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DLN: 93493042000107

Department of the Treasury Internal R

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

ricerric	ii iveveii	iue servi	ice							
			alendar year, or tax year beginning C Name of organization	g 07-01-2015 , and ending 06-30-2	2016					
	ck if ap	•	KALAMAZOO LOAVES & FISHES INC			D Empi	oyer iae	ntification number		
<u>'</u>	dress ch ime cha	_				38-2	42057	5		
	tial retu	_	Doing business as							
Fır			Number and street (or D.O. bey if we	oll is not delivered to street address.) Deem	/aunta	E Teleph	none num	nber		
	termina ended r		901 PORTAGE STREET	all is not delivered to street address) Room,	/ suite	(269) 488-2	2617		
<u>. </u>		pending	City or town, state or province, count	try, and ZIP or foreign postal code			,			
1 141	Sirection	pending	KAĹAMAZOO, MI 49001	,,		G Gross	receipts	\$ 5,941,336		
			F Name and address of principa	al officer	H(a) 1	s this a grou	n return	ı for		
			JENNIFER JOHNSON			ubordinates?		⊤ Yes 🗸		
			901 PORTAGE STREET KALAMAZOO,MI 49001			No		, ,,,		
Tax	k-exemp	pt status	<u> </u>	nsert no) 4947(a)(1) or 527		re all subord ncluded?	linates	□Yes □ No		
	- 114 -	- 10/11	NW KZOOLF ORG	1317(4)(1) 01 1 327	I	f"No," attac	h a list	(see instructions)		
, ,,	ebsite.	***	WW RZOOLI ORG		H(c)	Group exemp	tion nu	mber ▶		
K Fom	n of orga	anızatıor	n 🗸 Corporation 🗌 Trust 📗 Associat	on Other ▶	L Year	of formation 1	982 M	State of legal domicile M		
Da	rt I	S~	2002							
Pd			nmary escribe the organization's mission	or most significant activities						
				EED HUNGRY PEOPLE AND ENGA	GE OUR CO	MMUNITY I	NTHE	FIGHT TO END		
eu	<u>H U</u>	JNGER								
<u>~</u>										
Ě	_									
Governance	2 C	heck th	his box ▶ ┌─ if the organization dis	continued its operations or dispose	ed of more th	nan 25% of It	s net a	ssets		
	3 1		of voting mambars of the governmen	ag body (Dart VI June 1a)			з	1.4		
, e			-	ng body (Part VI, line 1a) . . . f the governing body (Part VI, line 1			4	14		
<u> </u>			· -	alendar year 2015 (Part V , line 2a)	•		5	25		
Activities &			mber of volunteers (estimate if ne			6	1,000			
•			•	rt VIII, column (C), line 12			7a	0		
				m Form 990-T, line 34			7b			
						Prior Year		Current Year		
	8	Contr	ributions and grants (Part VIII, lin	e1h)		5,073	,848	5,559,774		
ell C	9	Progr	am service revenue (Part VIII, lir				(
Ravenue	10	Inves	stment income (Part VIII, column	(A), lines 3, 4, and 7d)		25	,116	32,040		
<u> </u>	11	O ther	r revenue (Part VIII, column (A), l	lines 5, 6d, 8c, 9c, 10c, and 11e)				6,812		
	12	Total 12)	revenue—add lines 8 through 11	(must equal Part VIII, column (A),	line	5,098	,964	5,598,626		
	13		s and similar amounts paid (Part)	IX, column (A), lines 1-3)	_	3,796	.574	4,130,769		
	14		· ·	K, column (A), line 4)		- /	,	(
	15			e benefits (Part IX, column (A), line		072	,696	922,374		
Expenses		5-10	•			673	,090	922,375		
e)	16a		essional fundraising fees (Part IX,	, ,,	•			(
Ä	b		undraising expenses (Part IX, column (D)		-					
	17		, , , , , , , , , , , , , , , , , , , ,	ines 11a-11d, 11f-24e)						
	18 19			t equal Part IX, column (A), line 25)	5,185		5,628,552		
, Ø	17	Kevel	nue less expenses Subtract line 1	.o nom mic 12	• •		,179	-29,926		
Net Assets or Fund Balances					Beginni	ing of Current	Year	End of Year		
Bala	20	Total	assets (Part X, line 16)			4,776	,094	4,780,225		
<u>ه کو</u>	21		liabilities (Part X, line 26)			97	,466	63,041		
	22		ssets or fund balances Subtract I	ine 21 from line 20		4,678	,628	4,717,184		
	t II		nature Block	mined this return, including accomp	vanving sche	dules and st	atemen	ts and to the hest of		
ny kr	nowled	ge and	belief, it is true, correct, and com	plete Declaration of preparer (other						
orepa	rer has	s any k	knowledge							
	I	***	***			2017-01-19				
Sign		Sign	nature of officer							
Here		<u>J</u> EN	NIFER JOHNSON EXECUTIVE DIRECTOR							
		Тур	e or print name and title							
			Print/Type preparer's name RHONDA L NEWMAN	Preparer's signature RHONDA L NEWMAN	Date 2017-01-19	Check If	PTIN P0004			
Paic		-			-51, 51 19	self-employed				
	pare	r	Firm's name ► JANSEN VALK THOMPSC Firm's address ► 7171 STADIUM DR	IN O READIM PC		Firm's EIN ▶ 38-3186775				
Jse	Only	у ˈ	3 dddiess & /1/1 SIMDION DR	Phone no (269) 381-7600						

. ✓Yes No

Form 990 (2015)

Par	t IV Checklist of Required Schedules			
			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	11 b		No
	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		No
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		No
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		No
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		No
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		No
202	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		No
		20a		No
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		1

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pa	rt IV Checklist of Required Schedules (continued)	
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
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

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,"

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c 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? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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

Nο

Yes

23

24a

24b

24c

24d

25a

25b

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28b

28c

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Form 990 (2015)

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Page 4

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
1-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	6	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	6		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportagaming (gambling) winnings to prize winners?	1 c	Yes	
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	25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth over, a financial account in a foreign country (such as a bank account, securities account, or other financ account)?			No
b	If "Yes," enter the name of the foreign country ►	_ unts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot	. 5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on? 5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions were not tax deductible?	s or gifts 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good services provided to the payor?	ds and 7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re file Form 8282?	quired to 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr	act? 7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form required?	8899 as 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C?	n file a 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at an during the year?	y time		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990 in lieu of Form 1041	⁷ 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instruct additional information the organization must report on Schedule O	ions for 13a		
	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			
	Enter the amount of reserves on hand		 	
	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	. 14b		

orm	990 (2015)					Ρā				
Par	,	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b be 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									
Se	ction A. Governing Body and Management									
					Yes	1				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14							
	If there are material differences in voting rights among members of the governing					ĺ				

