



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

Internal Use Only:

Grant

: 20170911

GRANTEE ID: 18224

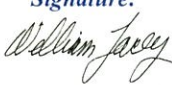
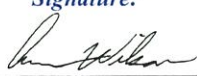
**Organization / Agency Information**

<b>Organization/Agency Name:</b> YAVAPAI COUNTY FOOD BANK		
<b>Physical Address:</b> 8866 EAST LONG MESA DR.		<b>City/State/Zip</b> PRESCOTT VALLEY, AZ 86314
<b>Mailing Address:</b> POST OFFICE BOX 4151		<b>City/State/Zip</b> PESCOTT, AZ 86302
<b>CEO or Director:</b> ANN WILSON		<b>Title:</b> EXECUTIVE DIRECTOR
<b>Phone:</b> (928) 775-5255	<b>Fax:</b> (928) 759-2277	<b>Email:</b> YFBFOOD@CABLEONE.NET
<b>Contact Person:</b> ANN WILSON		<b>Title:</b> EXECUTIVE DIRECTOR
<b>Phone:</b> (928) 775-5255	<b>Fax:</b> (928) 759-2277	<b>Email:</b> YFBFOOD@CABLEONE.NET
<b>Web Site Address:</b> WWW.YAVAPAIFOODBANK.ORG		<b>Tax ID:</b> 86-0709163

**Program / Grant Information**

<b>Program/Project Name:</b> SUMMER FOOD PROGRAM			<b>Amount of Grant Requested:</b> \$10,000.00
<b>Total Organization Budget:</b> \$2,303,310.00	<b>Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100):</b> \$131,498.00	<b>Per 990, Percentage of Management &amp; General Expenses Only (Column C / Column A x 100):</b> 5.7%	<b>Per 990, Percentage of Management &amp; General Expenses and Fundraising (Column C+D / Column A x 100):</b> 5.7%
<b>Purpose of Grant Request (one sentence):</b> TO PROVIDE NECESSARY FOOD ITEMS DURING MONTHS WHEN LOCAL DONATIONS ARE EXTREMELY LOW.			
<b>Gimbel Grants Received: List Year(s) and Award Amount(s)</b> 2012-13 - \$6,612.00 2013-14 - \$10,000.00 2014-15 - \$10,000.00			

**Signatures**

<b>Board President / Chair: (Print name and Title)</b>  BILL LACEY, CHAIRMAN OF THE BOARD	<b>Signature:</b> 	<b>Date:</b> 12-15-2017
<b>Executive Director/President: (Print name and Title)</b>  ANN WILSON, EXECUTIVE DIRECTOR	<b>Signature:</b> 	<b>Date:</b> 12-15-2017



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

Please provide the following information for items I. through III. by answering all questions in ONE PAGE-12 Font. Please be thorough, clear, specific, and concise.

- I. 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?

**OUR MISSION IS TO PROVIDE FOOD FOR LOW AND POVERTY LEVEL INDIVIDUALS THROUGHOUT YAVAPAI COUNTY. WE ARE SERVING APPROXIMATELY 7,700 INDIVIDUALS PER MONTH. WE HAVE 4 FULL TIME EMPLOYEES, AND TWO PART-TIME EMPLOYEES. WE USE FROM 45 TO 68 VOLUNTEERS PER WEEK. OUR PRIMARY PROGRAM IS FOOD; HOWEVER, WE DO HAVE A BACK-TO-SCHOOL PROGRAM PROVIDING BACK-PACKS AND SCHOOL SUPPLIES BEFORE SCHOOL STARTS IN THE FALL. WE ALSO HAVE AN ADOPT-A-FAMILY PROGRAM FOR CHRISTMAS, IN ADDITION TO MAKING SURE EVERY CHILD GETS A TOY FOR CHRISTMAS. THEY ALSO GET COATS AND BLANKETS AS NEEDED.**

- 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.

