Department of the Treasury

#### 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.

2017 Open to Public Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2017 calendar year, or tax year beginning , and ending C Name of organization D Employer identification number Check if applicable: Loaves & Fishes Food Pantry, Inc. Address change 45-1498743 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 434-996-7868 Initial return 2050 Lamb Road Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Charlottesville VA 22901 4,232,881 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Sue Wells Sargeant H(b) Are all subordinates included? If "No," attach a list. (see instructions) **X** 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 Tax-exempt status: www.cvilleloavesandfishes.org Website: **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Year of formation: 2011 Association Other > M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities:

The mission of Loaves & Fishes is to give food with kindness and compassion Activities & Governance to those seeking assistance while providing an opportunity for volunteers to serve their neighbors in Charlottesville and surrounding communities. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 15 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 9 5 6 Total number of volunteers (estimate if necessary) ..... 1706 6 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. **Current Year** 2,776,551 4,234,966 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,060 -2,645<u>3,</u>379 560 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,781,990 4,232,881 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) 2,129,038 3,722,706 14 Benefits paid to or for members (Part IX, column (A), line 4) 670 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 190,085 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ ..... 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 151,767 <u>143,327</u>  $\overline{2,470,890}$ 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 4,110,703 19 Revenue less expenses. Subtract line 18 from line 12 311,100 122,178 or Beginning of Current Year End of Year 1,555,261 1,676,692 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 10,359 9,612 22 Net assets or fund balances. Subtract line 21 from line 20 544,902 667,080 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. Signature of officer Sign Chair, Director Here Sue Wells Sargeant Type or print name and title Print/Type preparer's name PTIN Preparer's signature Check Paid David E. Foley David E. Foley self-employed P01457488 **Preparer** Robinson Farmer Cox Associates 54-1896113 Firm's EIN ▶ Firm's name **Use Only** 530 Westfield Rd 22901-1726 434-973-8314 Charlottesville, VA May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2017)

|     |   |           | Yes | No |
|-----|---|-----------|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"   |           |     |    |
|     | complete Schedule A   | 1         | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2         | Х   |    |
| 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   | 3         |     | X  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)   | _         |     | 37 |
| _   | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4         |     | X  |
| 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,   | _         |     | Х  |
| 6   | Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors   | 5         |     | Λ  |
| 0   | 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  | 6         |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | -         |     | Λ  |
| •   | the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>   | 7         |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>  |           |     |    |
| Ū   | complete Schedule D, Part III   | 8         |     | X  |
| 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   | 9         |     | X  |
| 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  | 10        |     | X  |
| 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.  |           |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"  |           |     |    |
|     | complete Schedule D, Part VI  | 11a       | X   |    |
| 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  | 11b       |     | Х  |
| С   | 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   | 11c       |     | X  |
| 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   | 11d       |     | X  |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e       |     | X  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |           |     | 37 |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>   | 11f       |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   | 40-       |     | v  |
| L   | Schedule D, Parts XI and XII  | 12a       |     | X  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If  | 126       |     | х  |
| 13  | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b<br>13 |     | X  |
| 14a | Did the appropriation and intrinsic and the constitution of the United Otetano  | 14a       |     | X  |
| b   | Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                         | 174       |     |    |
|     | 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  | 14b       |     | X  |
| 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  | 15        |     | X  |
| 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   | 16        |     | X  |
| 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)  | 17        |     | X  |
| 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  | 18        |     | X  |
| 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   | 19        |     | X  |

|     |  |          | Yes |          |
|-----|--|----------|-----|----------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                        | 20a      |     | X        |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       | 20b      |     |          |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or        |          |     |          |
|     | domestic 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 or for domestic individuals 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      |     |          |
| С   | 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 | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit       |          |     |          |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                      | 25a      |     | Х        |
| 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      |     | Х        |
| 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 "Yes," complete Schedule L, Part II   | 26       |     | Х        |
| 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       |     | Х        |
| 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):                                |          |     |          |
| а   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>     | 28a      |     | Х        |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>      |          |     |          |
| -   | Schedule L, Part IV  | 28b      |     | Х        |
| С   | 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? <i>If "Yes," complete Schedule L, Part IV</i>      | 28c      |     | Х        |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>    | 29       | Х   |          |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified     |          |     |          |
|     |  | 30       |     | х        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,        |          |     |          |
| ٠.  | Port I   | 31       |     | х        |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"            | <u> </u> |     |          |
| 0_  | complete School de N. Port II  | 32       |     | х        |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations         |          |     |          |
| 00  | 2004 7704 0 and 201 7704 00 16 "Was " complete Calcadida D. David  | 33       |     | х        |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,     |          |     |          |
| ٠.  | N/ 15 11/1/11  | 34       |     | х        |
| 35a | or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a      |     | X        |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a            | 000      |     |          |
|     | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2          | 35b      |     |          |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable               | 555      |     |          |
| 50  | related agreement in 2 If "Voc." complete Cabadyla D. Bort V. line C.  | 36       |     | Х        |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | 30       |     | -27      |
| ٥,  | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,               |          |     |          |
|     | Port VI  | 37       |     | Х        |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and         | - 37     |     | -27      |
| 50  | 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | 38       | х   |          |
|     | 19: Hote. All 1 offit 330 filets are required to complete ochedule O.  | 30       | 47  | <u> </u> |

|          | Check if Schedule O contains a response or note to any line in this Pal   | rt V     |       |              |          |   |
|----------|---|----------|-------|--------------|----------|---|
|          |   |          |       |              | Yes      | No                                      |
| 1a       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | 1a       | 8     |              |          |   |
| b        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | 1b       | 0     |              |          |   |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and  |          |       |              |          |   |
|          | reportable gaming (gambling) winnings to prize winners?   |          |       | 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       | 9     |              |          |   |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax ref   |          |       | 2b           | X        |   |
|          | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction   | ns)      |       |              |          |   |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | <u>.</u> |       | 3a           |          | X                                       |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedul  |          |       | 3b           |          |   |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other   |          | -     |              |          |   |
|          | over, a financial account in a foreign country (such as a bank account, securities account, or other  | financi  | al    | 4.5          |          | v                                       |
| <b>L</b> | account)?   |          |       | <u>4a</u>    |          | X                                       |
| b        | If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia                 |          |       |              |          |   |
|          |   | II ACCO  | unis  |              |          |   |
| 50       | (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |          |       | 5a           |          | X                                       |
|          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans   |          | <br>) |              |          | X                                       |
| b        | If "Vee" to line Fe ov Fb did the every institute file Feyn 2000 TO   |          |       | F-           | -        |   |
| c<br>6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did  |          |       |              |          |   |
| va       | organization solicit any contributions that were not tax deductible as charitable contributions?  | uic      |       | 6a           |          | Х                                       |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contribu  | tions o  | <br>r |              |          |   |
| ~        | gifts were not tay deductible?  |          |       | 6b           |          |   |
| 7        | Organizations that may receive deductible contributions under section 170(c).   |          |       |              |          |   |
| а        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo  | r good   | S     |              |          |   |
|          | and convices provided to the pover?   |          |       | 7a           |          | X                                       |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   |          |       | 7b           |          |   |
| С        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it  |          |       |              |          |   |
|          | required to file Form 8282?   |          |       | 7c           |          | X                                       |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d       |       |              |          |   |
| е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit   |          |       |              |          | X                                       |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con  |          |       |              | L        | X                                       |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file I   |          |       | 7g           |          |   |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization  |          |       | ?? <b>7h</b> |          |   |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta   | ained b  | y the |              |          |   |
| _        |   |          |       | 8            |          |   |
| 9        | Sponsoring organizations maintaining donor advised funds.   |          |       |              |          |   |
| a        |   |          |       |              |          |   |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   |          |       | 9b           |          |   |
| 10       | Section 501(c)(7) organizations. Enter:   | 10a      |       |              |          |   |
| a<br>b   | Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10a      |       | -+           |          |   |
| 11       | Section 501(c)(12) organizations. Enter:  | 100      |       |              |          |   |
| а        | Cross income from members or charabelders   | 11a      |       |              |          |   |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources  |          |       |              |          |   |
| -        | against amounts due or received from them.)   | 11b      |       |              |          |   |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo  |          | 41?   | 12a          |          | *************************************** |
| b        | 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.  |          |       |              |          |   |
| а        | le the organization licensed to incur qualified health plane in more than one state?  |          |       | 13a          |          |   |
|          | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  |          |       |              |          |   |
| b        | 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  | 13b      |       |              |          |   |
| С        | Enter the amount of reserves on hand  | 13c      |       |              | <u> </u> | Щ.                                      |
| 14a      |   |          |       |              | <u> </u> | X                                       |
| b        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduler  |          |       |              |          |   |

Form 990 (2017) Loaves & Fishes Food Pantry, Inc. 45–1498743

Page
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...