	14							
	If there are material differences in voting rights among members of the governing body, or 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 ${f 1a}$, above, who are independent	1 b			14			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?		relationsh	nip with an	У	2		No
3	Did the organization delegate control over management duties customarily performs supervision of officers, directors or trustees, or key employees to a management co				. [3		No
4	Did the organization make any significant changes to its governing documents since filed?		4		No			
5	Did the organization become aware during the year of a significant diversion of the o	organız	atıon's ass	ets? .		5		No
6	Did the organization have members or stockholders?				. [6		No
7a	Did the organization have members, stockholders, or other persons who had the powering more members of the governing body?		elect or ap	point one	or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?		members,	tockholde • •	ers,	7b		No
8	Did the organization contemporaneously document the meetings held or written activear by the following	ions ui	ndertaken (during the				
а	The governing body?					8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?					8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>				the •	9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by th	e Interna	al Re	venu	ıe Cod	e.)
					_		Yes	No
	Did the organization have local chapters, branches, or affiliates?				F	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization					10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the ac	ion's e	xempt pur	oses?	ling		Yes	
b 1a	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of its consistent with the organization provided and accomplete copy of the second consistent with the organization provided and complete copy of the second consistent with the organization provided and complete copy of the second consistent with the organization provided and complete copy of the second consistent with the organization provided and complete copy of the second consistent with the organization provided and complete copy of the second consistent with the organization provided and complete copy of the second consistent with the organization consistent with the organization provided and complete copy of the second consistent with the organization consi	ion's e ts gov	erning bod	y before fi	ling	10b		
b 1a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of it the form?	ion's e ts gov • • Form 9	erning bod	ooses? y before fi	ling •	10b		
b 1a b 2a	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this leading to the process.	ion's e ts gov · · · Form 9	erning bod	ooses? y before fi	ling •	10b 11a	Yes	
b 1a b 2a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this loud the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annual	ion's e ts gov Form 9 Ily inte	erning bod	ooses? y before fi could give	ling	10b 11a 12a	Yes	
b 1a b 2a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this ID on the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with	ion's e ts gov Form 9 Ily inte	erning bod	ooses? y before fi could give	ling	10b 11a 12a 12b	Yes Yes	
b 1a b 2a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this ID id the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	ion's e ts gov Form 9 Ily inte	erning bod	ooses? y before fi could give	ling	10b 11a 12a 12b	Yes Yes Yes	
b 1a b 2a b c	If "Yes," did the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this in Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy?	ion's e ts gov Form 9 Illy inte 	erests that olicy? If ") and approval	ooses? y before fi could give cos," descr	ling e ribe	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 1a b 2a b c 3 4 5	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this load the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a rev	ion's ets gov Form 9 Ily inte n the p n the deli	erning bod 990 erests that olicy? If ") d approval	ooses? y before fi could give could give	ling	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 1a b 2a b c 3 4 5	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this ID id the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	ion's ets gov Form 9 Ily inte n the p n the deli	erning bod 990 erests that olicy? If ") d approval	ooses? y before fi could give could give	ling e ribe n?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	
b 1a b 2a b c 3 4 5	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this ID of the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official	ion's ets gov Form 9 Ily inte n the p n the deli	erning bod 990 erests that olicy? If ") d approval	ooses? y before fi could give could give	ling e ribe n?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 1a b 2a b c 3 4 5 a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of rithe form? Describe in Schedule O the process, if any, used by the organization to review this ID id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year?	ion's e ts gov . Form 9 . Illy inte . n the p view ar he deli . or s im	erning bod	could give	lling	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 1a b 2a b c 3 4 5 a b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this ID id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture.	ion's e ts gov Form 9 Ily inte Ithe p View ar he deli or sim	erning bod	could give could give could give descr by decisio ement with	lling e	10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes	No

Section C. Disclosure

.7	List the States	with whic	h a cop	y of this	Form	990	is required	to be	filed▶	ΜI

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ▼ O wn website ▼ Another's website ▼ Upon request □ Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records
 ►KALAMAZOO LOAVES FISHES INC 901 PORTAGE STREET KALAMAZOO, MI 49001 (269) 488-2617

Part VII

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, or 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

PRESIDENT (2) STACEY RANDOLPH (3) KAREN MCPHAIL (3) KAREN MCPHAIL (4) LYNN JESSEL (4) LYNN JESSEL (5) MARTHA BETKE (5) MARTHA BETKE (6) LEG GODDEVNE (6) LEG GODDEVNE (7) JASON HEYSTEK (8) JAMES HOUSTON (8) JAMES HOUSTON (9) SISTER KATHLEEN KAISER CSJ (10) JENNIFER NAP (10) JENNIFER NAP (11) JENNIFER NAP (11) JENNIFER NAP (12) ROB KAKUK (10) DIRECTOR (12) ROB KAKUK (10) DIRECTOR (13) KIM LEALOFE (14) SAN LEALOFE (10) DIRECTOR (13) KIM LEALOFE (10) DIRECTOR (14) SAN LEALOFE (10) DIRECTOR (11) SAN LEALOFE (10) DIRECTOR (11) SAN LEALOFE	Check this box if neither the organization no	r any related or 	ganıza 	tion	com —	pen	sated ———	any 	current officer, d	irector, or truste	e
Organizations Delow Properties Prope		Average hours per week (list any hours	more pers	than son is	do one bot	not bo: thai	x, unle n offic	ess er	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
X		organizations below	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organızatıon and related
PRESIDENT (2) STACEY RANDOLPH 1 00 X 0 0 0 CONTRECTOR (3) KAREN MCPHAIL 1 00 0 CONTRECTOR (4) LYNN JESSEL 2 00 X X X X X X X X X X X X	(1) ROB DEWIT										
CALIFORNIC CAL			×		×				0	0	0
Compact of the comp			x						0	0	0
X			×						0	0	0
X X X X X X X X X X			х		х				0	0	0
X			×		×				0	0	0
X		1 00	x						0	0	0
X			x						0	0	0
Comparison Com			×						0	0	C
X			×						0	0	C
X			х		х				0	0	0
X			×						0	0	0
X			x						0	0	C
X 0 0			×						0	0	C
			Х						0	0	C

art VII	Section A. Officer	s, Directors, Trust	es, Key Employees	, and Highest Co	ompensated Employees	(continued)
		,		, -		,

(A) Name and Title	(B) A verage hours per week (list any hours for related	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
15) JENNIFER JOHNSON	50 00			х				71,679	0	13,320
EXECUTIVE DI								-		
1b Sub-Total			•	>		ı				
d Total (add lines 1b and 1c)				▶			7	71,679		13,320

- \$100,000 of reportable compensation from the organization

(A)

- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee

 - on line 1a? If "Yes," complete Schedule J for such individual

 - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
 - ındıvıdual .
 - Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

Section B. Independent Contractors compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization >

Yes

3

4

5

No

Νo

Νo

Νo

Form 99	90 (20	015)						Page 9
Part V	/	Statement o	f Revenue					
		Check If Schedi	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ν <u>ν</u>	1a	Federated cam	paigns 1a	23,988				
Grants mounts	ь	Membership du	es 1 b					
G. G.	С	Fundraising eve	ents 1 c					
Contributions, Giffs, Grants and Other Similar Amounts	d	Related organiz	ations 1d					
s, G	e	Government grants	s (contributions) 1e	49,482				
ion I Si	f		ons, gifts, grants, and 1f	5,486,304				i
but	g	similar amounts not included above Noncash contributions included in lines		2.542.004				-
	-	1a-1f \$		3,542,094	5 550 574			
Cont	h	Total. Add lines	s 1a-1f		5,559,774			
	_			Business Code				
Program Service Revenue	2a b	-						1
o≛ o±	°							+
۲ ح	d							+
λ =	e							
gran	f	A II other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f	•				+
	3	Investment inc	ome (including dividen	ds, interest,	42,895			42,895
	4		ar amounts)		42,693			42,693
	5		· · · · · · · · · ·	· · · ·				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	331,855					
	ь	Less cost or other basis and	342,710					
		sales expenses Gain or (loss)	-10,855					
	c d	Net gain or (los			-10,855			-10,855
Other Revenue	8a	Gross income f events (not inc	from fundraising luding					
Other			penses b					
	9a		(loss) from fundraising from gaming activities	events >				+
	"		ne 19					
	١.		a					
	1		penses b (loss) from gamıng actı	vities				
				▶				
	10a	Gross sales of returns and allo						
	ь		oods sold b					
	c		(loss) from sales of inv					
	11a	Miscellaneous OTHER INCOM		Business Code 900099	6,812			6,812
	Ь	OTHERINCON	16		-,			-,
	c							
	d	A II other reven	ue					
	e	Total. Add lines	s 11a-11d	•	6,812			
	12	Total revenue.	See Instructions .	🕨	5,598,626			38,852
				l	3,330,020		I .	1 30,032

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501	(c)(4)) organizations must co	mplete all columns	All other ord	danizations must con	onlete column (A	١,
section soliter(s) and soli	ししハー	, organizations mast co	inpicte an columns	All other ore	gamzations mast con	ipicte column (r	٠,

	Γ				
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	4,130,769	4,130,769		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	75,739	11,361	41,656	22,722
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	655,343	423,529	153,268	78,546
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	71,109	43,481	17,515	10,113
9	Other employee benefits	61,673	32,833	21,407	7,433
10	Payroll taxes				
		58,510	32,855	18,221	7,434
11	Fees for services (non-employees)				
а	Management				
Ь	Legal				
c	Accounting	7,100		7,100	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	8,724		8,724	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	128,080	32,506	86,484	9,090
12	Advertising and promotion	6,784	1,480	4,442	862
13	Office expenses	118,707	57,534	9,681	51,492
14	Information technology				
15	Royalties				
16	Occupancy	103,323	65,608	358	37,357
17	Travel	26,233	25,759	359	115
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,918	2,551	1,876	491
20	Interest	113		113	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	150,937	150,937		
23	Insurance	8,814	8,714		100
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)				
а	BANK CHARGES	6,845	4		6,841
b	VOLUNTEER SUPPORT	2,972		2,492	480
c	LICENSES AND DUES	1,859	269	1,045	545
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,628,552	5,020,190	374,741	233,621
26	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)				

Part X	Balance	Shee

Form	990 (2015)			Page 11
Par	t X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	254,911	1	463,895
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	260,737	3	173,500
	4	Accounts receivable, net	1,500	4	2,896
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
ste	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use	333,069	8	265,095
	9	Prepaid expenses and deferred charges	50,676	9	53,142
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 3,043,908	9		
	ь	Less accumulated depreciation 10b 690,860	2,345,177	10 c	2,353,049
	11	Investments—publicly traded securities	1,530,024	11	1,468,648
	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 34)	4,776,094	16	4,780,225
	17	Accounts payable and accrued expenses	93,614	17	63,041

		Complete Part VI of Schedule D
	b	Less accumulated depreciation
	11	Investments—publicly traded securities
	12	Investments—other securities See Part IV, line
	13	Investments—program-related See Part IV, line
	14	Intangible assets
	15	Other assets See Part IV, line 11
	16	Total assets.Add lines 1 through 15 (must equal
	17	Accounts payable and accrued expenses
	18	Grants payable
	19	Deferred revenue
	20	Tax-exempt bond liabilities
	21	Escrow or custodial account liability Complete F
Liabilities	22	Loans and other payables to current and former of key employees, highest compensated employees
idi		persons Complete Part II of Schedule L
<u>:</u>	23	Secured mortgages and notes payable to unrelat
	24	Unsecured notes and loans payable to unrelated
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17-24) Complete Part X of Schedule D
	36	Tatal liabilities Add lines 17 through 25
	26	Total liabilities. Add lines 17 through 25

7	Notes and loans receivable, net		[7	
8	Inventories for sale or use		[333,069	8	265,09
9	Prepaid expenses and deferred charges			50,676	9	53, 14
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,043,909			
b	Less accumulated depreciation	10b	690,860	2,345,177	10 c	2,353,04
11	Investments—publicly traded securities			1,530,024	11	1,468,64
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 34)			4,776,094	16	4,780,22
17	Accounts payable and accrued expenses			93,614	17	63,04
18	Grants payable		[18	
19	Deferred revenue		[19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV o	fSche	dule D		21	
22	Loans and other payables to current and former officers, key employees, highest compensated employees, and dis		· · · · · ·			
	persons Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated third	parties			23	
24	Unsecured notes and loans payable to unrelated third pa	rties	[24	
25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relat	ed third parties,			
				3,852	25	
26	Total liabilities.Add lines 17 through 25			97,466	26	63,04

	Organizations that follow SFAS 117 (ASC 958), check here ▶			
27	Unrestricted net assets	4,098,409	27	4,302,140
28	Temporarily restricted net assets	580,219	28	415,044
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	4,678,628	33	4,717,184
34	Total liabilities and net assets/fund balances	4,776,094	34	4,780,225
		•		Form 990 (2015)

5,598,626

5,628,552

4,678,628

-29,926

68,482

Part XI Reconcilliation of Net Assets

 Check if Schedule O contains a response or note to any line in this Part XI							. Г	-

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments

Donated services and use of facilities .