**PEOPLE THAT ARE IN NEED OF FOOD COME AND FIRST FILL OUT AN APPLICATION, LISTING EVERYONE IN THEIR HOUSEHOLD, ALONG WITH AN ID AND VERIFICATION OF INCOME. OUR INCOME GUIDELINES ARE THE SAME AS THE ARIZONA ASSOCIATION OF FOOD BANKS. AFTER APPLYING THE PRIMARY PERSON ON THE APPLICATION RECEIVES A CARD, LISTING HOW MANY PEOPLE ARE IN THEIR HOUSEHOLD, AS WELL AS THE AGE GROUPS. WITH THIS CARD THEY CAN COME ONCE A WEEK TO PICK UP A FOOD BOX. THIS CARD ALSO QUALIFIES THEM FOR THE ADDITIONAL PROGRAMS AVAILABLE THROUGHOUT THE YEAR. THE CARDS ARE RENEWED EVERY YEAR WITH UPDATED INFORMATION. WE SERVE ALL AGE GROUPS: CHILDREN, ADULTS, YOUTH, AND SENIORS. WE SERVE DISABLED PEOPLE ON MONDAY MORNINGS BEFORE NOON. ON TUESDAY MORNINGS, WE SERVE FAMILIES WITH MORE THAN 10 ON A CARD. ON TUESDAY THROUGH FRIDAY AFTERNOONS, WE SERVE THE GENERAL POPULATION THAT COME IN. THIS PREVENTS PEOPLE FROM HAVING TO WAIT SO LONG IN LINE. WE HAVE A SITTING AREA FOR THOSE THAT CAN'T STAND VERY LONG AT A TIME.**

**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 requested amount 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.

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Line Item	Line Item Description	Requested Amount
<b>89 PEANUT BUTTER</b>	<b>12/16 OZ. JARS @ 14.27/CASE</b>	<b>1,270.03</b>
<b>75 PASTA MAC &amp; CHEESE</b>	<b>24/7.25 OZ. BOXES @9.20/CASE</b>	<b>690.00</b>
<b>301 Canned meat meal beef ravioli</b>	<b>12/15 OZ. CANS @8.69/CASE</b>	<b>2,615.99</b>
<b>100 CHICKEN, CANNED</b>	<b>24/5 OZ. CANS @16.70/CASE</b>	<b>1,670.00</b>
<b>150 PEACHES IN LT. SYRUP</b>	<b>12/15 OZ. CANS @6.35/CASE</b>	<b>952.50</b>
<b>150 SPAGHETTI SAUCE</b>	<b>24/15 OZ. CANS @ 9.19/CASE</b>	<b>1,378.50</b>
<b>150 PASTA BAGGED</b>	<b>20/1 LB. BAGS @ 9.49/CASE</b>	<b>1,423.50</b>
<b>TOTAL:</b>		<b>10,000.22</b>

#### **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
<b>\$131,498.00</b>	<b>\$2,303,310.00</b>	<b>5.7%</b>





## S.L. Gimbel Foundation Fund Grant Evaluation Form

**Grant Period: Jan. 1–June 30, 2015**

Organization: **YAVAPAI COUNTY FOOD BANK**

Contact Name: **ANN WILSON**

Title: **EXECUTIVE DIRECTOR**

Phone Number: **(928) 775-5255**

Grant Period: **JAN. 1 – JUNE 30, 2015**

Award Amount: **DON'T KNOW**

Grant Number: **20140773**

- Describe the project's key outcomes and results based on your goals and objectives. Provide the number of clients served and other relevant statistics.

**We serve anyone in Yavapai County that qualifies. Approximately 2,200 families or 7700 individuals per month were served. Many of these families have children that would otherwise go hungry throughout the year. We gave special food items for families with children.**

- What were the challenges and obstacles you encountered (if any) in attaining your goals & objectives? How did you overcome and/or address the challenges and obstacles? What were the lessons learned?

**We have found that many times we may have plenty of overall food on our shelves, but not enough of the items needed to make a well-rounded nutritious box of food, and especially items for children. This grant money helped us be more selective in the food items we have to give.**

- Describe any unintended positive outcomes as a result of the efforts supported by this grant.
- This money helped us get through the summer months with a well-rounded food supply, that we don't otherwise have.**

- Describe the overall effect this grant has had on your organization.

**The grant has helped us to be more stable year around, helping provide for the many families that come to us for help. In years past sometimes, we have had only perhaps soup on our shelves or bread, or our shelves have been empty. With this money, our shelves are not empty during the summer months.**

- Tell us a few success stories that made an impact on your organization and/or community as a result of this grant.

**Children are provided with cereal and peanut butter and can eat more nutritiously and even take a sandwich to school the next day with bread and peanut butter if needed.**

- Provide a financial report on the use of your grant funds (expenditures).