| <u> </u> | tion A. Governing Body and Management  |         |               |      | V    | h1-                                     |
|----------|--|---------|---------------|------|------|---|
| 1a       | Enter the number of voting members of the governing body at the end of the tax year  | 1a      | 15            |      | Yes  | No                                      |
| ıa       | If there are material differences in voting rights among members of the governing body, or   | ia      | 10            |      |      |   |
|          | if the governing body delegated broad authority to an executive committee or similar   |         |               |      |      |   |
|          | committee, explain in Schedule O.  |         |               |      |      |   |
| b        | Enter the number of voting members included in line 1a, above, who are independent   | 1b      | 15            |      |      |   |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   |         |               |      |      |   |
|          | any other officer, director, trustee, or key employee?   |         |               | 2    | X    | 500000000000000000000000000000000000000 |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct  |         |               |      |      |   |
|          | supervision of officers, directors, or trustees, or key employees to a management company or other person?   |         |               | 3    |      | X                                       |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was fill   | ed?     |               | 4    |      | X                                       |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?   |         |               | 5    |      | X                                       |
| 6        | Did the organization have members or stockholders?   |         |               | 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    | 500000000000000000000000000000000000000 |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the   | year by | the following | _    |      |   |
| a        | The governing body?  |         |               | 8a   | X    |   |
| b        | Each committee with authority to act on behalf of the governing body?  |         |               | 8b   | X    |   |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at   |         |               |      |      | 37                                      |
| <u></u>  | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |         |               | 9    | da \ | X                                       |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the   | mem     | ai Revenu     | e co |      | N <sub>a</sub>                          |
| 100      | Did the organization have lead chapters, branches, or affiliates?  |         |               | 10a  | Yes  | No<br>X                                 |
| 10a<br>b | Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, |         |               | IUa  |      |   |
| D        | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  |         |               | 10b  |      |   |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before file  | ina the | form?         | 11a  | X    |   |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | ing the |               | IIa  | 22   |   |
| 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? <i>If "Yes,"</i>   | 1100 10 |               | 120  |      |   |
|          | describe in Schedule O how this was done   |         |               | 12c  | X    |   |
| 13       | Did the organization have a written whistleblower policy?  |         |               | 13   |      | Х                                       |
| 14       | Did the organization have a written document retention and destruction policy?   |         |               | 14   |      | Х                                       |
| 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   | 1?      |               |      |      |   |
| а        | 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  |      |   |
|          | tion C. Disclosure   |         |               |      |      |   |
| 17<br>12 | List the states with which a copy of this Form 990 is required to be filed None  |         |               |      |      |   |
| 18       | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section  | 501(c)  | (ദ)s only)    |      |      |   |
|          | available for public inspection. Indicate how you made these available. Check all that apply.  |         |               |      |      |   |
| 40       | X Own website X Another's website X Upon request Other (explain in Schedule O)   |         | -11           |      |      |   |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in  | erest p | olicy, and    |      |      |   |
| 00       | financial statements available to the public during the tax year.  |         |               |      |      |   |
| 20<br>T. | State the name, address, and telephone number of the person who possesses the organization's books and re  | coras:  | _             |      |      |   |
|          | paves & Fishes Food Pantry, Inc. 2050 Lambs Rd harlottesville VA 2290  | 11      | 121           | _06  | 6_7  | 969                                     |
| CI       | narlottesville VA 2290   | JI      | 404           | ーラロ  | U- / | 868                                     |

#### 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 organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title | (B) Average hours per week (list any hours for    | box                            | k, unle               | Pos<br>check<br>ess pe<br>nd a d | rson         | than one<br>is both a<br>or/trustee | ın<br>e) | (D)  Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|-----------------------|---|--------------------------------|-----------------------|----------------------------------|--------------|-------------------------------------|----------|--|--|---|
|                       | related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional trustee | Officer                          | Key employee | Highest compensated employee        | Former   | (W-2/1099-MISC)                                    | (W-2/1033-101GG)   | organization<br>and related<br>organizations        |
| (1)William Owens      |   |                                |                       |                                  |              |                                     |          |  |  | _   |
| Director              | 2.00<br>0.00                                      | х                              |                       |                                  |              |                                     |          | 3,000  | 0  | 0   |
| (2) James Berlin      | 0.00  | Λ                              |                       |                                  |              |                                     |          | 3,000  | 0  | <u> </u>  |
| (2) Dell'III          | 2.00  |                                |                       |                                  |              |                                     |          |  |  |   |
| Director, Treasurer   | 0.00  | X                              |                       | X                                |              |                                     |          | 2,400  | 0  | 0   |
| (3) Gerald Denney     |   |                                |                       |                                  |              |                                     |          | ,  |  |   |
| _                     | 2.50  |                                |                       |                                  |              |                                     |          |  |  |   |
| Director              | 0.00  | X                              |                       |                                  |              |                                     |          | 0  | 0  | 0   |
| (4) William Hall      | 1 00  |                                |                       |                                  |              |                                     |          |  |  |   |
| Director              | 1.00  | х                              |                       |                                  |              |                                     |          | o  | 0  | 0   |
| (5) Hubert Shaffer    | 0.00  | Λ                              |                       |                                  |              |                                     |          | 0  | U  | <u> </u>  |
| (3) Hubert Bharrer    | 3.00  |                                |                       |                                  |              |                                     |          |  |  |   |
| Director              | 0.00  | X                              |                       |                                  |              |                                     |          | 0  | 0  | 0   |
| (6) David Pedrick     |   |                                |                       |                                  |              |                                     |          |  |  | <u>_</u> _  |
|                       | 3.50  |                                |                       |                                  |              |                                     |          |  |  |   |
| Director              | 0.00  | X                              |                       |                                  |              |                                     |          | 0  | 0  | 0   |
| (7)Jane Clarke        |   |                                |                       |                                  |              |                                     |          |  |  |   |
|                       | 5.00  |                                |                       |                                  |              |                                     |          |  |  |   |
| Director              | 0.00  | X                              |                       |                                  |              |                                     |          | 0  | 0  | 0   |
| (8)Bradford Lamb      | 0.50  |                                |                       |                                  |              |                                     |          |  |  |   |
| Director              | 0.00  | x                              |                       |                                  |              |                                     |          | 0  | 0  | 0   |
| (9) Larry Lambert     | 0.00  | A                              |                       |                                  |              |                                     |          | <u> </u>   | 0  |   |
| (0)                   | 2.00  |                                |                       |                                  |              |                                     |          |  |  |   |
| Director              | 0.00  | X                              |                       |                                  |              |                                     |          | 0  | 0  | 0   |
| (10)Michael Tubridy   |   |                                |                       |                                  |              |                                     |          |  |  |   |
|                       | 1.00  |                                |                       |                                  |              |                                     |          |  |  |   |
| Director              | 0.00  | X                              |                       |                                  |              |                                     |          | 0  | 0  | 0   |
| (11) Sue Wells Sarge  |   |                                |                       |                                  |              |                                     |          |  |  |   |
| Chair, Director       | 9.00  | x                              |                       | x                                |              |                                     |          | 0  | 0  | ^   |
| DAA                   | 0.00  | Λ                              |                       | Λ                                |              |                                     |          | U  | U  | O Form <b>990</b> (2017)                            |

| Part VII Section A. Officer  | s, Directors, Tr   | uste                                  | es,                   | Key                  | Em           | ploy                         | ees/     | s, and Highest Compens               | ated Employees (continu  | ied)  |
|--|--|---------------------------------------|-----------------------|----------------------|--------------|------------------------------|----------|--------------------------------------|--|---|
| (A)<br>Name and title  | (B) Average hours per week (list any                           | box                                   | not c<br>k, unle      | Pos<br>heck<br>ss pe | rson         | is botl                      | h an     | (D) Reportable compensation from the | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|  | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director        | Institutional trustee | Officer              | Key employee | Highest compensated employee | Former   | organization<br>(W-2/1099-MISC)      | (W-2/1099-NIIGO)   | organization<br>and related<br>organizations        |
| (12) Ruth Poole  | 4.00   |                                       |                       |                      |              |                              |          |                                      |  |   |
| Director (13) Josh Arbaugh   | 0.00   | X                                     |                       |                      |              |                              |          | 0                                    | 0  | 0   |
| Vice Chair, Director   | 4.00   | x                                     |                       | x                    |              |                              |          | 0                                    | 0  | 0   |
| (14) Chris Boyce   |  |                                       |                       |                      |              |                              |          |                                      |  |   |
| Secretary, Director (15) Marianne M A  | 1.50<br>0.00   | x                                     |                       | х                    |              |                              |          | 0                                    | 0  | 0   |
| Director   | 0.50   | x                                     |                       |                      |              |                              |          | 0                                    | 0  | 0   |
| (16) Tim Cognata   | 2.50   |                                       |                       |                      |              |                              |          |                                      |  |   |
| Director   | 0.00   | х                                     |                       |                      |              |                              |          | 0                                    | 0  | 0   |
| (17) Jane Colony   | Mills  |                                       |                       |                      |              |                              |          |                                      |  |   |
| Executive Director   | 40.00<br>0.00  |                                       |                       | x                    |              |                              |          | 57,500                               | 0  | 0   |
|  |  |                                       |                       |                      |              |                              |          |                                      |  |   |
|  |  |                                       |                       |                      |              |                              |          |                                      |  |   |
| 1b Sub-total   |  |                                       |                       |                      |              |                              | <b>•</b> | 62,900                               |  |   |
| c Total from continuation sho  |  |                                       |                       |                      |              |                              |          | 62,900                               |  |   |
| <ul><li>d Total (add lines 1b and 1c)</li><li>2 Total number of individuals (in</li></ul>  |  |                                       |                       |                      | se li        | sted                         | abo      |                                      |  |   |
| reportable compensation from   |  |                                       |                       |                      |              |                              |          |                                      |  | Vee Ne  |
| <ul> <li>3 Did the organization list any for employee on line 1a? If "Yes,</li> <li>4 For any individual listed on line</li> </ul> | " complete Sche  | edule                                 | Jfc                   | r su                 | ch ir        | ndivi                        | dual     |                                      |  | Yes No  |
| organization and related orga individual   | nizations greate   | r tha                                 | ท \$1                 | 50,0                 | 000?         | <i>if</i> "Υ                 | es,      | " complete Schedule J for            | such   | 4 X   |
| 5 Did any person listed on line for services rendered to the o   |  |                                       |                       |                      |              |                              |          |                                      |  | 5 X   |
| Section B. Independent Contract  | tors   |                                       |                       |                      |              |                              |          | •                                    |  |   |
| 1 Complete this table for your fi compensation from the organ  |  |                                       |                       |                      |              |                              |          |                                      |  | vear  |
|  | (A)<br>I business address                                      | , , , , , , , , , , , , , , , , , , , | 30110                 | atioi                | 1 101        | tilo                         | Jaio     |                                      | (B)  | (C)<br>Compensation                                 |
|  |  |                                       |                       |                      |              |                              |          | 2000.,                               |  | 33  |
|  |  |                                       |                       |                      |              |                              |          |                                      |  |   |
|  |  |                                       |                       |                      |              |                              |          |                                      |  |   |
|  |  |                                       |                       |                      |              |                              |          |                                      |  |   |
|  |  |                                       |                       |                      |              |                              |          |                                      |  |   |
| 2 Total number of independent  |  |                                       |                       |                      |              |                              |          |                                      | 0  |   |