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Other changes in net assets or fund balances (explain in Schedule O) . Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

5

10

1

2

3

4

2a

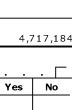
2b

2c

3a

Yes

Yes



Νo

Nο

Additional Data

Software ID:

Software Version:

EIN: 38-2420575

Name: KALAMAZOO LOAVES & FISHES INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$ ALL OTHER ACCOMPLISHMENTS COMMODITY SUPPLEMENTAL FOOD PROGRAM - CSFP THE COMMODITY SUPPLEMENTAL FOOD PROGRAM IS A FEDERALLY-FUNDED PROGRAM DESIGNED TO SUPPORT LOW-INCOME SENIOR CITIZENS RECIPIENTS MUST BE 60 YEARS OR OLDER AND HAVE INCOME AT OR BELOW 130% OF THE POVERTY INCOME GUIDELINES. ONCE PER MONTH, RECIPIENTS RECEIVE A FOOD PACK CONTAINING BASIC COMMODITIES KLF DISTRIBUTES THE FOOD DIRECTLY TO 14 SUBSIDIZED HOUSING COMPLEXES IN KALAMAZOO COUNTY DURING THE 2015/16 FISCAL YEAR, 563 SENIOR CITIZENS RECEIVED FOOD THROUGH CSFP AND 207,646 POUNDS WERE DISTRIBUTED THIS PROGRAM IS OFFERED IN PARTNERSHIP WITH THE MICHIGAN DEPARTMENT OF EDUCATION AGENCY MEAL SUPPORT. KLF SUPPLIES FOOD TO LOCAL SOCIAL SERVICE AGENCIES THAT PROVIDE HOT, READY-TO-EAT MEALS TO VULNERABLE POPULATIONS IN THE COMMUNITY, INCLUDING INDIVIDUALS WHO ARE HOMELESS OR IN TRANSITIONAL HOUSING. WHILE KLF'S CONTRIBUTION DOES NOT FULFILL ALL OF THE GROCERY NEEDS OF THESE AGENCIES, IT DOES PLAY A ROLE IN SUSTAINING THEIR PROGRAMS AND FEEDING TARGET POPULATIONS DURING THE 2015/16 FISCAL YEAR, 198,393 POUNDS OF FOOD WERE DISTRIBUTED TO PARTNER AGENCIES IN KALAMAZOO COUNTY KLF ALSO DISTRIBUTES EXCESS PERISHABLE FOOD TO OTHER AGENCIES IN ORDER TO MAKE SURE AS LITTLE FOOD AS POSSIBLE IS WASTED DURING 2015/16, 193,015 POUNDS OF EXCESS PERISHABLE FOOD WAS DISTRIBUTED, PRIMARILY TO CONGREGATE SENIOR LIVING SITES IN THE AREA IN ADDITION TO FOOD DISTRIBUTION AND DIRECT SERVICE TO CLIENTS, KLF IS ACTIVE IN HUNGER-RELIEF ADVOCACY AND EDUCATION THIS INCLUDES PRESENTATIONS ON NOT ONLY KLF PROGRAMS, BUT ALSO THE ISSUE OF FOOD INSECURITY ON A NATIONAL AND LOCAL LEVEL DURING THE 2015/16 FISCAL YEAR, KLF PROVIDED 5 IN-DEPTH PRESENTATIONS AND OVER 50 TOURS OF KLF FACILITIES TO COMMUNITY MEMBERS AND GROUPS IN ADDITION, KLF WAS INVOLVED IN ADVOCACY LETTER- WRITING CAMPAIGNS TO POLITICAL REPRESENTATIVES TO RAISE AWARENESS OF CRITICAL LEGISLATION AFFECTING FOOD SECURITY IN AUGUST OF 2015. KLF PRESENTED A CLIENT-LED PHOTO PROJECT AT THE KALAMAZOO ART HOP ENTITLED SHIFTING THE LENS EXPOSING LOCAL FOOD INSECURITY", THIS PHOTO EXHIBITION INVOLVED 8 CLIENTS TAKING" PHOTOS ABOUT THEIR EXPERIENCES OF FOOD SECURITY AND FOOD INSECURITY AFTER PRESENTING THE PHOTO EXHIBIT AT THE ART HOP. THE EXHIBIT WAS PRESENTED IN SLIDESHOW FORM TO SEVERAL LARGE GROUP PRESENTATIONS THROUGH THE YEAR KLF SERVES AS THE BACKBONE ORGANIZATION OF THE KALAMAZOO COUNTY HUNGER-FREE COMMUNITY COALITION THE COALITION CONSISTS OF KEY STAKEHOLDERS IN THE COMMUNITY, SUCH AS THE PUBLIC SCHOOLS AND THE COMMUNITY HEALTH DEPARTMENT. THE GOAL OF THE COALITION IS TO IDENTIFY GAPS, FORGE COLLABORATIONS AND. ULTIMATELY, STRENGTHEN FOOD SECURITY IN KALAMAZOO COUNTY DURING 2015/16, THE COALITION FOCUSED ON INCREASING FOOD ASSISTANCE TO SENIOR CITIZENS AND ALLEVIATING CHILDHOOD HUNGER DURING THE SUMMER

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

(Form 990 or

Internal Revenue Service Name of the organization

KALAMAZOO LOAVES & FISHES INC

990EZ)

Part I

1

2 3

Treasury

Department of the

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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

OMB No 1545-0047

DLN: 93493042000107

Employer identification number

38-2420575

Open to Public Inspection

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire	of its support ed 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).										
one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)	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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.									
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.	_									
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having management of the supporting organization vested in the same persons that control or manage the supported organiza must complete Part IV, Sections A and C.										
Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	th, its									
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness recognistructions.) You must complete Part IV, Sections A and D, and Part V.										
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization	ınctıonally									
f Enter the number of supported organizations										
g Provide the following information about the supported organization(s)										
Name of supported organization Type of Is the organization Amount of organization listed in your governing monetary support supp	(vi) nt of other port (see ructions)									
Yes No										
Total										

Part II

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.)

12

(or	Calendar year fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	4,552,995	2,848,762	5,387,121	6,038,904	6,604,530	25,432,312
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	4,552,995	2,848,762	5,387,121	6,038,904	6,604,530	25,432,312
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						25,432,312
S	ection B. Total Support						
(or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	4,552,995	2,848,762	5,387,121	6,038,904	6,604,530	25,432,312
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,052	88,881	176,914	11,814	100,522	394,183
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)					6,812	6,812
11	Total support. Add lines 7 through 10						25,833,307

Section C. Computation of Public Support Percentage

box and stop here. The organization qualifies as a publicly supported organization

Gross receipts from related activities, etc. (see instructions)