**All of our purchases were at Fry's Food Store in Prescott Valley. They gave us discounts on nearly all items. We spent 9,267.09 on April 1, 2015 for a large variety of most commonly needed foods, on April 3, we purchased 701.04 for mostly pastas, stroganoff, beans and other misc, then on April 8, we purchased mostly spaghetti and sauce and macaroni for a total of 46.69 for a grand total of \$10,014.82**

**Please email the completed form to:**

Celia Cudiamat, Executive Vice President, Programs at  
[ccudiamat@thecommunityfoundation.net](mailto:ccudiamat@thecommunityfoundation.net)

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

<p align="center"><b>Internal Use Only:</b></p> <p>Grant No: _____</p>
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**Organization / Agency Information**

<i>Organization/Agency Name:</i> Yavapai County Food Bank		
<i>Physical Address:</i> 8866 E. Long Mesa Dr., Prescott Valley, AZ 86314		<i>City/State/Zip</i>
<i>Mailing Address:</i>		<i>City/State/Zip</i>
<i>CEO or Director:</i> Mrs. Ann Wilson, Executive Director		<i>Title:</i>
<i>Phone:</i> (928) 775-5255	<i>Fax:</i>	<i>Email:</i>
<i>Contact Person:</i> Mrs. Ann Wilson, Executive Director		<i>Title:</i>
<i>Phone:</i>	<i>Fax:</i>	<i>Email:</i> yfbfood@cableone.net
<i>Web Site Address:</i> <a href="http://www.yavapaifoodbank.org">http://www.yavapaifoodbank.org</a>		<i>Tax ID:</i> 86-07091623

**Program / Grant Information**

<i>Program/Project Name:</i> Food Program			<i>Amount of Grant Requested:</i> \$10000
<i>Total Organization Budget:</i> \$2303310	<i>Per 990, Percentage of Program Service Expenses (Column B / Column A x 100):</i> 94	<i>Per 990, Percentage of Management &amp; General Expenses Only (Column C / Column A x 100):</i> 5	<i>Per 990, Percentage of Management &amp; General Expenses and Fundraising (Column C+D / Column A x 100):</i> 5
<i>Purpose of Grant Request (one sentence):</i> To purchase food items we run out of for food boxes.			
<i>Gimbel Grants Received: List Year(s) and Award Amount(s)</i> 2011-2012 - \$6,612.00 2012-2013 - \$10,000.00			

## Holiday Grant Application

**XLVIII. 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 food bank was started in 1992 in Prescott Valley, Arizona. Our mission is to halt hunger and malnutrition to Yavapai County residents that are at poverty level or low income that are in need. We serve approximately 6,000 individuals per month or 72,000 per year. We have 4 full time and 1 part-time employee, and use approximately upwards of 68 volunteers per month. Our primary program is food boxes, however, we also have a back-to-school program, a special Adopt-a-Family program at Christmas time, toys for all the children at Christmas, and special holiday food boxes at Thanksgiving, Christmas and Easter, in addition to their regular food box. Qualified applicants can receive a food box once a week if needed.

**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.

We still have a lot of people out of work in Yavapai County. Our food bank serves all low income and poverty level individuals in Yavapai County. We screen applicants through an application process where they have to list all individuals in their family and ages with IDs and verification of income. They receive a card that shows the number of individuals and ages that they present each time they come to receive a food box. The food boxes are offered once a week. Boxes are custom made according to the number of people on the card and considering the ages as well. There are several people on one card many times, including children, and seniors living with they children. There are single parents raising children, disabled people, and people out of work, or just part-time work without enough income to provide food for their families. When people receive their food box, they present their card and we record the information on a sheet which they sign, along with the amount of food given out. This information is all entered into a data base where we are able to track the amount of food distributed, the age groups, and number of individuals served each day.

**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
89 Peanut Butter	12/18 oz. jars @ 14.27/case	1,270.03
75 Pasta Mac and Cheese	24/7.25 oz. boxes @ 9.20/case	690.00
301 Canned meat meal beef ravioli	12/15 oz. cans @ 8.69/case	2615.69
100 Chicken canned	24/5 oz. cans @ 16.70/case	1670.00
150 Peaches in lt. syrup	12/15 oz. cans @ 6.35/case	952.50
150 Spaghetti Sauce	24/15 oz. cans @ 9.19/case	1378.50
150 Pasta bagged	20/1 lb. bags @ 9.49/case	1423.50
<b>TOTAL:</b>		<b>\$10,000.22</b>