|  | 11 L V       |  | if Schedule  |                          | ns a respons           | e or note to any li         | ne in this Part VII                    | l                                       |  |
|--|--------------|--|--|--------------------------|------------------------|-----------------------------|--|---|--|
| (O.10  |              |  |  |                          |                        | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| ls, Grant<br>Amounts                                 | 1a<br>b<br>c | Federated can<br>Membership of<br>Fundraising e              | dues   | 1a<br>1b                 |                        |                             |  |   |  |
| Program Service Revenue Contributions, Gifts, Grants | d<br>e<br>f  | Related organ<br>Government grants<br>All other contribution | nizations  | 1d<br>1e                 | 1,147,119              |                             |  |   |  |
| Contribu<br>and Othe                                 | g<br>h       | Noncash contribution   | s not included above ons included in lines 1a es 1a-1f | a-1f: \$                 | 3,087,847<br>3,757,193 |                             |  |   |  |
| evenue   | 2a           |  |  |                          | Busn. Code             |                             |  |   |  |
| ervice F   | c<br>b       |  |  |                          |                        |                             |  |   |  |
| ogram S  | e<br>f       |  | ram service reve                                       |                          |                        |                             |  |   |  |
| <u>~</u>   | g<br>3       |  | es 2a–2f<br>come (including                            |                          |                        |                             |  | I                                       |  |
|  | 4 5          | and other sim<br>Income from i                               | ilar amounts)  | κ-exempt bo              | ond proceeds           | -2,645                      |  |   | -2,645   |
|  | 6a           | _  | (i) Real   |                          | (ii) Personal          |                             |  |   |  |
|  | С            | ,  |  |                          |                        |                             |  |   |  |
|  | d<br>7a      | Gross amount from sales of assets other than inventor        | (i) Securities   |                          | (ii) Other             |                             |  |   |  |
|  |              | Less: cost or other<br>basis & sales exps<br>Gain or (loss)  |  |                          |                        |                             |  |   |  |
| e  | d            | Net gain or (lo  | oss)oss) om fundraising ev                             |                          | <b>&gt;</b>            |                             |  |   |  |
| Other Revenu   |              | (not including \$ of contributions See Part IV, line         | reported on line 10                                    |                          |                        |                             |  |   |  |
| Other  |              | Less: direct e   |  | b                        | ents <b>&gt;</b>       |                             |  |   |  |
|  |              | Gross income fi<br>See Part IV, line<br>Less: direct e       |  | es.<br>a<br>b            |                        |                             |  |   |  |
|  | С            | Net income of<br>Gross sales of                              | r (loss) from gan<br>of inventory, less                | ning activitie           | es <b>&gt;</b>         |                             |  |   |  |
|  |              | returns and all<br>Less: cost of some of<br>Net income of    |  | <b>a b</b> es of invento | ory                    |                             |  |   |  |
|  | 11a          | Mise   | cellaneous Revenue                                     |                          | Busn. Code 900099      | 560                         | 560                                    |   |  |
|  | b<br>c<br>d  |  | nue  |                          |                        |                             |  |   |  |
|  | е            | Total. Add lin   |  |                          |                        | 560<br>4,232,881            | 560                                    | 0                                       | -2,645   |

#### 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 (A) (B) Program service (C) (**D**) Fundraising Do not include amounts reported on lines 6b, Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3,722,706 3,722,706 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 62,900 38,341 17,371 7,188 trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,317 18,334 10,817 2,200 Other salaries and wages 132,215 76,777 39,212 16,226 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 7,754 4,575 2,249 930 9 Payroll taxes ..... 23,467 13,846 6,805 2,816 10 Fees for services (non-employees): 4,106 3,250 856 a Management **b** Legal c Accounting ..... **d** Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 39,283 26,18913,094 12 Advertising and promotion ..... 3,128 298 2,830 13 Office expenses Information technology 14 Royalties 41,287 41,287 Occupancy 16 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates ..... 21 23,777 23,777 Depreciation, depletion, and amortization 22 10,003 10,003 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.)  $7, \overline{929}$ 7,929 a Food distribution supply  $7, \overline{760}$ 6,083 1,677 Miscellaneous Repair and Maintenance 2,958 2,958 2,163 Loss on Disposal of Asset 2,163 933 e All other expenses ..... 933 3,980,996 86,397 43,310 4,110,703 25 Total functional expenses. Add lines 1 through 24e 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 ▶ if following SOP 98-2 (ASC 958-720) .

| Pa          | art ) | K Balance Sheet   |              |                         |                          |     |                    |
|-------------|-------|---|--------------|-------------------------|--------------------------|-----|--------------------|
|             |       | Check if Schedule O contains a response or no                           | te to any l  | ine in this Part X      |                          |     |                    |
|             |       |   |              |                         | (A)<br>Beginning of year |     | (B)<br>End of year |
|             | 1     | Cash—non-interest bearing   |              |                         | 127,150                  | 1   | 243,370            |
|             | 2     | Savings and temporary cash investments                                  |              |                         | ,                        | 2   | ,                  |
|             | 3     | Pledges and grants receivable, net                                      |              |                         |                          | 3   |                    |
|             | 4     | Accounts receivable, net  |              |                         |                          | 4   |                    |
|             | 5     | Loans and other receivables from current and former                     |              |                         |                          |     |                    |
|             |       | trustees, key employees, and highest compensated e                      |              |                         |                          |     |                    |
|             |       | Complete Part II of Schedule L  | , ,          |                         |                          | 5   |                    |
|             | 6     | Loans and other receivables from other disqualified p                   | ersons (a    | s defined under section |                          |     |                    |
|             |       | 4958(f)(1)), persons described in section 4958(c)(3)(E                  | 3), and co   | ntributing employers an | d                        |     |                    |
|             |       | sponsoring organizations of section 501(c)(9) volunta                   | ry employ    | ees' beneficiary        |                          |     |                    |
| ts          |       | organizations (see instructions). Complete Part II of S                 | Schedule L   | -                       |                          | 6   |                    |
| Assets      | 7     | Notes and loans receivable, net   |              |                         |                          | 7   |                    |
| ĕ           | 8     | Inventories for sale or use   |              |                         | 154,245                  | 8   | 178,100            |
|             | 9     | Duamaid averages and deferred aboves                                    |              |                         | 69                       | 9   | 69                 |
|             | 10a   | Land, buildings, and equipment: cost or                                 |              |                         |                          |     |                    |
|             |       | other basis. Complete Part VI of Schedule D                             | 10a          | 1,350,284<br>95,131     |                          |     |                    |
|             | b     | Less: accumulated depreciation  |              | 95,131                  | 1,273,797                | 10c | 1,255,153          |
|             | 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                   |              |                         | 1,555,261                | 16  | 1,676,692          |
|             | 17    | Accounts payable and accrued expenses                                   |              |                         | 10,359                   | 17  | 9,612              |
|             | 18    | Grants payable  |              |                         |                          | 18  |                    |
|             | 19    | Deferred revenue  |              |                         |                          | 19  |                    |
|             | 20    | Tax-exempt bond liabilities   |              |                         |                          | 20  |                    |
|             | 21    | Escrow or custodial account liability. Complete Part IV                 |              |                         |                          | 21  |                    |
| ies         | 22    | Loans and other payables to current and former office                   |              |                         |                          |     |                    |
| ij          |       | trustees, key employees, highest compensated employees                  | oyees, and   | d                       |                          |     |                    |
| Liabilities |       | disqualified persons. Complete Part II of Schedule L                    |              |                         |                          | 22  |                    |
|             | 23    | Secured mortgages and notes payable to unrelated the                    | nird parties | S                       |                          | 23  |                    |
|             | 24    | Unsecured notes and loans payable to unrelated third                    | parties      |                         |                          | 24  |                    |
|             | 25    | Other liabilities (including federal income tax, payable                |              |                         |                          |     |                    |
|             |       | parties, and other liabilities not included on lines 17-2 of Schedule D |              |                         |                          | 25  |                    |
|             | 26    | Total liabilities. Add lines 17 through 25                              |              |                         | 10,359                   |     | 9,612              |
|             | 20    | Organizations that follow SFAS 117 (ASC 958), cl                        |              |                         | 10,339                   | 20  | 9,012              |
| es          |       | complete lines 27 through 29, and lines 33 and 3                        |              | Allu                    |                          |     |                    |
| and         | 27    |   |              |                         | 1,522,945                | 27  | 1,575,206          |
| Bal         |       | T 2 1 1 1 1 1 1   |              |                         | 21,957                   |     | 91,874             |
| p           |       |   |              |                         | 22/30/                   | 29  | 32/0/2             |
| Fu          |       | Organizations that do not follow SFAS 117 (ASC                          | 958). che    | ck here ▶ and           |                          |     |                    |
| ō           |       | complete lines 30 through 34.   | ,, 0.10      |                         |                          |     |                    |
| ets         | 30    | Capital stock or trust principal, or current funds                      |              |                         |                          | 30  |                    |
| Ass         | 31    | Paid-in or capital surplus, or land, building, or equipm                |              |                         |                          | 31  |                    |
|             | 32    | Retained earnings, endowment, accumulated income                        |              |                         |                          | 32  |                    |
|             |       | T . I   |              |                         | 1,544,902                |     | 1,667,080          |
|             | 34    | Total liabilities and net assets/fund balances                          |              |                         | 1,555,261                | 34  | 1,676,692          |

