

Internal Use Only:

Grant No: _____

Organization / Agency Information

<i>Organization/Agency Name:</i> Food Bank for the Heartland		
<i>Physical Address:</i> 10525 J Street Omaha, NE 68127		<i>City/State/Zip</i>
<i>Mailing Address:</i>		<i>City/State/Zip</i>
<i>CEO or Director:</i> Ms Susan Ogborn, President and CEO		<i>Title:</i>
<i>Phone:</i> (402) 331-1213	<i>Fax:</i>	<i>Email:</i>
<i>Contact Person:</i> Ms Susan Ogborn, President and CEO		<i>Title:</i>
<i>Phone:</i>	<i>Fax:</i>	<i>Email:</i> sogborn@foodbankheartland.org
<i>Web Site Address:</i> http://www.FoodBankHeartland.org		<i>Tax ID:</i> 47-0637701

Program / Grant Information

<i>Program/Project Name:</i> Mobile Pantry Distribution			<i>Amount of Grant Requested:</i> \$10000
<i>Total Organization Budget:</i> \$8723169	<i>Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100):</i> 96	<i>Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100):</i> 2.1000000000000001	<i>Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100):</i> 4
<i>Purpose of Grant Request (one sentence):</i> To purchase food for distribution in rural, mobile pantries across Nebraska and Iowa			
<i>Gimbel Grants Received: List Year(s) and Award Amount(s)</i> 2013 \$10,000 2014 \$10,000 2015 \$10,000			

Holiday Grant Application

- XV. **Organization/Agency Background:** State your mission, vision, purpose, and provide a brief history. What are your core programs and activities? How many people do you serve? How many paid staff, full time and part-time? How many volunteers?

The mission of FBFH is to provide emergency and supplemental food to hungry people in Nebraska and Iowa while working in partnership to eliminate the causes of poverty and food insecurity.

II. **Project Information:** Describe your food distribution program. Explain the community need including demographics, geographic characteristics of the area or community to be served, community conditions and income level. What are the specific activities of the food program? How do you identify/qualify those in need? How often is the food distribution offered? How many people will be served by the food distribution program (children, youth, adults, seniors)? Please explain how you keep track of number of people served.

According to USDA statistics there are 232,000 food insecure people in the counties served by FBFH. Six of those counties are considered urban or suburban. The rest of the 93 are considered rural or remote. To serve the more remote communities, FBFH uses mobile markets or travelling pantries which go to a pre-determined location on a scheduled date and time, and with the help of community volunteers distribute approximately 100 pounds of food per family in need attending the event. Staff and volunteers also help people sign up for SNAP benefits. Other partners often offer health screenings, community meals, or seasonal celebrations. In FY 2018, FBFH is providing 32 mobile pantries each month primarily filled with protein, dairy and fresh produce. Each mobile pantry serves an average of 125 families.

**2017 S.L. Gimbel Foundation Fund
Holiday Grant Application**

III. Project Budget

Please provide a detailed line-item budget for your project by completing the budget form below. The maximum amount requested is \$10,000. One hundred percent of the request should be for the purchase of food items only. Canned tuna will not be funded. Food items must be delineated (i.e. canned vegetables, soup, pasta, dried beans, rice, etc.). For each food item, indicate the cost per unit (pound, carton, case, etc.) and the quantity.

Line Item	Line Item Description	Requested Amount
Peanut Butter	200 cases at 18.25/case	\$3,650.00
Canned chicken	275 cases at 17.12/case	\$4,708.00
Pork and beans	40 cases at 12.36/case	\$494.40
Beef stew	80 cases at 13.80/case	\$1,104.00
Total		\$9,956.40
TOTAL:		

IV. Administrative Expenses Percentage

This section calculates how much the organization spent for general management, overhead, indirect items as a percentage of the organization's total expenses. The figures are based on your most current 990 form that you submitted, Part IX Statement of Functional Expenses.