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	98 450 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	98 650 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

and **stop here.** The organization qualifies as a publicly supported organization **B**33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	ı faıls to qualıfı	<u>, under the tes</u>	ts listed below,	, please comple	ete Part II.)	
Se	ction A. Public Support			ı			
	Calendar year	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
(or t	iscal year beginning in) ► Gifts, grants, contributions, and						1
-	membership fees received (Do	ı					
	not include any "unusual grants")	ı					
2	Gross receipts from admissions,						
	merchandise sold or services	İ					
	performed, or facilities furnished	İ					
	in any activity that is related to	İ					
	the organization's tax-exempt purpose	İ					
3	Gross receipts from activities						
•	that are not an unrelated trade or	İ					
	business under section 513	_					
4	Tax revenues levied for the	1					
	organization's benefit and either	İ					
_	paid to or expended on its behalf						
5	The value of services or facilities	İ					
	furnished by a governmental unit to the organization without charge	İ					
6	Total. Add lines 1 through 5						
	A mounts included on lines 1, 2,	·					
, u	and 3 received from disqualified	İ					
	persons						
b	A mounts included on lines 2 and	İ					
	3 received from other than	İ					
	disqualified persons that exceed	İ					
	the greater of \$5,000 or 1% of the amount on line 13 for the year	İ					
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
•	from line 6)	ı					
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
(or f	iscal year beginning in) 🕨	(a)2011	(0)2012	(6)2013	(d)2014	(e)2013	(I)I otal
9	A mounts from line 6						
.0a	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						
c	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	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is form	or the organization	n'e firet eacond	third fourth or f	l fifth tay vear as a	section 501(c)	(3) organization
	check this box and stop here	or the organization	on a mac, accond,	, cilira, loarcii, or i	michicax year as a	3000001 301(0)	
Se	ection C. Computation of Pub	lic Sunnort P	ercentage				
15	Public support percentage for 2015			12 column (f))		4=	
	· · · · · -	·		13, column (1))		15	
16	Public support percentage from 201					16	
	ection D. Computation of Inv			<u> - </u>	(5)		
17	Investment income percentage for 2				nn (f))	17	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2015. If the	_					
	more than 33 1/3%, check this box						▶ [
D	33 1/3% support tests—2014. If the 18 is not more than 33 1/3%, check	-					_
	TO IS HOLIHOTE CHAIL 33 1/370, CHECK	. LIIIS DUX dilu SEC	princie. I lie oldd	mzation qualines	us a publicly SUL	porteu urgalliza	CIOII 📂

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V)

	It of Part I, complete Sections A and C If you checked IIC of Part I, complete Sections A, D, and E If you I, complete Sections A and D, and complete Part V)	u cnec	кеатт	аогра	
Se	ection A. All Supporting Organizations				
	,, ,		Yes	No	
1	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	1			
2	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)				
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a			
b	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	3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			ı	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a			
b	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	4b			
c	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) ?	4 c			
	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) purposes			1	
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)	5a			
h	• 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?	5b			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more 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 .	9a			
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9 b			
c	Did a disqualified person (as defined in line 9(a)) 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 .	9 c			
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a			
b	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)	10 b			
	Has the organization accepted a gift or contribution from any of the following persons?				
а	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			
Ь	A family member of a person described in (a) above?	11b			
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c			

Part IV Supporting Organizations (continued)

Section B.	Type	I Supportina	Organizations

	,, ,, ,,			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to 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 Part VI 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			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		
	· · · · · · · · · · · · · · · · · · ·			
Se	ection D. All Type III Supporting Organizations			
			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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	y the Integral Part Test during the year (see instructions)

- **a** The organization satisfied the Activities Test Complete **line 2** below
- b The organization is the parent of each of its supported organizations. Complete line 3 below
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see

instructions)

	Activities Test Answer (a) and (b) below.		Yes
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 Part VI identify 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 Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?

 If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- 3 Parent of Supported Organizations Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*

3b

2b

No

Par	Type III Non-Functionally Integrated 509(a)(3) Suppor	ting O	ganizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	ust on N	ov 20,1970 See inst	ructions. All other
	Type III non-functionally integrated supporting organizations must complete S	ections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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 (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
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 $1\text{-}1/2\%$ 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		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Po	iype III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Se	ection D - Distributions			Current Year
1	A mounts paid to supported organizations to accom	plish exempt purposes		
2	A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	orted organizations, in	
3	Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anizations	
4	A mounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval re	auıred)		
	Other distributions (describe in Part VI) See instru			
		30013		
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is re	esponsive (provide	
9	Distributable amount for 2015 from Section C, line	6		
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
	Distributable amount for 2015 from Section C, line 6			
	Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
b				
C				
	From 2013			
	From 2014			
	Total of lines 3a through e Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2015 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7			
а				
b				
c	Excess from 2013			
d	From 2014			
	From 2015			
			Calcadala A A	(F 000 000 F7) (201 F

DLN: 93493042000107

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
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Internal Revenue
Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.

- Section 50 f(c)(3) organizations. Complete Parts FA and B. Do not complete Part FC
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) orga me of the organization	anizations Complete Part III		Employer iden	tification number
KAL	LAMAZOO LOAVES & FISHES INC				
Dar	t I-A Complete if the or	ganization is exempt under :	section 501/c	38-2420575	organization
		-	<u> </u>		organization.
1	,	ganization's direct and indirect politic	al campaign acti	vities in Part IV	
2	Political expenditures			•	\$
,	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c	:)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955	>	\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955 ▶	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				,
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended b y the filing organization for se	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to otl	her organizations	for section 527 ▶	\$
3	Total exempt function expendit	tures Add lines 1 and 2 Enter here a	and on Form 1120	O-POL, line 17b	\$
4	Did the filing organization file F	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments F amount of political contribution	nd employer identification number (El For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If	e amount paid froi irectly delivered t	m the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

Part II-A	Complete if the organization is exempt under section 501(c)(3) and file under section 501(h)).	ed Form 5768	(election
Check ▶	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated groexpenses, and share of excess lobbying expenditures)	oup member's nam	e, address, EIN
Check >	if the filing organization checked box A and "limited control" provisions apply		
		/-\ E:::	/L \ AGGI:-4-4

	under section 501(h)).				
Δ.	Check ▶ ☐ If the filing organization belongs expenses, and share of excess lo	to an affiliated group (and list in Part IV each affi bbying expenditures)	lıated g	roup member's nam	e, address, EIN
3	Check ▶ ☐ If the filing organization checked	box A and "limited control" provisions apply			
		bying Expenditures means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	c opinion (grass roots		186	
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		51	
c	Total lobbying expenditures (add lines 1a and	1b)		237	
d	Other exempt purpose expenditures			6,666,259	
е	Total exempt purpose expenditures (add lines	1c and 1d)		6,666,496	
f	Lobbying nontaxable amount Enter the amour			483,325	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of	line 1f)		120,831	
h	Subtract line 1g from line 1a If zero or less, e	nter - 0 -			
	Subtract line 1f from line 1c If zero or less, er	nter-0-			

	reporting section 4911 tax for this year?		Γ.	Yes No			
	4-Year Avo (Some organizations that made a s columns below. See th		ction do not	have to comp		e five	
	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
2a	Lobbying nontaxable amount	288,099	432,423	409,257	483,325	1,613,104	
ь	Lobbying ceiling amount (150% of line 2a, column(e))					2,419,656	
	Total Johnving expenditures	475	778	727	237	2 217	

