

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

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		E Telephone number 630-355-3663
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1871 HIGH GROVE LANE		G Gross receipts \$ 25,223,755.
	City or town, state or province, country, and ZIP or foreign postal code NAPERVILLE, IL 60540		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: MICHAEL HAVALA SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	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		If "No," attach a list. See instructions
J Website: WWW.LOAVES-FISHES.ORG			H(c) Group exemption number
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)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	1067
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	18,879,795.	24,333,719.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,885.	126,877.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,309.	-15,907.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,895,989.	24,444,689.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	13,163,116.	19,827,195.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,791,773.	2,084,221.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	507,405.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	853,656.	999,614.
19 Revenue less expenses. Subtract line 18 from line 12	15,808,545.	22,911,030.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,087,444.	1,533,659.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	11,205,502.	12,989,771.
		237,722.	370,667.
		10,967,780.	12,619,104.

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	Date		
	MICHAEL HAVALA, PRESIDENT & CEO	<i>[Signature]</i>	12/18/23	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	HUGH ELLIOTT	<i>[Signature]</i>	12/1/23	<input type="checkbox"/> P00723487
	Firm's name	Firm's EIN		
	DUGAN & LOPATKA, CPA'S PC	36-2886485		
	Firm's address	Phone no.		
	4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036	630-665-4440		

May the IRS discuss this return with the preparer shown above? See instructions Yes No