Management & general expenses (Column C only)	/Total expenses (Column A)	= Administrative Percentage
\$541,115	\$25,162,114	2.1%

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	19													
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 1a, above, who are independent		18												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done				X										
13 Did the organization have a written whistleblower policy?				X										
14 Did the organization have a written document retention and destruction policy?				X										
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official									X					
b Other officers or key employees of the organization									X					
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 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.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **ALEXANDRA GOSWAMI, DIRECTOR OF FINANCE AND ACCOUNTING - 402-331-1213**
10525 J STREET, OMAHA, NE 68127-1021

October 26, 2015

Celia Cudiamat
Executive Vice President
S.L. Gimbel Foundation
The Community Foundation
3700 Sixth Street, Suite 200
Riverside, CA 92501

Dear Celia,

Please let the following report replace the SurveyMonkey evaluation sent from our office to you on June 8, 2015. I was unable to save or print a copy of that evaluation, so I will attempt to be brief and thorough with this report.

On January 3, 2014 the S.L. Gimbel Foundation approved a grant to Food Bank for the Heartland I the amount of \$10,000 to purchase protein sources (excluding canned tuna) to distribute to our clients during the first 6 months of 2015.

As the enclosed receipts will attest, FBFH purchased the following foods with the Gimbel grant funds:

January 23	Peanut Butter	135 cases at 18.25/case	\$2463.75
January 23	Canned Chicken	276 cases at 17.12/case	\$3013.12
January 23	Pork and Beans	68 cases at 12.36/case	\$ 840.48
January 23	Peanut butter	135 <u>cases@18.25/case</u>	\$2463.75
January 23	Beef stew	144 cases @13.80/case	\$1987.20

Total expense: \$10,768.30

I have also included a copy of our annual report to donors from FY 2015. Thank you for your support!

Sincerely,

Susan E. Ogborn
President and CEO

#3

COMPLETE

Collector: Gimbel Holiday Food Grant (Web Link)
Started: Friday, June 06, 2014 5:08:12 AM
Last Modified: Friday, June 06, 2014 6:29:42 AM
Time Spent: 01:21:30
IP Address: 184.178.40.146

Page 1: Organizational Information

Q1 Name of your organization.

Food Bank for the Heartland

Q2 Grant #

Unknown

Q3 Grant Period

January - June 2014

Q4 Location of your organization

City Omaha
State NE

Q5 Name and Title of person completing evaluation.

Susan Ogborn, President and CEO

Q6 Phone Number:

402 331 1213

Q7 Email address.

sogborn@foodbankheartland.org

Q8 Total number of clients served through this grant funding:

600

S. L. Gimbel Foundation Holiday Food Grant

Q16 Please relate a success story:

Because our client information is confidential, we don't have specific stories to share. But one quote that we've embraced from the first Scotts Bluff mobile pantry goes as follows:

"Bless you and thank you for the food. My children will eat well tonight. But what I'm really praying for is a job."

It puts the work we do in context and helps us focus on the challenges of good people recovering from a bad economy.

Q17 Please relate a success story here: **Respondent skipped this question**

Q18 Please relate a success story here: **Respondent skipped this question**

Page 5: Demographic Information

Q19 Which category best describes your organization. **Basic Needs Support**
Please choose only one.

Q20 What is your organizations primary Program Area of Interest? **Food Bank**

Q21 Percentage of clients served through grant in each Ethnic Group Category. Total must equal 100%
Unknown **100**

Q22 Approximate percentage of clients served from grant funds in each age category.

Children Birth-05 years of age	5
Children ages 06-12 years of age	10
Youth ages 13-18	10
Young Adults (18-24)	10
Adults	50
Senior Citizens	15

Q23 Approximate percentage of clients served with disabilities from grant funds.

Physically Disabled	10
Mentally/Emotionally Disabled	15

Q24 Approximate percentage of clients served in Economic Group

At/Below Poverty Level	50
Working Poor	50

Q25 Approximate percentage of clients served from grant funds in each population category.