| Pa | rt XI Reconciliation of Net Assets  |          |    |             |             |
|----|---|----------|----|-------------|-------------|
|    | Check if Schedule O contains a response or note to any line in this Part XI                                   | <u> </u> |    |             |             |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1        |    | 232,        |             |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2        | 4, | <u>110,</u> | <u>703</u>  |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3        |    | 122,        | <u> 178</u> |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4        | 1, | 544,        | 902         |
| 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       | 1, | 667,        | 080         |
| Pa | rt 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: Cash X Accrual 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?               |          | 2  | a X         |             |
|    | 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:  |          |    |             |             |
|    | X Separate basis Consolidated basis Both consolidated and separate basis                                      |          |    |             |             |
| b  | Were the organization's financial statements audited by an independent accountant?                            |          | 2  | b           | X           |
|    | 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:  |          |    |             |             |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |          |    |             |             |
| С  | 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?  |          | 2  | c X         |             |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in |          |    |             |             |
|    | Schedule O.   |          |    |             |             |
| За | 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?  |          | 3  | а           | X           |
| 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       |          | 3  | b           |             |

#### SCHEDULE A (Form 990 or 990-EZ)

<u>'</u>.)

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.

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

2017

Open to Public Inspection

Employer identification number Name of the organization Loaves & Fishes Food Pantry, Inc. 45-1498743 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 12, 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 (Form 990 or 990-EZ).) 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) Is the organization (i) Name of supported (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes Νo (A) (B) (C) (D) (E)

m 990 or 990-EZ) 2017 Loaves & Fishes Food Pantry, Inc. 45-1498743
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.)

|      | tion A. Public Support  | 1                    |                     |                      |                          | ,               |               |
|------|---|----------------------|---------------------|----------------------|--------------------------|-----------------|---------------|
| Cale | ndar year (or fiscal year beginning in)   | (a) 2013             | <b>(b)</b> 2014     | (c) 2015             | ( <b>d)</b> 2016         | <b>(e)</b> 2017 | (f) Total     |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 1,721,514            | 1,829,676           | 3,124,226            | 2,776,551                | 4,234,966       | 13,686,933    |
| 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    | Total. Add lines 1 through 3  | 1,721,514            | 1,829,676           | 3,124,226            | 2,776,551                | 4,234,966       | 13,686,933    |
| 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    | Public support. Subtract line 5 from line 4.  |                      |                     |                      |                          |                 | 13,686,933    |
| Sec  | tion B. Total Support   |                      |                     |                      |                          |                 |               |
| Cale | ndar year (or fiscal year beginning in)   | (a) 2013             | <b>(b)</b> 2014     | (c) 2015             | ( <b>d</b> ) 2016        | <b>(e)</b> 2017 | (f) Total     |
| 7    | Amounts from line 4   | 1,721,514            | 1,829,676           | 3,124,226            | 2,776,551                | 4,234,966       | 13,686,933    |
| 8    | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   | -228                 | 70                  | 191                  | 2,060                    | -2,645          | -552          |
| 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 VI.)   | 589                  |                     | 668                  |                          |                 | 1,257         |
| 11   | <b>Total support.</b> Add lines 7 through 10  |                      |                     |                      |                          |                 | 13,687,638    |
| 12   | Gross receipts from related activities, etc   | . (see instructions  | )                   |                      |                          | 12              | 560           |
| 13   | First five years. If the Form 990 is for th   |                      |                     |                      |                          |                 |               |
|      | organization, check this box and <b>stop he</b>   | •                    |                     |                      |                          | . , . ,         | <b>&gt;</b>   |
| Sec  | tion C. Computation of Public S   |                      |                     |                      |                          |                 |               |
| 14   | Public support percentage for 2017 (line  | 6. column (f) divide | ed by line 11. colu | mn (f))              |                          | 14              | 99.99%        |
| 15   | Public support percentage from 2016 Scl   |                      | no 11               |                      |                          | 15              | 99.97%        |
| 16a  | <b>33 1/3% support test—2017.</b> If the orga   |                      |                     |                      |                          | <del></del>     |               |
|      | box and <b>stop here.</b> The organization qua  |                      |                     |                      |                          |                 | <b>&gt; X</b> |
| b    | 33 1/3% support test—2016. If the orga  | nization did not ch  | eck a box on line   | 13 or 16a, and lin   | e 15 is 33 1/3% oı       | r more, check   |               |
|      | this box and <b>stop here.</b> The organization   | n qualifies as a pub | olicly supported or | ganization           |                          |                 | ▶ □           |
| 17a  | 10%-facts-and-circumstances test—2  | 017. If the organiz  | ation did not chec  |                      |                          |                 |               |
|      | 10% or more, and if the organization mee  | ets the "facts-and-o | circumstances" te   | st, check this box   | and <b>stop here.</b> Ex | xplain in       |               |
|      | Part VI how the organization meets the "f   | acts-and-circumst    | ances" test. The o  | rganization qualifi  | es as a publicly s       | upported        |               |
|      | organization  |                      |                     |                      |                          |                 | <b>•</b>      |
| b    | 10%-facts-and-circumstances test—2  |                      |                     |                      |                          |                 |               |
|      | 15 is 10% or more, and if the organization  | n meets the "facts-  | and-circumstance    | es" test, check this | box and stop he          | re.             |               |
|      | Explain in Part VI how the organization m   | eets the "facts-and  | d-circumstances"    | test. The organiza   | tion qualifies as a      | publicly        |               |
|      | supported organization  |                      |                     |                      |                          |                 | ▶ □           |
| 18   | Private foundation. If the organization of  | lid not check a box  | on line 13, 16a,    | 6b, 17a, or 17b, o   | check this box and       | see             |               |
|      | instructions  |                      |                     |                      |                          |                 | ▶ □           |

### Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

| Sec       | tion A. Public Support   | '                   |                     | •                   | •                   | ,               |           |
|-----------|--|---------------------|---------------------|---------------------|---------------------|-----------------|-----------|
|           | ndar year (or fiscal year beginning in)  | (a) 2013            | <b>(b)</b> 2014     | (c) 2015            | (d) 2016            | <b>(e)</b> 2017 | (f) Total |
| 1         | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |                     |                     |                     |                     |                 |           |
| 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 |                     |                     |                     |                     |                 |           |
| 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  |                     |                     |                     |                     |                 |           |
| 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           |                     |                     |                     |                     |                 |           |
| С         | Add lines 7a and 7b  |                     |                     |                     |                     |                 |           |
| 8         | <b>Public support.</b> (Subtract line 7c from  |                     |                     |                     |                     |                 |           |
| Sac       | tion B. Total Support  |                     |                     |                     |                     |                 |           |
|           | ndar year (or fiscal year beginning in)  | (a) 2013            | <b>(b)</b> 2014     | (c) 2015            | ( <b>d</b> ) 2016   | <b>(e)</b> 2017 | (f) Total |
| 9         | Amounts from line 6  | (4) 2010            | (2) 2011            | (6) 2010            | (4) 2010            | (0) 2011        | (1) 10141 |
| 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  |                     |                     |                     |                     |                 |           |
| С         | Add lines 10a and 10b  |                     |                     |                     |                     |                 |           |
| 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 VI.)  |                     |                     |                     |                     |                 |           |
| 13        | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |                     |                     |                     |                     |                 |           |
| 14        | First five years. If the Form 990 is for th  | e organization's fi | rst, second, third, | ourth, or fifth tax | year as a section 5 | 501(c)(3)       |           |
|           | organization, check this box and stop he   |                     |                     |                     |                     |                 |           |
| Sec       | tion C. Computation of Public S  |                     |                     |                     |                     | T I             |           |
| 15        | Public support percentage for 2017 (line   |                     |                     |                     |                     |                 | %         |
| 16        | Public support percentage from 2016 Sch  |                     |                     |                     |                     |                 | %         |
|           | tion D. Computation of Investm   |                     |                     | 0. aal (0)          |                     |                 |           |
| 17<br>10  | Investment income percentage for 2017  |                     | 4 101 102 - 47      |                     |                     | 10              | %         |
| 18<br>19a | Investment income percentage from 2010 33 1/3% support tests—2017. If the org  |                     |                     |                     | ie more than 33 1   |                 | %         |
| ıJa       | 17 is not more than 33 1/3%, check this b  |                     |                     |                     |                     |                 | ▶ □       |
| b         | 33 1/3% support tests—2016. If the org   | -                   | -                   |                     |                     | -               |           |
| -         | line 18 is not more than 33 1/3%, check t  |                     |                     |                     |                     |                 |           |
| 20        | Private foundation. If the organization of   | -                   | -                   | •                   |                     | -               |           |

