

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **07/01/15**, and ending **06/30/16**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LOAVES & FISHES COMMUNITY SERVICES		D Employer identification number 36-3786777	
	Doing business as		E Telephone number 630-355-3663	
	Number and street (or P.O. box if mail is not delivered to street address) 1871 HIGH GROVE LANE	Room/suite		
	City or town, state or province, country, and ZIP or foreign postal code NAPERVILLE IL 60540			G Gross receipts \$ 13,682,302
	F Name and address of principal officer: MICHAEL HAVALA			

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.LOAVES-FISHES.ORG**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1991** **M** State of legal domicile: **IL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDES FOOD AND LEADERSHIP IN THE COMMUNITY BY UNITING AND MOBILIZING RESOURCES TO EMPOWER PEOPLE TO BE SELF-SUFFICIENT FOR THE PURPOSE OF ENDING HUNGER AND EMPOWERING LIVES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	19	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	24	
	6	Total number of volunteers (estimate if necessary)	1554	
	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	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		14,414,043	13,274,833
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,101	2,048
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,556	159,799
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,430,700	13,436,680
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,453,051	11,672,452
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,143,312	1,099,168
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 290,583			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		647,559	594,606
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,243,922	13,366,226
19 Revenue less expenses. Subtract line 18 from line 12		186,778	70,454	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		4,515,287	4,099,747
	22 Net assets or fund balances. Subtract line 21 from line 20		738,099	253,711

Part II Signature Block

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

Sign Here	Signature of officer	Date
	MICHAEL HAVALA Type of print name and title	11/14/16 Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	THEODORE F SLOPIK	<i>T. Slopik</i>	11/9/16	<input type="checkbox"/>	P00068073
	Firm's name ▶ SLUPIK AND ASSOCIATES, LTD.	Firm's EIN ▶ 36-3299518			
Firm's address ▶ 1700 PARK ST STE 201 NAPERVILLE, IL 60563-2370		Phone no. 630-357-0096			

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