**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
\$131,498.00	\$2,303,310.00	5.7%



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 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 domestic governments. See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	34,450	18,550	15,900	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	88,420	40,106	48,315	
7	Other salaries and wages . . . . .	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	0			
10	Payroll taxes . . . . .	20,727	9,949	10,778	
11	Fees for services (non-employees):				
a	Management . . . . .	25,530	15,000	10,530	
b	Legal . . . . .	0			
c	Accounting . . . . .	18,750		18,750	
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	16,760	16,760		
12	Advertising and promotion . . . . .	90,002	89,604	398	
13	Office expenses . . . . .	9,803	9,643	160	
14	Information technology . . . . .	3,965	477	3,488	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	28,776	22,389	6,387	
17	Travel . . . . .	7,319	6,069	1,250	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	34,412	34,412		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	38,628	0	0	0
23	Insurance . . . . .	30,507	24,376	6,131	
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.)				
a	Gifts in Kind - Food . . . . .	1,769,627	1,769,627		
b	Bank Charges, Dues & Sub, License & Permits . . . . .	7,385		7,385	
c	Maintenance & Repairs, Vehicle Expenses . . . . .	51,649	49,623	2,026	
d	Contributions to Non-Profit Organizations . . . . .	5,115	5,115		
e	All other expenses Special Programs . . . . .	21,485	21,485		
25	<b>Total functional expenses. Add lines 1 through 24e . . . . .</b>	<b>2,303,310</b>	<b>2,133,184</b>	<b>131,498</b>	<b>0</b>
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				



S. L. Gimbel Foundation Holiday Food Grant

#74

COMPLETE

**Collector:** Gimbel Holiday Food Grant (Web Link)  
**Started:** Thursday, June 11, 2015 11:01:09 AM  
**Last Modified:** Thursday, June 18, 2015 12:57:26 PM  
**Time Spent:** Over a day  
**IP Address:** 72.24.125.94

Page 1: Organizational Information

**Q1** Name of your organization.

Yavapai Food Bank, Inc.

**Q2** Grant #

20140773

**Q3** Grant Period

January 1, 2015 through June 30, 2015

**Q4** Location of your organization

City	Prescott Valley
State	Arizona

**Q5** Name and Title of person completing evaluation.

Ann Wilson

**Q6** Phone Number:

(928) 775-5255

**Q7** Email address.

yfbfood@cableone.net or arwilson@cableone.net

**Q8** Total number of clients served through this grant funding:

approximately 7,500 individuals per month.

S. L. Gimbel Foundation Holiday Food Grant

**Q16** Please relate a success story:

The greatest success story of all is that our shelves were full and people got full, well-rounded boxes of food at a time when we are usually very short. This grant has been a tremendous blessing to the needy in our community.

**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.  
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%

Respondent skipped this question

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

Respondent skipped this question

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

Respondent skipped this question

**Q24** Approximate percentage of clients served in Economic Group

Respondent skipped this question

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

Respondent skipped this question

#2

COMPLETE

Collector: Gimbel Holiday Food Grant (Web Link)  
Started: Thursday, June 05, 2014 11:53:59 AM  
Last Modified: Thursday, June 05, 2014 12:06:03 PM  
Time Spent: 00:12:03  
IP Address: 67.61.91.162

Page 1: Organizational Information

**Q1** Name of your organization.

YAVAPAI FOOD BANK, INC.

**Q2** Grant #

Don't know - can't find it anywhere.

**Q3** Grant Period

Jan. 1, 2014 through June 30, 2014

**Q4** Location of your organization

City	Prescott Valley
State	Arizona

**Q5** Name and Title of person completing evaluation.

Ann Wilson, executive director

**Q6** Phone Number:

(928) 775-5255

**Q7** Email address.

yfbfood@cableone.net

**Q8** Total number of clients served through this grant funding:

approximately 2,200 families per month avg.



## S. L. Gimbel Foundation Holiday Food Grant

**Q16** Please relate a success story:

No special story, except tha the girl that shopped for us, helps us off and on throughout the year and probably helps us to save a lot of money over a year's time because she knows her prices so well, and many times negotiates with the store manager for the best possible "deal."

**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.  
Please choose only one.

Service  
Organization

**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%

Respondent skipped this question

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

Respondent skipped this question

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

Respondent skipped this question

**Q24** Approximate percentage of clients served in Economic Group

Respondent skipped this question

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

Respondent skipped this question

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 28 1987

YAVAPAI FOOD BANK INC  
8400 E SPOUSE DR  
PRESCOTT VALLEY, AZ 86314

Employer Identification Number:  
86-0709163  
DLN:  
17053295185007  
Contact Person:  
D. A. DOWNING  
Contact Telephone Number:  
(513) 241-5199  
Accounting Period Ending:  
December 31  
Form 990 Required:  
Yes  
Addendum Applies:  
Yes

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(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

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. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or 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, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

Letter 947 (DO/CG)

YAVAPAI FOOD BANK INC

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 Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

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. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, any supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$20 per day for each day there is a failure to comply (up to a maximum of \$10,000 in the case of an annual return).

