Return of Organization Exempt From Income Tax

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

Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Final return/tax-exempt status
☐ Amended return
☐ Application pending

Gross receipts $13,682,302

Name of organization: LOAVES & FISHES COMMUNITY SERVICES

1871 HIGH GROVE LANE
NAPERVILLE, IL 60540

Employer/identification number: 36-3786777

Tax-exempt status: X 501(c)(3) 501(a)(2) ( ) 5049(a)(1) or 5027

Website: WWW.LOAVES-FISHES.ORG

Form 990-T

1. Year of formation: 1991

II. State of legal domicile: IL

Part I

Summary

1. Briefly describe the organization’s mission or most significant activities:

2. Check this box ☑ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a)

4. Number of independent voting members of the governing body (Part VI, line 1b)

5. Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

7. Total unrelated business revenue from Part VIII, column (C), line 12

8. Net unrelated business taxable income from Form 990-T, line 32

Revenue

9. Program service revenue (Part VIII, line 2g)

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11. Other revenue (Part VIII, column (A), lines 5, 6d, 5c, 8c, 10c, and 11e)

12. Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13. Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14. Benefits paid to or for members (Part IX, column (A), line 4)

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16. Professional fundraising fees (Part IX, column (A), line 11e)

17. Other expenses (Part IX, column (A), lines 11a–11d, 11e–24e)

18. Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19. Revenue less expenses. Subtract line 18 from line 12

20. Total assets (Part X, line 16)

21. Total liabilities (Part X, line 26)

22. Net assets or fund balances. Subtract line 21 from line 20

Part II

Signature Block

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

Signature of officer

Date

Michael Haval

Type of name and title

Preparer: Theodore F. Slupik

Use Only

Preparer's Federal Employer Identification Number (FEIN)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)