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

Return Reference

Pa	Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT				
or o	1		(a)		(b)	
	each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying vity	Yes	No		moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	103				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
c	Media advertisements?					
d	, , , , ,					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	rt III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	501(c	(5), (or se		n
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		_	1		—
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_	2		<u> </u>
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	Part IV Supplemental Information		L			
	**					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr (see instructions), and Part II-B, line 1 Also, complete this part for any additional information	oup list)	, Part II	-A,I	ines 1	and

Explanation

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SCHEDULE D (Form 990)

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. OMB No 1545-0047

DLN: 93493042000107

reası	ury nal Revenue Service	Information about Schedule D	(Form 990) and its instr		www.irs.	gov/f	orm990.	Inspe	
Nar	me of the organi AMAZOO LOAVES & F					-	oyer identific	ation numl	ber
Pa	rt I Organ	izations Maintaining Donor	· Advised Funds or	Other Sir	milar Fu		420575 r Account	s.	
	Comple	ete if the organization answere			line 6.				
1	Total numbe	rat end of year	(a) Donor advised fun	ds		(b)	Funds and oth	ner accoun	ts
2	Aggregate v	alue of contributions to (during							
3	year) Aggregate v	alue of grants from (during year)							
4	Aggregate v	alue at end of year							
5	-	ation inform all donors and donor a	_			advis	ed	☐ Yes	☐ No
5	used only for c	ation inform all grantees, donors, a haritable purposes and not for the ermissible private benefit?					purpose	☐ Yes	∏ No
Pai	rt III Conse	rvation Easements. Comple	ete if the organization	answered	l "Yes" on	Form	1 990, Part I	IV, line 7.	
1	Purpose(s) of c	conservation easements held by th	e organization (check a	I that apply))				
	Preservati education)	on of land for public use (e g , recr	eation or	_ Preserva	atıon of an	hıstorı	call y ımporta	nt land are	:a
	Protection	of natural habitat	Γ	Preserva	atıon of a c	ertifie	d historic stru	ıcture	
	Preservati	on of open space							
2		2a through 2d if the organization ne last day of the tax year	held a qualified conserv	ation contrib	oution in the	e form			
					F	_	Held at th	e End of ti	ne Year
а		f conservation easements			F	2a			
b	_	restricted by conservation easeme			F	2b			
c d	Number of cons	servation easements on a certified servation easements included in (o ure listed in the National Register		• •	n a	2c 2d			
3		servation easements modified, trai	nsferred, released, extir	quished, or t	ے terminated	by the	e organization	during the	<u> </u>
	tax year ▶	, 				•	J	J	
4	Number of stat	es where property subject to cons	ervation easement is lo	ated >					
5	Does the organ	nization have a written policy regar enforcement of the conservation of	ding the periodic monito		tıon, handlı	ng of	_,	,	NI-
6	ŕ	teer hours devoted to monitoring,		iolations, ar	nd enforcing	g cons	•		No ring the
	>	<u></u>							
7	A mount of expe	enses incurred in monitoring, inspe	ecting, handling of violat	ions, and en	nforcing cor	iserva	tion easemen	its during t	he year
В		servation easement reported on lii on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy th	e requiremei	nts of secti	on 17	· · · · · —	Yes 🗀	No
9	balance sheet,	escribe how the organization repor and include, if applicable, the text n's accounting for conservation ea	of the footnote to the o						
ar		izations Maintaining Collecters ete if the organization answere				r Oth	er Similar	Assets.	
1a	If the organizat works of art, his	cion elected, as permitted under Si storical treasures, or other similar e, in Part XIII, the text of the footi	FAS 116 (ASC 958), no assets held for public e	t to report in xhibition, ed	n its revenu Iucation, or	resea	ırch ın further		
b	works of art, hi	cion elected, as permitted under Sf storical treasures, or other similar e the following amounts relating to	assets held for public e						blic
(i) Revenue inclu	ided on Form 990, Part VIII, line :	L		•	• \$ <u></u>			
		ed in Form 990, Part X							
2	If the organizat	tion received or held works of art, hints required to be reported under S			assets for				
а	Revenue includ	led on Form 990, Part VIII, line 1					▶ \$		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	Art, His	storica	al Tre	asures,	or O	ther Simila	ar As	sets
3		g the organization's acquisition, acce ction items (check all that apply)	ession, and other rec	cords, c	heck an	y of the	e following t	that a	re a significa	nt use	of its
а		Public exhibition		d		Loan o	rexchange	progr	ams		
b	Γ	Scholarly research		e	Г	Other					
c		Preservation for future generations									
4	Provi Part)	de a description of the organization's XIII	collections and ex	plaın ho	w they f	urther	the organız	atıon'	s exempt pur	poseı	n
5		g the year, did the organization solic ts to be sold to raise funds rather tha								_ Yes	☐ No
Pai		Escrow and Custodial Arra Complete if the organization a Part X, line 21.	ngements.								<u> </u>
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inter	rmediary	for cor	itributi	ons or othe	rasse	_	Yes	□ No
ь	īf'	"Yes," explain the arrangement in Pa	ert VIII and complet	ta tha fo	llowing	table				Amo	unt
c		ginning balance	int XIII and complet	ie the lo	nowing	table	ı	1c		71110	
d		ditions during the year						1d			
e		stributions during the year						1e			
f		ding balance						1f			
2a		ne organization include an amount or	n Form 990, Part X,	line 21,	for esc	rowor	ا custodial a		t liability?	Yes	 □ No
b	If"Ye	es," explain the arrangement in Part	XIII Check here if:	the eval	lanation	has he	en provide	d in P	art XIII		·
	rt V	Endowment Funds. Complete									··· —
		•	(a)Current year		nor year		c) Two years l		(d)Three years		(e)Four years back
1a	Begii	nning of year balance									
b	Cont	ributions									
c	Net i	nvestment earnings, gains, and									
d	Gran	ts or scholarships									
e		r expenditures for facilities programs									
f	A d m	inistrative expenses									
g		of year balance									
2	Provi	de the estimated percentage of the o	urrent vear end hal	ance (lu	ne 1 a .c	olumn	(a)) held as	L :		I	
a		d designated or quasi-endowment >	current year end ban	ance (m	ic 19, c	Olallilli	(d)) Held da	,			
b		anent endowment ▶									
С		orarily restricted endowment > percentages on lines 2a, 2b, and 2c s	should equal 100%								
3a		here endowment funds not in the pos nization by	session of the orgai	nızatıon	that are	e held a	and adminis	tered	for the		Yes No
	(i) ur	related organizations								3a(-
		elated organizations								3a(i	'
b		es" on 3a(II), are the related organiza								. 3b	<u> </u>
4		ribe in Part XIII the intended uses o		endown	nent fun	as					
Fel	rt VI	Land, Buildings, and Equiporation a		Form 9	90, Pa	rt IV.	line 11a.S	See F	orm 990. Pa	art X.	line 10.
		Description of property			(a) ost or oth (investn	er basıs	(b)) ier basi	Accumu	lated	(d)Book value
1a	Land							399,24	9		399,249
b	Buildin	ngs					1,	912,97	7 2	210,855	1,702,122
c	Leasel	nold improvements		. $ abla$				3,50	0		3,500
d	Equipn	nent		. ${\sqcap}$				728,18	3 4	180,005	248,178