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|      | Yes | No |
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| Pai    | rt IV Supporting Organizations (continued)   |   |     |                            |
|--------|--|---|-----|----------------------------|
|        |  |   | Yes | No                         |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?  |   |     |                            |
|        | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |   |     |                            |
| -      | below, the governing body of a supported organization?   | 11a                                     |     |                            |
| b      | A family member of a person described in (a) above?  | 11b                                     |     |                            |
|        | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>   | 11c                                     |     |                            |
|        | ion B. Type I Supporting Organizations   | 1                                       |     | I                          |
|        | ion D. Type i eupperining enganinations  |   | Yes | No                         |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to  |   | 169 | 140                        |
| •      | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |   |     |                            |
|        |  |   |     |                            |
|        | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or   |   |     |                            |
|        | controlled the organization's activities. If the organization had more than one supported organization,  |   |     |                            |
|        | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |   |     |                            |
| •      | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1                                       |     |                            |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported  |   |     |                            |
|        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>   |   |     |                            |
|        | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |   |     |                            |
| Caat   | supervised, or controlled the supporting organization.   | 2                                       |     |                            |
| Sect   | ion C. Type II Supporting Organizations  | I                                       |     |                            |
|        |  |   | Yes | No                         |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |   |     |                            |
|        | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |   |     |                            |
|        | or management of the supporting organization was vested in the same persons that controlled or managed   |   |     |                            |
|        | the supported organization(s).   | 1                                       |     |                            |
| Sect   | ion D. All Type III Supporting Organizations   | T                                       |     | T                          |
|        |  | p                                       | Yes | No                         |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |   |     |                            |
|        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |   |     |                            |
|        | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |   |     |                            |
|        | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1                                       |     |                            |
| 2      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |   |     |                            |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |   |     |                            |
|        | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2                                       |     |                            |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a  |   |     |                            |
|        | significant voice in the organization's investment policies and in directing the use of the organization's   |   |     |                            |
|        | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |   |     |                            |
|        | supported organizations played in this regard.   | 3                                       |     |                            |
| Sect   | ion E. Type III Functionally-Integrated Supporting Organizations   |   |     |                            |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction   | ons).                                   |     |                            |
| а      | The organization satisfied the Activities Test. Complete line 2 below.   |   |     |                            |
| b      | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>   |   |     |                            |
| С      | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see ins  | tructions                               | s). |                            |
|        |  |   |     |                            |
| 2 /    | Activities Test. <i>Answer (a) and (b) below.</i>  |   | Yes | No                         |
| а      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |   |     |                            |
| _      | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>  |   |     |                            |
|        | those supported organizations and explain how these activities directly furthered their exempt purposes,   |   |     |                            |
|        | how the organization was responsive to those supported organizations, and how the organization determined  |   |     |                            |
|        | that these activities constituted substantially all of its activities.   | 2a                                      |     |                            |
| b      |  |   |     |                            |
| ~      | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the  |   |     |                            |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these   |   |     |                            |
|        | activities but for the organization's involvement.   | 2b                                      |     |                            |
| 2      | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>  | -0                                      |     |                            |
| 3<br>a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |   |     |                            |
| а      |  | 20                                      |     |                            |
| h      | trustees of each of the supported organizations? <i>Provide details in <b>Part VI.</b></i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3a                                      |     |                            |
| U      | PIG THE OFGANIZATION EXCLOSE A SUPSTAINIA GEGIES OF CHISCOTO OVER THE DUNCKES, DICUITATIS, AND ACTIVITIES OF EXCH  | 100000000000000000000000000000000000000 |     | • consecutification (**)** |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting                           | Organi     | izations                     |                                |
|--|------------|------------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of | on Nov. 20 | ), 1970 (explain in Part VI) | .See                           |
| instructions. All other Type III non-functionally integrated supporting organization       | s must co  | mplete Sections A through    | ı E.                           |
| Section A - Adjusted Net Income  |            | (A) Prior Year               | (B) Current Year               |
|  |            | (A) I Hoi Teal               | (optional)                     |
| 1 Net short-term capital gain  | 1          |                              |                                |
| 2 Recoveries of prior-year distributions   | 2          |                              |                                |
| 3 Other gross income (see instructions)  | 3          |                              |                                |
| 4 Add lines 1 through 3.   | 4          |                              |                                |
| 5 Depreciation and depletion   | 5          |                              |                                |
| 6 Portion of operating expenses paid or incurred for production or                         |            |                              |                                |
| collection of gross income or for management, conservation, or                             |            |                              |                                |
| maintenance of property held for production of income (see instructions)                   | 6          |                              |                                |
| 7 Other expenses (see instructions)  | 7          |                              |                                |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).                             | 8          |                              |                                |
| Section B - Minimum Asset Amount   |            | (A) Prior Year               | (B) Current Year<br>(optional) |
| Aggregate fair market value of all non-exempt-use assets (see                              |            |                              |                                |
| instructions for short tax year or assets held for part of year):                          |            |                              |                                |
| a Average monthly value of securities  | 1a         |                              |                                |
| <b>b</b> Average monthly cash balances   | 1b         |                              |                                |
| c Fair market value of other non-exempt-use assets   | 1c         |                              |                                |
| d Total (add lines 1a, 1b, and 1c)   | 1d         |                              |                                |
| e Discount claimed for blockage or other   |            |                              |                                |
| factors (explain in detail in <b>Part VI</b> ):  |            |                              |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                             | 2          |                              |                                |
| 3 Subtract line 2 from line 1d.  | 3          |                              |                                |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,             |            |                              |                                |
| see instructions).   | 4          |                              |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                         | 5          |                              |                                |
| 6 Multiply line 5 by .035.   | 6          |                              |                                |
| 7 Recoveries of prior-year distributions   | 7          |                              |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8          |                              |                                |
| Section C - Distributable Amount   |            |                              | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)                    | 1          |                              |                                |
| 2 Enter 85% of line 1.   | 2          |                              |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)                   | 3          |                              |                                |
| 4 Enter greater of line 2 or line 3.   | 4          |                              |                                |
| 5 Income tax imposed in prior year   | 5          |                              |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to                     |            |                              |                                |
| emergency temporary reduction (see instructions).  | 6          |                              |                                |
| 7 Check here if the current year is the organization's first as a non-functionally integr  | ated Type  | III supporting organization  | n (see                         |

Schedule A (Form 990 or 990-EZ) 2017

instructions).

|                 | lle A (Form 990 or 990-EZ) 2017 Loaves & Fishes F   |                      |                      | 743 Page 7      |
|-----------------|---|----------------------|----------------------|-----------------|
| Par             | , , , , , , , , , , , , , , , , , , ,   | Supporting Organ     | izations (continued) | 0               |
|                 | ion D - Distributions   |                      |                      | Current Year    |
|                 | Amounts paid to supported organizations to accomplish exempt purp   |                      |                      |                 |
| 2               | Amounts paid to perform activity that directly furthers exempt purpose organizations, in excess of income from activity |                      |                      |                 |
| 3               | Administrative expenses paid to accomplish exempt purposes of supp  |                      |                      |                 |
| <u>3</u>        | Amounts paid to acquire exempt-use assets   | ported organizations |                      |                 |
| _ <del></del> _ | Qualified set-aside amounts (prior IRS approval required)   |                      |                      |                 |
| 6               | Other distributions (describe in <b>Part VI</b> ). See instructions.  |                      |                      |                 |
| 7               | Total annual distributions. Add lines 1 through 6.  |                      |                      |                 |
| 8               | Distributions to attentive supported organizations to which the organizations   | zation is responsive |                      |                 |
| •               | (provide details in <b>Part VI</b> ). See instructions.   |                      |                      |                 |
| 9               | Distributable amount for 2017 from Section C, line 6  |                      |                      |                 |
| 10              | Line 8 amount divided by line 9 amount  |                      |                      |                 |
|                 |   | (i)                  | (ii)                 | (iii)           |
|                 | Section E - Distribution Allocations (see instructions)   | Excess Distributions | Underdistributions   | Distributable   |
|                 | ·   |                      | Pre-2017             | Amount for 2017 |
| 1               | Distributable amount for 2017 from Section C, line 6  |                      |                      |                 |
| 2               | Underdistributions, if any, for years prior to 2017   |                      |                      |                 |
|                 | (reasonable cause required-explain in <b>Part VI</b> ). See   |                      |                      |                 |
|                 | instructions.   |                      |                      |                 |
| 3               | Excess distributions carryover, if any, to 2017:  |                      |                      |                 |
| <u>a</u>        | F 00/0  |                      |                      |                 |
|                 | From 2013   |                      |                      |                 |
|                 | From 2014   |                      |                      |                 |
|                 | From 2015   |                      |                      |                 |
|                 | From 2016   |                      |                      |                 |
|                 | Total of lines 3a through e   |                      |                      |                 |
|                 | Applied to underdistributions of prior years  Applied to 2017 distributable amount                                      |                      |                      |                 |
| — <u>"</u>      | Carryover from 2012 not applied (see instructions)  |                      |                      |                 |
|                 | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                      |                      |                 |
| 4               | Distributions for 2017 from   |                      |                      |                 |
| -               | Section D, line 7:  |                      |                      |                 |
| а               | Applied to underdistributions of prior years  |                      |                      |                 |
|                 | Applied to 2017 distributable amount  |                      |                      |                 |
|                 | Remainder. Subtract lines 4a and 4b from 4.   |                      |                      |                 |
| 5               | Remaining underdistributions for years prior to 2017, if  |                      |                      |                 |
|                 | any. Subtract lines 3g and 4a from line 2. For result   |                      |                      |                 |
|                 | greater than zero, explain in Part VI. See instructions.  |                      |                      |                 |
| 6               | Remaining underdistributions for 2017. Subtract lines 3h  |                      |                      |                 |
|                 | and 4b from line 1. For result greater than zero, explain in  |                      |                      |                 |
|                 | Part VI. See instructions.  |                      |                      |                 |
| 7               | Excess distributions carryover to 2018. Add lines 3j  |                      |                      |                 |
|                 | and 4c.   |                      |                      |                 |
| 8               | Breakdown of line 7:  |                      |                      |                 |
|                 | Excess from 2013  |                      |                      |                 |
|                 | Excess from 2014  |                      |                      |                 |
|                 | Excess from 2015  |                      |                      |                 |
|                 | Excess from 2016  |                      |                      |                 |
| е               | Excess from 2017  |                      |                      |                 |