Single Adults	5
Families	70
Single Parent Families	20
Elderly	5

#71

COMPLETE

Collector: Gimbel Holiday Food Grant (Web Link)
Started: Tuesday, June 09, 2015 5:39:16 AM
Last Modified: Tuesday, June 09, 2015 6:04:36 AM
Time Spent: 00:25:19
IP Address: 184.178.40.146

Page 1: Organizational Information

Q1 Name of your organization.

Food Bank for the Heartland

Q2 Grant #

201407012

Q3 Grant Period

January 1 2015 - June 30 2015

Q4 Location of your organization

City **Omaha**
State **NE**

Q5 Name and Title of person completing evaluation.

Susan Ogborn, President and CEO

Q6 Phone Number:

402 331 1213

Q7 Email address.

sogborn@foodbankheartland.org

Q8 Total number of clients served through this grant funding:

2250 mobile pantry clients between Jan 1 and March 31 2015

S. L. Gimbel Foundation Holiday Food Grant

Q15 Please provide a brief narrative on how the funds were used to fulfill grant objectives. Support documents (receipts or expense reports) can be emailed to klampert@thecommunityfoundation.net or faxed to 951-684-1911.

We're pretty simple - we bought peanut butter, canned chicken, turkey sausage, and pork and beans. Then we distributed those through a mobile pantry program to our hungry neighbors in rural and remote counties in Nebraska.

Page 4: Success Stories

Q16 Please relate a success story:

From a brand new mobile pantry volunteer, telling us how to get to the location for the pantry:

"My number is 308-XXX-XXXX and Margie's is 308-xxx-xxxx. You asked for our address. Just tell your driver that Brewster has one street, so instead of address maybe just put north of court house."

This gives new meaning to "rural." And the pantry serves more than 100 people each month, some of whom drive 45 minutes to line up for food.

Q17 Please relate a success story here:

From a teacher of a child who attended her first mobile pantry:

All we had was a can of corn until we went to this food truck. I came home with a whole bag that I got to pick out. Now I keep my bag hidden in a box and put toys on top of it, so I have food to eat and my mom's boyfriend doesn't take it.

Q18 Please relate a success story here:

Respondent skipped this question

Page 5: Demographic Information

Q19 Which category best describes your organization. Please choose only one.

Basic Needs Support

Q20 What is your organizations primary Program Area of Interest?

Food Bank

Q21 Percentage of clients served through grant in each Ethnic Group Category. Total must equal 100%

Unknown

100

Internal Revenue Service
District Director

Department of the Treasury

P.O. Box 1123 - Central Station
St. Louis, MO 63188

Date: NOV 04 1981

Omaha Area Food Bank, Inc.
4983 Hamilton Street
Omaha, NE 68132

Employer Identification Number:
47-0637701

Accounting Period Ending:
December 31

Foundation Status Classification:
509(a)(1)

Advance Ruling Period Ends:
December 31, 1982

Person to Contact:
EP/EO:7206-V. McDonald

Contact Telephone Number:
(314) 425-5651

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(1) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

1114 Market Street, St. Louis, MO 63101 (over)

Letter 1045(DO) (6-77)

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should call us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

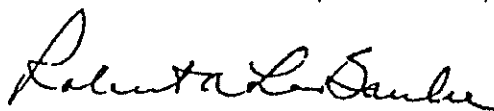
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Robert A. LeRauhe
District Director

MAR 30 1987

Internal Revenue Service
District Director

Department of the Treasury

MAR 26 1987

> THE NEBRASKA FOOD
BANK NETWORK, INC
723 NORTH 18TH ST
OMAHA NE. 68102

- Dear Sir;

Date of Exemption: April 1981
Internal Revenue Code Section: 501(c)(3)

Gentlemen:

Thank you for submitting the information shown below. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,

J. L. Stinson
District Director

Item Changed

NAME and
Address

From

OMAHA AREA
FOOD BANK, INC

To

THE NEBRASKA FOOD
BANK NETWORK, INC
723 NORTH 18TH ST.
OMAHA, NE 68102

Internal Revenue Service
District Director

Department of the Treasury

8 SEP 1983

Date:

Our Letter Dated: 7/04/81

Person to Contact: D. Armstrong

Contact Telephone Number:
(312) 886-4718

Omaha Area Food Bank, Inc.
4983 Hamleton Street
Omaha, Nebraska 68134

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section ~~170(b)(1)(A)(ii)~~. Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section ~~170(b)(1)(A)(ii)~~ status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section ~~170(b)(1)(A)(ii)~~ organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

J. R. Starnes
District Director

* Jnd 509(a)(1)
230 S Dearborn St., Chicago, Ill. 60604



**BOARD OF DIRECTORS
2017 - 2018**

Tara Stingley, Chairman (2018b)
Cline Williams Law Firm
12910 Pierce Street, Suite 200
Omaha, NE 68144-1105
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tstingley@clinewilliams.com

Roger Deal (2021a)
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Mary Balluff, Chair-Elect (2018b)
Community Volunteer
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Maballuff3@gmail.com

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Cell: 402.250.0522

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Jeffrey.g.austin@gmail.com

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Melissa Taylor (2019a)
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David Ulferts (2018a)
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Phone: 402.350.3312
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Legal Counsel:

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Cline Williams Law Firm
Sterling Ridge
12910 Pierce Street, Suite 200
Omaha, NE 68144-1105
sgehring@clinewilliams.com
Phone: 402.397.1700

2017 / 2018 Budget - Revenue

	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Total</u>
Revenue													
Donated Revenue (non capital)													
Church contributic	1,500		200	200	1,400	5,000	15,000	2,000	1,000	500	300	1,000	28,100
Civic group contrit	2,300	900	4,500	3,000	3,700	5,200	1,000	1,300	2,000	3,500	800	2,200	30,400
Foundations	17,000	25,000	25,000	362,500	85,000	640,000	230,000	120,000	10,000	5,000	22,000	120,000	1,661,500
Corporations	125,475	116,300	26,500	57,900	88,550	309,150	32,400	101,500	40,900	14,675	9,350	61,000	983,700
Individual contribu	144,425	94,650	115,950	214,900	454,900	1,355,700	117,350	95,750	91,075	113,400	80,300	251,800	3,130,200
School contributions			5,000	2,750	1,500	3,000	500	1,500					14,250
Special Events (gr	-	16,500	25,000	20,000	15,000	45,000	50,000	162,145	75,000	1,000	15,000	-	424,645
Friends Group	5,700	16,500	8,100	10,200	2,900	8,200	100	200	2,500	4,750	4,750	9,000	72,900
Subtotal	296,400	269,850	210,250	671,450	652,950	2,371,250	446,350	484,395	222,475	142,825	132,500	445,000	6,345,695
Other Revenue													
Agency Shared M	23,000	23,000	23,000	23,000	23,000	29,500	23,000	23,000	23,000	23,000	23,000	23,000	399,220
Delivery Fees	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	21,600
Purchased Produc	72,950	72,950	72,950	72,950	72,950	72,950	72,950	72,950	72,950	72,950	72,950	72,950	875,400
TEFAP - Iowa	3,187	3,187	3,187	3,187	3,187	3,187	3,187	3,187	3,187	3,187	3,187	3,187	38,244
TEFAP - Nebrask	10,000				30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	250,000
CACFP			11,000	22,500	22,500	22,500	19,000	22,500	22,500	22,500	22,500	8,500	196,000
SNAP - Nebraska			84,000		84,000			84,000			84,000	0	336,000
SFSP (Summer F	66,000	85,000											151,000
Misc Government	9,068	9,068	9,068	9,068	9,068	9,068	9,068	9,068	9,068	9,068	9,068	9,068	108,810
Investment incom	100	100	100	100	100	100	100	100	100	100	100	100	1,200
Subtotal	186,105	195,105	205,105	132,605	246,605	169,105	159,105	246,605	162,605	162,605	246,605	148,605	2,377,474
Total Revenue	482,505	464,955	415,355	804,055	899,555	2,540,355	605,455	731,000	385,080	305,430	379,105	593,605	8,723,169

