

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LOAVES & FISHES COMMUNITY SERVICES		D Employer identification number 36-3786777
	Doing business as 1871 HIGH GROVE LANE		E Telephone number 630-355-3663
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite NAPERVILLE IL 60540		G Gross receipts\$ 14,239,185
	City or town, state or province, country, and ZIP or foreign postal code NAPERVILLE IL 60540		
F Name and address of principal officer: MICHAEL HAVALA			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.LOAVES-FISHES.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1991
			M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDES FOOD AND LEADERSHIP IN THE COMMUNITY BY UNITING AND MOBILIZING RESOURCES TO EMPOWER PEOPLE TO BE SELF-SUFFICIENT FOR THE PURPOSE OF ENDING HUNGER AND EMPOWERING LIVES.			
	2 Check this box <input type="checkbox"/> 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)	14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	25	
	6	Total number of volunteers (estimate if necessary)	1540	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	b Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	12,590,642	14,140,052
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,422	3,359
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	183,901	-46,554
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,778,965	14,096,857	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,787,142	11,634,831
	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)	1,241,125	1,379,694
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 387,831		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	812,711	772,393
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,840,978	13,786,918	
	19 Revenue less expenses. Subtract line 18 from line 12	-62,013	309,939	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	3,976,235	4,410,574
	21	Total liabilities (Part X, line 26)	189,944	269,344
	22 Net assets or fund balances. Subtract line 21 from line 20	3,786,291	4,141,230	

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	MICHAEL J. HAVALA Signature of officer		11/12/2018 Date	
	MICHAEL HAVALA Type or print name and title		PRESIDENT & CEO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN
	THEODORE F SLUPIK	THEODORE F SLUPIK	11/9/2018	self-employed P00068073
	Firm's name ▶	SLUPIK AND ASSOCIATES, LTD.		Firm's EIN ▶
	1700 PARK ST STE 201		36-3299518	
	Firm's address ▶ NAPERVILLE, IL 60563-2370		Phone no. 630-357-0096	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.