Schedule A (Form 990 or 990-EZ) 2017

45-1498743

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization Employer identification number Loaves & Fishes Food Pantry, Inc. 45-1498743 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year \_\_\_\_\_ 4 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c **d** Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ..... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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" on 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X ......

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

a Revenue included on Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

| Pá   | art III Organizations Maint   | taining Collections         | of Art, Histor       | ical Treasure         | es, or Other       | Simila      | r Ass          | ets (con     | tinu   | ed)       |
|------|---|-----------------------------|----------------------|-----------------------|--------------------|-------------|----------------|--------------|--------|-----------|
| 3    | Using the organization's acquisition, collection items (check all that apply) | accession, and other reco   | rds, check any of    | the following that    | t are a significar | nt use of   | its            |              |        |           |
| а    | Public exhibition   | d 🗌                         | Loan or exchang      | e programs            |                    |             |                |              |        |           |
| b    | Scholarly research  | e 🗍                         | Other                |                       |                    |             |                |              |        |           |
| С    | Preservation for future generation  | ns                          |                      |                       |                    |             |                |              |        |           |
| 4    | <del>_</del>  |                             | ain how they furth   | er the organization   | on's exempt pur    | pose in F   | art            |              |        |           |
|      | XIII.   | ·                           | •                    |                       |                    |             |                |              |        |           |
| 5    | During the year, did the organization   | solicit or receive donation | s of art, historical | treasures, or oth     | er similar         |             |                |              |        |           |
|      | assets to be sold to raise funds rathe  | r than to be maintained as  | s part of the organ  | nization's collection | on?                |             |                | Yes          |        | No        |
| Pa   | art IV Escrow and Custod  | ial Arrangements.           |                      |                       |                    |             |                |              |        |           |
|      | Complete if the organ<br>990, Part X, line 21.                                | ization answered "Y         | es" on Form 9        | 90, Part IV, li       | ne 9, or repo      | rted an     | amou           | ınt on Fo    | rm     |           |
| 1a   | a Is the organization an agent, trustee,                                      | custodian or other interm   | ediary for contribu  | itions or other as:   | sets not           |             |                |              |        |           |
|      | included on Form 990, Part X?   |                             |                      |                       |                    |             |                | Yes          |        | No        |
| b    | If "Yes," explain the arrangement in F  |                             |                      |                       |                    |             |                |              |        |           |
|      |   |                             |                      |                       |                    |             |                | Amount       |        |           |
| С    | Beginning balance   |                             |                      |                       |                    | 1c          |                |              |        |           |
| d    | Additions during the year   |                             |                      |                       |                    | 1d          |                |              |        |           |
| е    | Distributions during the year   |                             |                      |                       |                    | 1e          |                |              |        |           |
| f    | Ending balance  |                             |                      |                       |                    | 1f          |                |              |        |           |
| 2a   | a Did the organization include an amou  | ınt on Form 990, Part X, li | ne 21, for escrow    | or custodial acco     | ount liability?    |             |                | Yes          |        | No        |
|      | If "Yes," explain the arrangement in F  | art XIII. Check here if the | explanation has l    | oeen provided on      | Part XIII          |             | <u></u>        |              |        |           |
| Pa   | art V Endowment Funds.  |                             |                      |                       |                    |             |                |              |        |           |
|      | Complete if the organ   | ization answered "Y         | <u>es" on Form 9</u> | 90, Part IV, lir      | ne 10.             |             |                |              |        |           |
|      |   | (a) Current year            | (b) Prior year       | (c) Two ye            | ars back (d)       | Three years | back           | (e) Four ye  | ars ba | ıck       |
| 1a   | Beginning of year balance   |                             |                      |                       |                    |             |                |              |        |           |
| b    | Contributions   |                             |                      |                       |                    |             |                |              |        |           |
|      | Net investment earnings, gains, and   |                             |                      |                       |                    |             |                |              |        |           |
|      | losses  |                             |                      |                       |                    |             |                |              |        |           |
| d    | Grants or scholarships  |                             |                      |                       |                    |             |                |              |        |           |
| е    | Other expenditures for facilities and   |                             |                      |                       |                    |             |                |              |        |           |
|      | programs  |                             |                      |                       |                    |             |                |              |        |           |
| f    | Administrative expenses   |                             |                      |                       |                    |             |                |              |        |           |
|      | End of year balance   |                             |                      |                       |                    |             |                |              |        |           |
| 2    | Provide the estimated percentage of   | the current year end bala   | nce (line 1g, colur  | nn (a)) held as:      |                    |             |                |              |        |           |
|      | <ul> <li>Board designated or quasi-endowme</li> </ul>                         |                             |                      |                       |                    |             |                |              |        |           |
| b    | Permanent endowment ►   | %                           |                      |                       |                    |             |                |              |        |           |
| С    | Temporarily restricted endowment ►  |                             |                      |                       |                    |             |                |              |        |           |
|      | The percentages on lines 2a, 2b, and  | •                           |                      |                       |                    |             |                |              |        |           |
| 3a   | Are there endowment funds not in the  | e possession of the organ   | ization that are he  | eld and administe     | red for the        |             |                | _            |        |           |
|      | organization by:  |                             |                      |                       |                    |             |                |              | es     | No        |
|      |   |                             |                      |                       |                    |             |                | 3a(i)        |        |           |
|      |   |                             |                      |                       |                    |             |                | 3a(ii)       |        |           |
| b    | If "Yes" on line 3a(ii), are the related                                      | organizations listed as rec | quired on Schedul    | e R?                  |                    |             |                | 3b           |        |           |
| 4    | Describe in Part XIII the intended use  |                             | dowment funds.       |                       |                    |             |                |              |        |           |
| Pi   | art VI Land, Buildings, and   |                             |                      |                       |                    | _           |                |              |        |           |
|      | Complete if the organ   |                             |                      | 90, Part IV, lir      | <u>ne 11a. See</u> | Form 9      | <u>190, Pa</u> | art X, line  | e 10   | ١.        |
|      | Description of property   | (a) Cost or other           | , ,                  | ost or other basis    | (c) Accumul        |             |                | (d) Book val | ue     |           |
|      |   | (investment                 | (1)                  | (other)               | depreciati         | on          |                |              | _      | 0.5       |
|      | a Land  |                             |                      | 960,883               |                    |             |                | 960          | , 8    | <u>83</u> |
|      | Buildings   |                             |                      | 281,160               | 2                  | 7,878       | 3              | 253          | , 2    | 82        |
|      | Leasehold improvements  |                             |                      | 0                     | _                  |             | ـــــــــ      |              | _      | 0.5       |
|      | <b>J</b> Equipment  |                             |                      | 95,741                | 54                 | 4,753       | 5              | 40           | , 9    | 88        |
|      | Other   |                             |                      | 12,500                |                    | 2,500       |                | 1 0          |        |           |
| Tota | al. Add lines 1a through 1e. (Column (d                                       | l) must equal Form 990, F   | Part X, column (B)   | , line 10c.)          |                    |             | <b>*</b>       | 1,255        | , 1    | 53        |

| Schedule D ( | (Form 990) 2017 | Loaves      | œ    | risnes     | rood      | Pantry     | , inc.     | 45        | <u>-1430/43</u> |      |         |    |
|--------------|-----------------|-------------|------|------------|-----------|------------|------------|-----------|-----------------|------|---------|----|
| Part VII     | Investment      | s—Other S   | есі  | ırities.   |           |            |            |           |                 |      |         |    |
|              | Complete if     | the organiz | atio | n answered | d "Yes" o | n Form 990 | ), Part IV | , line 11 | b. See Form     | 990, | Part X, | li |