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

2,353,049

(a) Description of security or category (including name of security) (1)Financial derivatives (2)Closely-held equity interests (3)O ther	(b)Book value	(c)Method of valuation Cost or end-of-year market v
(1)Financial derivatives (2)Closely-held equity interests		
3)Other		
		i .
		+
tal. (Column (b) must equal Form 990, Part X, col (B) line 12)		_
Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90. Part IV. line 11c.ca	a Farm 000 Dart V line 13
(a) Description of investment	(b) Book value	(c) Method of valuation
(a) bescription of investment	(b) book value	Cost or end-of-year market v
· ·		
		<u> </u>
· ·		
		
l		
		
!		
ntal (Column (h) must equal Form 990, Part Y, col (R) line 13.)		
otal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' o	n Form 990 Part IV line 1	1d See Form 990 Part X June 15
(a) Description		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 15)		
Part X Other Liabilities. Complete if the organization answer		
See Form 990, Part X, line 25.		
(a) Description of liability (b) Book value	ue	
ederal income taxes		
actal mediae taxes		
otal. (Column (b) must equal Form 990, Part X, col (B) line 25)		

Return Reference

Explanation

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and O
Governments a

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Department of the

Internal Revenue Service

Treasury

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.

lacktriangle Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.qov/form990}$.

OMB No 1545-0047

2015

DLN: 93493042000107

Open to Public Inspection

Schedule I (Form 990) 2015

Name of the organization	•					Employer identificati	on number
KALAMAZOO LOAVES & FISHES IN	C					38-2420575	
Part I General Information	n on Grants an	d Assistance				•	
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	ward the grants or a	ssistance?			or the grants or assis	tance, and	☐ Yes
Part III Grants and Other Assistation that received more than				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	l , for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grar or assistance
2 Enter total number of section 53 Enter total number of other organization		<u> </u>					

Cat No 50055P

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Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

▶Information about Schedule M (Form 990) and its instructions is at <u>www.irs.gov/form990</u>

DLN: 93493042000107 OMB No 1545-0047

2015

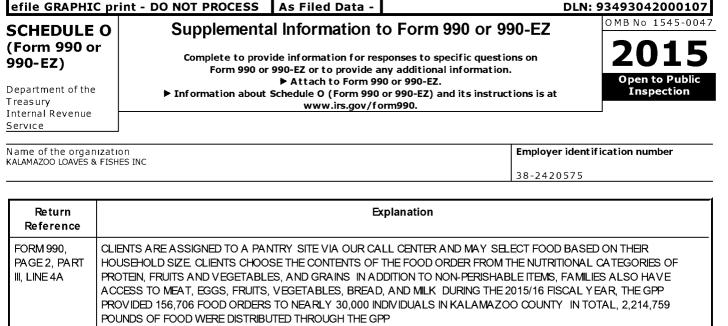
Γreas	sury nal Revenue Service		,			Inspe	ctio	n
Nam	ne of the organization				Employer identificat	ion nu	mber	
KALAI	MAZOO LOAVĒS & FISHES INC				38-2420575			
Pa	rt I Types of Property				36-2420373			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermı	_	ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	3	5,669	VALUED AT AVE H	I/LOW	1	
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
19	Food inventory	X	2,093,644	3,496,385	VALUED AT 1 67/I	_B		
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts			0.5.00				
25 SIG	Other►(X	1	25,600	VALUED AT FAIR	VALUE		
26	Other►(Х	2	14,440	VALUED AT FAIR	V A LUE		
27	O ther ▶ ()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			
30a	During the year, did the organiz	atıon receı v	e by contribution any prope	rty reported in Part I, lines	1 through 28, that		Yes	No
	it must hold for at least three y	ears from th	e date of the initial contribu	tion, and which is not requ	ired to be used			l
	for exempt purposes for the ent	ire holding p	period?			30a		Νo
b	If "Yes," describe the arrangem	nent in Part I	II					
31	Does the organization have a g	ıft acceptanı	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	<u> </u>
32a	Does the organization hire or us contributions?	se third part	ies or related organizations	to solicit, process, or sell	noncash 	32a		No
	If "Yes," describe in Part II If the organization did not report	t an amount	: in column (c) for a type of	property for which column ((a) is checked,			

describe in Part II

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation



Return Reference	Explanation
FORM 990, PAGE 2,	COMMUNITIES IN SCHOOLS AND SCHOOL PERSONNEL TO IDENTIFY CHILDREN MOST IN NEED AT EACH BUILDING
PART III, LINE 4B	DURING THE 2015/16 FISCAL YEAR, 25,782 PACKS WERE DISTRIBUTED THROUGH THE PROGRAM

