
Retired GA DOL – Certified Vocational Rehabilitation Counselor  
Female, Not Hispanic, Caucasian, not Homeless  
On Board since 2001

Oldham, Emily H: 477-7724  
925 Pate Rd. C: 390-9907  
Juliette, GA 31046 [emily.oldham@raymondjames.com](mailto:emily.oldham@raymondjames.com)  
St. Andrews Presbyterian  
Female, Not Hispanic, Caucasian, Not Homeless  
On Board since March, 2013

O'Neal, June W: 765-8624  
1233 Bass Road C: 954-4346  
Macon 31210 H: 477-3092  
Member-at Large [joneal@bibb.k12.ga.us](mailto:joneal@bibb.k12.ga.us)  
Female, Not Hispanic, Caucasian, not Homeless  
Director, Bibb County Mentors Project Fax: 765-8540  
On Board since 2001

Richardson, Lucy [lucygrichardson@gmail.com](mailto:lucygrichardson@gmail.com)  
Christ Episcopal Church  
Female, Not Hispanic, Caucasian, not homeless

Roddenberry, Jeanne [jerodden93@gmail.com](mailto:jerodden93@gmail.com)  
135 Bradford Dr. H: 477-9709  
Macon, 31210  
Female, Not Hispanic, Caucasian, Not Homeless  
On Board since 2013; Member at Large; Physician

Anita P. Ross H: 478-742-8362  
St. Paul's Episcopal Church C: 478-719-3773  
Female, Not Hispanic, Not homeless [anita.ross888@gmail.com](mailto:anita.ross888@gmail.com)  
On Board since 23 July 2012; Retired Educator

Tom Sands [sands.tom@mccg.org](mailto:sands.tom@mccg.org)  
Medical Center Central Ga. W: 633-1417  
777 Hemlock St., Macon M: 731-3030  
Member At Large

Dr. Jimmie Smith H: 478-474-2641  
Cell: 478-997-0400  
First Baptist Church-New Street [smith\\_jh@mercer.edu](mailto:smith_jh@mercer.edu)  
107 Red Fox Fun, Macon, 31210  
Male, Not Hispanic, African American, Not Homeless  
On Board since January, 2014

Stokes, Derek H: 478-747-7584  
2140 Ingleside Ave. [Derek.e.stokes@gmail.com](mailto:Derek.e.stokes@gmail.com)  
Macon, GA 31204  
Male, Not Hispanic, Caucasian, Not Homeless  
St. Francis Episcopal Church

Uebel-Trotter, Christine H: 571-213-1887  
882 Horne Road, [cuebel@pstel.net](mailto:cuebel@pstel.net)  
Roberta 31078  
St. James Episcopal  
Immediate Past Board President  
Female, Not Hispanic, Caucasian, not Homeless  
On board since 2008, Retired Col. USAF, Registered Nurse

Walker, Anna W: 301-4067  
632 Byars Drive walker\_an@mercer.edu  
Macon 31210  
St. James Episcopal  
Female, not Hispanic Caucasian, not Homeless  
On Board since 2007; Professor Mercer Medical School

Waller, Mary H: 741-9566  
1078 Clay Avenue C: 737-4605  
Macon 31211 [mary@marywaller.com](mailto:mary@marywaller.com)  
Christ Episcopal  
Female, not Hispanic, Caucasian, not Homeless  
On Board since 2007; self-employed driver

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

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

Webb, Mary Alice H: 474-2715  
124 Ashford Trace Lane dawgsfan77@aol.com  
Macon 31210  
St. Paul's Episcopal Michael's cell: 960-8156  
Female, Not Hispanic, Caucasian, not Homeless  
On Board since 2011; part time Educator

Whitaker, Genny H: 474-2106  
300 E. Breckinridge [ggwhit@cox.net](mailto:ggwhit@cox.net)  
Macon 31210  
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.

Mailed 8/7  
Received 8/11

Form 8868

(Rev January 2014)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-1709

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://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 <b>LOAVES AND FISHES MINISTRY OF MACON, GEORGIA, INC.</b>	Employer identification number (EIN) or <b>58-1880653</b>
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 <b>P.O. BOX 825</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MACON GA 31202</b>	

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 (other than individual)	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

**CHARLES L. HINES**  
**651 MARTIN LUTHER KING BLVD**

- The books are in the care of ► **MACON**

**GA 31201**Telephone No ► **478-741-1007**

FAX No ►

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



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

►  calendar year \_\_\_\_\_ or►  tax year beginning **07/01/13**, and ending **06/30/14**

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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0
b If this application is for Forms 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	\$	0
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	\$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) 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 1-2014)