| Part VII                              | Investments—Other Securities.  Complete if the organization answered "\ | Yes" c      | on Form 990, Part IV         | , line 11b. See Form 9     | 990, Part X, line 12. |
|---------------------------------------|---|-------------|------------------------------|----------------------------|-----------------------|
|                                       | (a) Description of security or category                                 |             | (b) Book value               |                            | of valuation:         |
|                                       | (including name of security)  |             |                              | Cost or end-of-y           | vear market value     |
| (1) Financial c                       | derivatives   |             |                              |                            |                       |
| (2) Closely-he                        | ld equity interests   |             |                              |                            |                       |
| (3) Other                             |   |             |                              |                            |                       |
| (A)                                   |   |             |                              |                            |                       |
|                                       |   |             |                              |                            |                       |
|                                       |   |             |                              |                            |                       |
|                                       |   |             |                              |                            |                       |
| ( <del>-</del> /                      |   |             |                              |                            |                       |
| (C)                                   |   |             |                              |                            |                       |
| /⊔\                                   |   |             |                              |                            |                       |
|                                       | n (b) must equal Form 990, Part X, col. (B) line 12.) ▶                 | <b>&gt;</b> |                              |                            |                       |
| Part VIII                             | Investments—Program Related.  |             |                              |                            |                       |
|                                       | Complete if the organization answered "                                 | Yes" c      |                              |                            |                       |
|                                       | (a) Description of investment   |             | (b) Book value               | ` '                        | of valuation:         |
| - (4)                                 |   |             |                              | Cost or end-of-y           | year market value     |
| (1)                                   |   |             |                              |                            |                       |
| (2)                                   |   |             |                              |                            |                       |
| (3)<br>(4)                            |   |             |                              |                            |                       |
| (5)                                   |   |             |                              |                            |                       |
| (6)                                   |   |             |                              |                            |                       |
| (7)                                   |   |             |                              |                            |                       |
| (8)                                   |   |             |                              |                            |                       |
| (9)                                   |   |             |                              |                            |                       |
|                                       | n (b) must equal Form 990, Part X, col. (B) line 13.) ▶                 | <b>&gt;</b> |                              |                            |                       |
| Part IX                               | Other Assets.   | ·/" -       | on Farma 000 David IV        | / line 11d Coo Forms (     | 000 Dart V line 15    |
|                                       | Complete if the organization answered "\ (a) Descrip                    |             | on Form 990, Part IV         | , line 11a. See Form S     | (b) Book value        |
| (1)                                   | (a) Descrip   | JUOII       |                              |                            | (b) Book value        |
| (2)                                   |   |             |                              |                            |                       |
| (3)                                   |   |             |                              |                            |                       |
| (4)                                   |   |             |                              |                            |                       |
| (5)                                   |   |             |                              |                            |                       |
| (6)                                   |   |             |                              |                            |                       |
| (7)                                   |   |             |                              |                            |                       |
| (8)                                   |   |             |                              |                            |                       |
| (9)                                   |   |             |                              |                            |                       |
|                                       | n (b) must equal Form 990, Part X, col. (B) line 15.)                   |             |                              | <u></u>                    |                       |
| Part X                                | Other Liabilities.  Complete if the organization answered "             | Yes" c      | on Form 990, Part IV         | , line 11e or 11f. See     | Form 990, Part X,     |
| 1.                                    | line 25.  (a) Description of liability                                  |             | (b) Book value               |                            |                       |
|                                       | income taxes  |             | .,                           |                            |                       |
| (2)                                   |   |             |                              |                            |                       |
| (3)                                   |   |             |                              |                            |                       |
| (4)                                   |   |             |                              |                            |                       |
| (5)                                   |   |             |                              |                            |                       |
| (6)                                   |   |             |                              |                            |                       |
| (7)                                   |   |             |                              |                            |                       |
| (8)                                   |   |             |                              |                            |                       |
| (9)                                   |   |             |                              |                            |                       |
|                                       | n (b) must equal Form 990, Part X, col. (B) line 25.)                   |             |                              | 1.6                        |                       |
| I I I I I I I I I I I I I I I I I I I | uncertain tay positions. In Part XIII, provide the text of              | or the to   | notroote to the organization | that standards leading a r | ranarte tha           |

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

| P                  | art XI Reconciliation of Revenue per Audited Financial Sta   |  |                                      | n.        |
|--------------------|--|--|--------------------------------------|-----------|
|                    | Complete if the organization answered "Yes" on Form 9  |  |                                      |           |
| 1                  | Total revenue, gains, and other support per audited financial statements   |  | 1                                    | 4,232,881 |
| 2                  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  | 1 1  |                                      |           |
| а                  |  | 2a   |                                      |           |
| b                  |  | 2b   |                                      |           |
| С                  |  | 2c   |                                      |           |
| d                  | /  | 2d   |                                      |           |
| е                  |  |  | 2e                                   | 4 000 001 |
| 3                  | Subtract line 2e from line 1   |  |                                      | 4,232,881 |
| 4                  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |  |                                      |           |
| a                  |  |  |                                      |           |
| b                  | ,  | 4b   |                                      |           |
| C                  |  |  |                                      | 4 020 001 |
|                    |  |  |                                      | 4,232,881 |
| Pi                 | art XII Reconciliation of Expenses per Audited Financial St  |  |                                      | urn.      |
|                    | Complete if the organization answered "Yes" on Form 9  |  |                                      | 1 110 702 |
| 1                  |  |  | 1                                    | 4,110,703 |
| 2                  | Amounts included on line 1 but not on Form 990, Part IX, line 25:  | ا مما  |                                      |           |
| a                  |  | 2a 2b  |                                      |           |
| b                  |  |  |                                      |           |
| C                  |  | 2c 2d  |                                      |           |
| d                  | (=   |  | 00                                   |           |
| e                  |  |  | 2e 3                                 | 4,110,703 |
| 3                  | Subtract line 2e from line 1   |  |                                      | 4,110,703 |
| 4                  | Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 40   |                                      |           |
| a                  |  |  |                                      |           |
| b                  | Onner (Describe in Pari Alli.)   | 40   |                                      |           |
| _                  | A del Branco America de Ala  |  | 40                                   |           |
|                    | Add lines <b>4a</b> and <b>4b</b>  |  |                                      | 4 110 703 |
| 5                  | Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)   |  |                                      | 4,110,703 |
| 5<br><b>P</b> a    | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  |  | 5                                    |           |
| 5<br>Prov          | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P  | art IV, lines 1b and 2b                            | ; Part V, line 4; Part X,            |           |
| 5<br>Prov          | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  | art IV, lines 1b and 2b                            | ; Part V, line 4; Part X,            |           |
| 5<br>Prov          | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P  | art IV, lines 1b and 2b                            | ; Part V, line 4; Part X,            |           |
| 5<br>Prov          | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P  | art IV, lines 1b and 2b                            | ; Part V, line 4; Part X,            |           |
| 5<br>Prov          | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P  | art IV, lines 1b and 2b                            | ; Part V, line 4; Part X,            |           |
| 5<br>Prov          | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P  | art IV, lines 1b and 2b                            | ; Part V, line 4; Part X,            |           |
| 5<br>Prov          | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P  | art IV, lines 1b and 2b                            | ; Part V, line 4; Part X,            |           |
| 5<br>Prov<br>2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro | art IV, lines 1b and 2b<br>vide any additional inf | 5; Part V, line 4; Part X, ormation. | line      |
| 5<br>Prov<br>2; Pa | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P  | art IV, lines 1b and 2b<br>vide any additional inf | 5; Part V, line 4; Part X, ormation. | line      |
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| Schedule D (F | orm 990) 2017 | Loaves       | & Fishe       | s Food | Pantry, | Inc. | 45-1498743 | Page <b>5</b> |
|---------------|---------------|--------------|---------------|--------|---------|------|------------|---------------|
| Part XIII     | Suppleme      | ntal Informa | ation (contir | nued)  | Pantry, |      |            |               |
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### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 **2017** 

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

| Loaves & Fishes Fo  |                            |                                       | <b>!</b> .                  |                                       |   | 45                                    | 5-1498743                            |      |
|---|----------------------------|---------------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|--------------------------------------|------|
| Part I General Information on Grants an   |                            |                                       |                             |                                       |   |                                       |                                      |      |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assistate.      Describe in Part IV the organization's procedures for more than 100 persons.      Does the organization will be presented by the present of the prese | the amount of the<br>ance? | grants or a                           | ssistance, the grantee      | es' eligibility for the gr            | ants or assistance  | , and<br>                             | X Yes                                | ☐ No |
| Part II Grants and Other Assistance to D<br>990, Part IV, line 21, for any recipier   | omestic Orga               | anızation                             | is and Domestic             | Governments.                          | Complete il the   | organization                          | answered res on r                    | orm  |
| (a) Name and address of organization     or government  | (b) EIN                    | (c) IRC<br>section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grar<br>or assistance | nt   |
| (1)   |                            |                                       |                             |                                       |   |                                       |                                      |      |
|   |                            |                                       |                             |                                       |   |                                       |                                      |      |
| (2)   |                            |                                       |                             |                                       |   |                                       |                                      |      |
|   |                            |                                       |                             |                                       |   |                                       |                                      |      |
| (3)   |                            |                                       |                             |                                       |   |                                       |                                      |      |
|   |                            |                                       |                             |                                       |   |                                       |                                      |      |
| (4)   |                            |                                       |                             |                                       |   |                                       |                                      |      |
|   |                            |                                       |                             |                                       |   |                                       |                                      |      |
| (5)   |                            |                                       |                             |                                       |   |                                       |                                      |      |
|   |                            |                                       |                             |                                       |   |                                       |                                      |      |
| (6)   |                            |                                       |                             |                                       |   |                                       |                                      |      |
|   |                            |                                       |                             |                                       |   |                                       |                                      |      |
| (7)   |                            |                                       |                             |                                       |   |                                       |                                      |      |
|   |                            |                                       |                             |                                       |   |                                       |                                      |      |
| (8)   |                            |                                       |                             |                                       |   |                                       |                                      |      |
|   |                            |                                       |                             |                                       |   |                                       |                                      |      |
| (9)   |                            |                                       |                             |                                       |   |                                       |                                      |      |
|   |                            |                                       |                             |                                       |   |                                       |                                      |      |
| 2 Enter total number of section 501(c)(3) and government  |                            | ted in the lin                        | ne 1 table                  |                                       |   |                                       | <b>&gt;</b>                          |      |
| 3 Enter total number of other organizations listed in the lin   | ie 1 table                 |                                       |                             |                                       |   |                                       |                                      |      |