FORM 990, PAGE 2, PART III, LINE 4D ALL OTHER ACCOMPLISHMENTS COMMODITY SUPPLEMENTAL FOOD PROGRAM - CSFP THE COMMODITY SUPPLEMENTAL FOOD PROGRAM IS A FEDERALLY-FUNDED PROGRAM DESIGNED TO SUPPORT LOW-INCOME SENIOR CITIZENS RECIPIENTS MUST BE 60 YEARS OR OLDER AND HAVE INCOME AT OR BELOW 130% OF THE POVERTY INCOME GUIDELINES ONCE PER MONTH, RECIPIENTS RECEIVE A FOOD PACK CONTAINING BASIC COMMODITIES KLF DISTRIBUTES THE FOOD DIRECTLY TO 14 SUBSIDIZED HOUSING COMPLEXES IN KALAMAZOO COUNTY DURING THE 2015/16 FISCAL YEAR, 563 SENIOR CITIZENS RECEIVED FOOD THROUGH CSFP AND 207,646 POUNDS WERE DISTRIBUTED THIS PROGRAM IS OFFERED IN PARTNERSHIP WITH THE MICHIGAN DEPARTMENT OF EDUCATION AGENCY MEAL SUPPORT KLF SUPPLIES FOOD TO LOCAL SOCIAL SERVICE AGENCIES THAT PROVIDE HOT, READY-TO-EAT MEALS TO VULNERABLE POPULATIONS IN THE COMMUNITY, INCLUDING INDIVIDUALS WHO ARE HOMBLESS OR IN TRANSITIONAL HOUSING WHILE KLF'S CONTRIBUTION DOES NOT FULFILL ALL OF THE GROCERY NEEDS OF THESE AGENCIES, IT DOES PLAY A ROLE IN SUSTAINING THEIR PROGRAMS AND FEEDING TARGET POPULATIONS DURING THE 2015/16 FISCAL YEAR, 198,393 POUNDS OF FOOD WERE DISTRIBUTED TO PARTNER AGENCIES IN KALAMAZOO COUNTY KLF ALSO DISTRIBUTES EXCESS PERISHABLE FOOD TO OTHER AGENCIES IN ORDER TO MAKE SURE AS LITTLE FOOD AS POSSIBLE IS WASTED DURING 2015/16, 193,015 POUNDS OF EXCESS
PERISHABLE FOOD WAS DISTRIBUTED, PRIMARILY TO CONGREGATE SENIOR LIVING SITES IN THE AREA. IN ADDITION TO FOOD DISTRIBUTION AND DIRECT SERVICE TO CLIENTS, KLF IS ACTIVE IN HUNGER-RELIEF ADVOCACY AND EDUCATION THIS INCLUDES PRESENTATIONS ON NOT ONLY KLF PROGRAMS, BUT ALSO THE ISSUE OF FOOD INSECURITY ON A NATIONAL AND LOCAL LEVEL. DURING THE 2015/16 FISCAL YEAR, KLF PROVIDED 5 IN-DEPTH PRESENTATIONS AND OVER 50 TOURS OF KLF FACILITIES TO COMMUNITY MEMBERS AND GROUPS IN ADDITION, KLF WAS INVOLVED IN ADVOCACY LETTER-WRITING CAMPAIGNS TO POLITICAL REPRESENTATIVES TO RAISE AWARENESS OF CRITICAL LEGISLATION AFFECTING FOOD SECURITY. IN AUGUST OF 2015, KLF PRESENTED A CLIENT-LED PHOTO PROJECT AT THE KALAMAZOO ART HOP ENTITLED "SHIFTING THE LENS EXPOSING LOCAL FOOD INSECURITY", THIS PHOTO EXHIBITION INVOLVED 8 CLIENTS TAKING PHOTOS ABOUT THEIR EXPERIENCES OF FOOD SECURITY AND FOOD INSECURITY. AFTER PRESENTING THE PHOTO EXHIBIT AT THE ART HOP, THE EXHIBIT WAS PRESENTED IN SLIDESHOW FORM TO SEVERAL LARGE GROUP PRESENTATIONS THROUGH THE YEAR. KLF SERVES AS THE BACKBONE ORGANIZATION OF THE KALAMAZOO COUNTY. HUNGER-FREE COMMUNITY COALITION THE COALITION CONSISTS OF KEY STAKEHOLDERS IN THE COMMUNITY, SUCH AS THE PUBLIC SCHOOLS AND THE COMMUNITY HEALTH DEPARTMENT. THE GOAL OF THE COALITION IS TO IDENTIFY GAPS, FORGE COLLABORATIONS AND, ULTIMATELY, STRENGTHEN FOOD SECURITY IN KALAMAZOO COUNTY. DURING 2015/16, THE COALITION FOCUSED ON INCREASING FOOD ASSISTANCE TO SENIOR CITIZENS AND ALLEVIATING CHILDHOOD HUNGER DURING THE SUMMER.

Return Reference	Explanation
FORM 990, PAGE 6, PART	THE AUDIT AND 990 WERE PREPARED BY OUR CERTIFIED PUBLIC ACCOUNTANT AND WERE REVIEWED AND
VI, LINE 11B	APPROVED BY THE FINANCE COMMITTEE AND BOARD, AS REQUIRED BY BOARD POLICY

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	KLF, ITS AFFILIATES AND COMPONENTS, AND ALL OFFICERS, DIRECTORS, DELEGATES, COUNCIL AND COMMITTEE MEMBERS AND EMPLOYEES SHALL SCRUPULOUSLY AVOID ANY CONFLICT BETWEEN THEIR OWN RESPECTIVE INDIVIDUAL, PROFESSIONAL OR BUSINESS INTERESTS AND THE INTERESTS OF THE ORGANIZATION, AND ANY AND ALL ACTIONS TAKEN BY THEM ON BEHALF OF THE ORGANIZATION IN THEIR RESPECTIVE CAPACITIES IN THE EVENT THAT ANY OFFICER, DIRECTOR, DELEGATE, COUNCIL OR COMMITTEE MEMBER OR EMPLOYEE OF THE ORGANIZATION SHALL HAVE ANY DIRECT OR INDIRECT INTEREST IN, OR RELATIONSHIP WITH, ANY INDIVIDUAL OR ORGANIZATION WHICH PROPOSED TO ENTER INTO ANY TRANSACTION WITH THE ORGANIZATION, INCLUDING BUT NOT LIMITED TO TRANSACTIONS INVOLVING -THE SALE, PURCHASE, LEASE OR RENTAL OF ANY PROPERTY OF OTHER ASSETS -EMPLOY MENT, OR RENDITION OF SERVICES, PERSONAL OR OTHERWISE -THE AWARD OF ANY GRANT, CONTRACT OR SUBCONTRACT -THE INVESTMENT OR DEPOSIT OF ANY FUNDS OF THE ORGANIZATION SUCH PERSON SHALL GIVE NOTICE OF SUCH INTEREST OR RELATIONSHIP AND SHALL THEREAFTER REFRAIN FROM DISCUSSING OR VOTING ON THE PARTICULAR TRANSACTION IN WHICH HE HAS INTEREST OR OTHERWISE ATTEMPTING TO EXERT ANY INFLUENCE ON THE ORGANIZATION, OR ITS COMPONENTS TO AFFECT THE DECISION TO PARTICIPATE OR NOT PARTICIPATE IN SUCH TRANSACTIONS ALL OFFICERS, DIRECTORS, DELEGATES, COUNCIL AND COMMITTEE MEMBERS AND EMPLOY EES REVIEWED AND SIGNED THE ORGANIZATION'S CONFLICT OF INTEREST POLICY FOR FISCAL YEAR 2015/16

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE PERSONNEL COMMITTEE (MADE UP OF IMPARTIAL DECISION MAKERS INCLUDING NON-BOARD MEMBER HUMAN RESOURCE PROFESSIONALS) REVIEWS THE COMPENSATION AND COMPARES TO COMPARABLE AMOUNTS FOR OTHER ORGANIZATIONS OF SIMILAR SIZE AND FUNCTION THE PROCESS IS DOCUMENTED AND COMPENSATION RECOMMENDATIONS GO TO THE BOARD ANNUALLY FOR ACTION

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SAME AS PROCESS FOR TOP OFFICIAL

Return Reference	Explanation
FORM 990, PAGE 6, PART VI,	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE
LINE 19	UPON REQUEST AT THE OFFICES OF KLF