

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.

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

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 <p align="center">LOAVES & FISHES COMMUNITY SERVICES</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>1871 HIGH GROVE LANE</p> City or town, state or province, country, and ZIP or foreign postal code <p>NAPERVILLE IL 60540</p>	D Employer identification number <p align="center">36-3786777</p> E Telephone number <p align="center">630-355-3663</p> G Gross receipts \$ 13,044,061
F Name and address of principal officer: <p>MICHAEL HAVALA</p>		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		H(c) Group exemption number ▶
J Website: ▶ WWW.LOAVES-FISHES.ORG		L Year of formation: 1991
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		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)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	32
	6	Total number of volunteers (estimate if necessary)	6	1279
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	14,881,870	12,963,347
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,495	25,456
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-18,347	-21,915
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,879,018	12,966,888
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,579,342
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,417,547	1,514,321
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 430,732	795,139	808,085
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,792,028	12,444,398
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	86,990	522,490	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	4,434,226	5,269,197
	22	Net assets or fund balances. Subtract line 21 from line 20	206,006	518,487
			4,228,220	4,750,710

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	MICHAEL HAVALA	Date	
	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 self-employed
	THEODORE F SLUPIK	<i>T. Slupik</i>	11/5/20	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		