

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.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19**

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 Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1871 HIGH GROVE LANE		E Telephone number 630-355-3663
	City or town, state or province, country, and ZIP or foreign postal code NAPERVILLE IL 60540		G Gross receipts \$ 14,983,016
	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) H(c) Group exemption number ▶
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: TO PROVIDE HEALTHY FOOD AND IMPACTFUL PROGRAMS TO PROMOTE SELF-SUFFICIENCY.		
	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)	16	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	16	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	26	
	6 Total number of volunteers (estimate if necessary)	1435	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	
	b Net unrelated business taxable income from Form 990-T, line 38	0	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 14,140,052 Current Year: 14,881,870
		9 Program service revenue (Part VIII, line 2g)	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,359 15,495	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-46,554 -18,347	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,096,857 14,879,018	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,634,831 12,579,342	
	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)	1,379,694 1,417,547	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 393,100	772,393 795,139	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,786,918 14,792,028	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	309,939 86,990		
19 Revenue less expenses. Subtract line 18 from line 12	4,410,574 4,434,226		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	269,344 206,006	
	21 Total liabilities (Part X, line 26)	4,141,230 4,228,220	
	22 Net assets or fund balances. Subtract line 21 from line 20		

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 HAVALA Signature of officer		11/08/2019 Date	
	MICHAEL HAVALA Type or print name and title		PRESIDENT & CEO	
Paid Preparer Use Only	Print/Type preparer's name THEODORE F SLUPIK	Preparer's signature THEODORE F SLUPIK	Date 11/6/19	Check <input type="checkbox"/> if self-employed PTIN P00068073
	Firm's name ▶ SLUPIK AND ASSOCIATES, LTD.		Firm's EIN ▶ 36-3299518	
	Firm's address ▶ 1700 PARK ST STE 201 NAPERVILLE, IL 60563-2370		Phone no. 630-357-0096	

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