

A For the 2016 calendar year, or tax year beginning **07/01/16**, and ending **06/30/17**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
LOAVES & FISHES COMMUNITY SERVICES
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1871 HIGH GROVE LANE
 City or town, state or province, country, and ZIP or foreign postal code
NAPERVILLE IL 60540

D Employer identification number
36-3786777

E Telephone number
630-355-3663

G Gross receipts \$ **12,850,541**

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 ▶

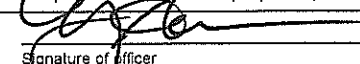
L Year of formation: **1991** **M** State of legal domicile: **IL**


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)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	1482
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,274,833	12,590,642
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,048	4,422
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	159,799	183,901
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,436,680	12,778,965
	14 Benefits paid to or for members (Part IX, column (A), line 4)	11,672,452	10,787,142
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,099,168	1,241,125
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 315,773		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	594,606	812,711
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,366,226	12,840,978
19 Revenue less expenses. Subtract line 18 from line 12	70,454	-62,013	
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)	4,099,747	3,976,235
	22 Net assets or fund balances. Subtract line 21 from line 20	253,711	189,944
		3,846,036	3,786,291

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: **10/30/17**
MICHAEL HAVALA PRESIDENT & CEO
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: **THEODORE F SLUPIK** Preparer's signature:  Date: **10/30/17** Check if self-employed PTIN: **P00068073**
 Firm's name: **SLUPIK AND ASSOCIATES, LTD.** Firm's EIN: **36-3299518**
 Firm's address: **1700 PARK ST STE 201 NAPERVILLE, IL 60563-2370** Phone no.: **630-357-0096**

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