| Part III Grants and Other Assistant Part III can be duplicated if a |                          |                          | the organization answ            | vered "Yes" on Form 990,                              | Part IV, line 22.                     |
|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (a) Type of grant or assistance                                     | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 Groceries   |                          |                          | 3,722,706                        | 1.72/1bs  | Groceries                             |
| 2   |                          |                          |                                  |   |                                       |
| 3   |                          |                          |                                  |   |                                       |
| 4   |                          |                          |                                  |   |                                       |
| 5   |                          |                          |                                  |   |                                       |
| 6   |                          |                          |                                  |   |                                       |
| 7 Part IV Supplemental Information.                                 |                          |                          |                                  |   |                                       |
|   |                          |                          |                                  |   |                                       |
|   |                          |                          |                                  |   |                                       |
|   |                          |                          |                                  |   |                                       |
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|   |                          |                          |                                  |   |                                       |
|   |                          |                          |                                  |   |                                       |

SCHEDULE I (Form 990)

## Supplemental Information

, and ending

For calendar year 2017, or tax year beginning

Employer identification number

Name of the organization

Loaves & Fishes Food Pantry, Inc.

45-1498743

2017

| Part IV - Additional Information  |
|---|
| Loaves & Fishes distributes groceries directly to needy families.           |
| Eligibility for USDA food is determined according to the USDA Emergency     |
| Food Assistance Program (TEFAP) guidelines based on income and family size. |
| Families eligible for USDA food also receive "pantry food" containing food  |
| that is entirely purchased by Loaves & Fishes or donated by individuals and |
| businesses. Families who are not eligible for USDA food may receive         |
| pantry food. Families may receive groceries only once each                  |
| month.  |
| Loaves & Fishes maintains a database of information about each household,   |
| including names of each individual in the household, addresses, telephone   |
| numbers, eligibility information, and the dates on which groceries are      |
| received. Recipients are required to sign electronically to ensure that     |
| groceries are not received more than once a month.                          |
| Number of recipients is calculated by adding up total of individuals served |
| each month. Each family is eligible to receive food once per month, so      |
| each individual would be counted each month their family applies for food   |
| assistance.   |
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# SCHEDULE M (Form 990)

**Noncash Contributions** 

1 201

2017

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Loaves & Fishes Food Pantry, Inc.

Employer identification number

| Part I Types of Property |   | 1 1 511                       | es rood rand                                     | ery, inc.   | 13 1430743  |     |     |    |
|--------------------------|---|-------------------------------|--|---|---|-----|-----|----|
|                          | турос от торолу                         | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determini<br>noncash contribution an | -   |     |    |
| 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                  |                               |  |   |   |     |     |    |
| 4-                       | contribution — Other                    |                               |  |   |   |     |     |    |
| 15                       | Real estate — Residential               |                               |  |   |   |     |     |    |
| 16<br>17                 | Real estate — Commercial                |                               |  |   |   | -   |     |    |
| 18                       | Real estate — Other                     |                               |  |   |   |     |     |    |
| 19                       | Collectibles Food inventory             |                               |  |   |   |     |     |    |
| 20                       | Drugs and medical supplies              |                               |  |   |   |     |     |    |
| 21                       | Taxidermy                               |                               |  |   |   |     |     |    |
| 22                       | Historical artifacts                    |                               |  |   |   |     |     |    |
| 23                       | Scientific specimens                    |                               |  |   |   |     |     |    |
| 24                       | Archeological artifacts                 |                               |  |   |   |     |     |    |
| 25                       | Other > (Food Inventory)                | Х                             | 2  | 3,757,193   | lbs x \$1.72  |     |     |    |
| 26                       | Other ►( )                              |                               |  |   | •   |     |     |    |
| 27                       | Other ►( )                              |                               |  |   |   |     |     |    |
| 28                       | Other ►(                                |                               |  |   |   |     |     |    |
| 29                       | Number of Forms 8283 received by        | the organ                     | ization during the tax ye                        | ar for contributions for  |   |     |     |    |
|                          | which the organization completed F      | orm 8283                      | , Part IV, Donee Acknow                          | ledgement   | 29  |     |     |    |
|                          |   |                               |  |   |   |     | Yes | No |
| 30a                      | During the year, did the organizatio    | n receive I                   | by contribution any prop                         | erty reported in Part I, line   | s 1 through   |     |     |    |
|                          | 28, that it must hold for at least thre |                               |  |   |   |     |     |    |
|                          | to be used for exempt purposes for      | the entire                    | holding period?                                  |   |   | 30a |     | X  |
| b                        | If "Yes," describe the arrangement      | in Part II.                   |  |   |   |     |     |    |
| 31                       | Does the organization have a gift a     | cceptance                     | policy that requires the                         | review of any nonstandard   | t   |     |     |    |
|                          | contributions?                          |                               |  |   |   | 31  |     | X  |
| 32a                      | Does the organization hire or use the   | nird parties                  | or related organizations                         | s to solicit, process, or sell  | Inoncash  |     |     |    |
|                          |   |                               |  |   |   | 32a |     | X  |
| b                        | If "Yes," describe in Part II.          |                               |  |   |   |     |     |    |
| 33                       | If the organization didn't report an a  | mount in o                    | column (c) for a type of p                       | property for which column   | (a) is checked,                                       |     |     |    |
|                          | describe in Part II.                    |                               |  |   |   |     |     | 1  |

| Schedule M (Form | 990) 2017 | Loaves                           | s & F:                     | ishes                         | Food                  | Pantry,        | Inc.                       | 45-1                     | 498743                    | }          | Page <b>2</b>                  |
|------------------|-----------|----------------------------------|----------------------------|-------------------------------|-----------------------|----------------|----------------------------|--------------------------|---------------------------|------------|--------------------------------|
| Part II          | the organ | <b>nental Inf</b><br>nization is | <b>ormatio</b><br>reportin | <b>n.</b> Provid<br>g in Part | e the inf<br>I, colum | formation re   | quired by F<br>ımber of co | Part I, lir<br>ontributi | nes 30b, 3<br>ions, the n | 2b, and 33 | , and whether<br>ems received, |
|                  | or a com  | biriation 0                      | 7 50(11. 7                 | 1130 00111                    | JICIC LINC            | s part for any | additiona                  |                          | ation.                    |            |                                |
|                  |           |                                  |                            |                               |                       |                |                            |                          |                           |            |                                |
|                  |           |                                  |                            |                               |                       |                |                            |                          |                           |            |                                |
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|                  |           |                                  |                            |                               |                       |                |                            |                          |                           |            |                                |
|                  |           |                                  |                            |                               |                       |                |                            |                          |                           |            |                                |

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

2017

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or 990-EZ.

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

Open
Inspec

Open to Public Inspection

Employer identification number

Name of the organization

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

45-1498743 Loaves & Fishes Food Pantry, Inc. Form 990, Part VI, Line 2 - Related Party Information Among Officers Private Advisor Group Various Board Members Gerald Denney - Fin Advisor Form 990, Part VI, Line 6 - Classes of Members or Stockholders Members are First United Methodist Church (the founding member), each member of the Board of Directors, and each faith-based or charitable organization accepted into membership by the Board. Peace Lutheran Church was accepted as a member in 2013. Form 990, Part VI, Line 7a - Election of Members and Their Rights The members elect the Board of Directors at the Annual Meeting. Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Changes to the purposes of the organization defined in the articles of incorporation require the approval of 75% of all board members and 75% of all members present at a specially called meeting at which at least a quorum (25%) of the members are present. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The 990 is provided to the Executive Committee for review and then emailed to the Board of Directors for review. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Conflict of Interest Policy is reviewed annually with the Board of

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Employer identification number Name of the organization 45-1498743 Loaves & Fishes Food Pantry, Inc. Directors, and the Directors are required to sign a form acknowledging that they have read and agree to comply with the policy. Also, the Board is polled for any conflicts of interest during each Board Meeting. Form 990, Part VI, Line 15a - Compensation Process for Top Official The Organization has adopted a written policy for establishing the compensation of any employee who will receive annual compensation of \$50,000 or more. Compensation must be approved in advance by individuals who have no conflict of interest under the Conflict of Interest policy, the decision of each individual and the terms of the compensation must be documented in writing, and the compensation must be based on information about compensation for similar services paid by similarly situated organizations, which must be documented in writing. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Copies of governing documents, conflict of interest policy, and financial statements will be provided upon request made by telephone, email, or U.S. mail. Form 990, Part VII - Additional Information James Berlin and William Owens were not compensated as directors. James was compensated for serving as Interim Director and William was compensated as

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Loss on disposal of asset

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a consultant.