2017 / 2018 Budget - Expenses & Revenue Over Expense

Expenses

Wages & Benefits	215,000	215,000	215,000	215,000	215,000	215,000	215,000	215,000	215,000	215,000	215,000	215,000	215,000	2,580,000
Direct Program	435,636	400,626	372,116	484,676	335,876	332,631	337,701	336,116	475,116	336,116	330,356	193,921	4,370,883	
Direct Operational	82,025	52,233	54,735	55,791	74,889	55,365	55,635	55,395	54,177	55,131	54,429	55,413	705,218	
Occupancy (aka li	20,300	14,550	14,550	14,550	14,550	14,150	14,150	14,150	14,150	14,150	14,150	14,150	177,550	
Philanthropy & Co	102,570	43,000	47,250	43,925	123,725	46,775	56,625	42,025	166,100	45,065	42,325	116,425	875,810	
Talent (aka Indire	10,794	7,705	10,720	8,885	9,095	12,595	8,600	7,635	10,720	7,595	8,095	10,270	112,708	
Executive (aka Inc	19,200	33,205	19,350	17,900	18,105	14,450	14,250	18,485	13,250	14,750	16,805	13,250	213,000	
Total Expense	885,525	766,319	733,721	840,727	791,240	690,965	701,961	688,806	948,512	687,807	681,160	618,429	9,035,169	

Revenue over Expense before Depreciation

	(291,021)	(301,364)	(318,366)	(36,672)	108,315	1,849,389	(96,506)	42,194	(563,433)	(382,377)	(302,056)	(24,824)	(0)
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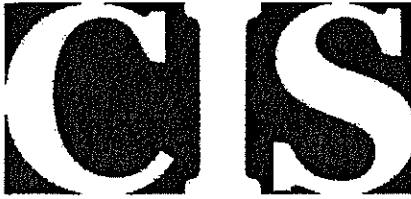
Depreciation	34,000	34,000	34,000	33,000	33,000	33,000	33,000	33,000	33,000	33,000	33,000	33,000	399,000
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Revenue over Expense

	(325,021)	(335,364)	(352,366)	(69,672)	75,315	1,816,389	(129,506)	9,194	(596,433)	(415,377)	(335,056)	(57,824)	(399,000)
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2017 / 2018 Budget - Expense Detail

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Direct Program Detail:													
Kid's Café		3,750	16,500	25,500	25,500	19,500	25,500	25,500	25,500	25,500	21,750	9,000	223,500
KCK Summer Fee	108,000	86,200									20,400	37,300	251,900



22000 Industrial Blvd.
 Suite 400
 Rogers MN 55374
 USA
 Phone: 763.488.6900
 Fax: 763.488.6901

Order Confirmation

Bill To
 Food Bank for the Heartland
 10525 J Street
 Omaha NE 68127
 USA

Food Bank for the Heartland
 10525 J Street
 Omaha NE 68127
 USA

Order Information
 CIS Order ID 22513
 Order Date 05/11/18
 Delivery Date 05/15/18
 Customer Order
 Payment Terms Net 30 days

Qty	Case	SKU	Description	Unit Price	Total
40 CS	24 / 16 oz.	0-7180100030-8	Finest Original Baked Bean	17.14	685.60
275 CS	12 / 12.5 oz.	0-4711708267-3	Butterfield Farms Premium Chunk Chicken Breast	17.93	4,930.75
57 CS	24 / 15 oz.	0-7184671121-4	Southgate Vegetable Stew w/ Beef	20.51	1,169.07
200 CS	12 / 18 oz.	6-281099012974	Othaim Peanut Butter - creamy (grams only)	16.08	3,216.00

OrderTotal	\$10,001.42
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3.87 pallets
 8,914 pounds
 PLZ Ship ASAP

Thank You for Your Order

Please contact your Account Executive if there are issues or concerns about this order