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, Exempt Organization Business Income Tax Return. 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.

Letter 947 (DO/CG)



YAVAPAI FOOD BANK INC

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.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be evidence that the funds will remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

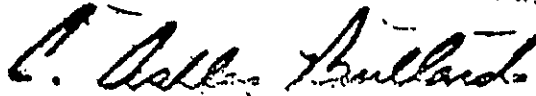
If distributions are made to individuals, case histories regarding the recipients should be kept showing names, addresses, purposes of awards, manner of selection, relationship (if any) to members, officers, trustees or donors of funds to you, so that any and all distributions made to individuals can be substantiated upon request by the Internal Revenue Service. (Revenue Ruling 56-304, C.B. 1956-2, page 306.)

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

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,



District Director

Enclosure(s):  
Addendum

Letter 947 (DO/CG)

YAVAPAI FOOD BANK INC

Your request for relief under section 301.9100-1 of the Income Tax Regulations has been granted. Therefore, your exemption under section 501(c)(3) of the Internal Revenue Code is effective May 1, 1992, the date you were formed.

Letter 947 (DO/CG)

**YAVAPAI FOOD BANK, INC. DBA YAVAPAI COUNTY FOOD BANK ..**  
**Profit & Loss Budget Overview**  
October 2015 through September 2016

	Oct '15 - Sep 16
Income	
Contributed Support	
Contributions	
Business	107,372.87
Club Organizations	28,596.29
Foundations	49,638.00
Individuals	390,950.40
Non-Profit Organizations	7,660.23
Total Contributions	584,217.79
Programs	
Gifts in Kind - Food	
Community	1,175,561.00
St Marys	
Commodities	87,316.00
Truck	812,908.78
Total St Marys	900,224.78
Total Gifts in Kind - Food	2,075,785.78
Total Programs	2,075,785.78
Special Events	
Burning Desire	
Food	4,129.00
Total Burning Desire	4,129.00
Community / Postal Carriers	
Food - May	8,496.00
Total Community / Postal Carriers	8,496.00
Community Garden	
Food	71.00
Total Community Garden	71.00
Empty Bowls	
Monetary	5,000.00
Total Empty Bowls	5,000.00
Epic Rides - Wiskey Row	
Food	405.00
Monetary	6,000.00
Total Epic Rides - Wiskey Row	6,405.00
Indian Tribe	
Food	9,576.00
Total Indian Tribe	9,576.00
Schools	
Food	6,978.00
Total Schools	6,978.00



**YAVAPAI FOOD BANK, INC. DBA YAVAPAI COUNTY FOOD BANK ..**  
**Profit & Loss Budget Overview**  
October 2015 through September 2016

	Oct '15 - Sep 16
Turkey Drives	
Food	13,575.00
Total Turkey Drives	13,575.00
Total Special Events	54,230.00
Total Contributed Support	2,714,233.57
Total Income	2,714,233.57
Gross Profit	2,714,233.57
Expense	
Administrative Expense	
Bank Service Charges	
AMEX Fees	576.32
Bank Fees	743.84
Lynk System Fees	2,157.34
Transfirst Epay	686.17
Total Bank Service Charges	4,163.67
Contract Labor - Facility	0.00
Dues & Subscriptions	1,592.41
Maintenance & Repairs	
Building	3,967.68
Computer	1,222.35
Total Maintenance & Repairs	5,190.03
Marketing & Promotions	
Inhouse Graphics Productions	5,000.00
Postage, Mailing & Delivery	1,889.52
Printing, Copying & Supplies	243.75
Total Marketing & Promotions	7,133.27
Outside Services - Facility	208.50
Payroll Expenses - Co - Admin	63,375.00
Professional Fees	
Accounting Fees	21,000.00
Total Professional Fees	21,000.00
Software Updates	2,888.17
Supplies - Office	425.29
Telephone	
Cell phone - Facility	2,056.14
Telephone - Office	89.81
Total Telephone	2,145.95
Travel & Meetings	
Meals	1,573.66
Travel	3,119.68
Total Travel & Meetings	4,693.34
Utilities	
Electric & Gas	3,805.15
Sewer & Water	305.78
Total Utilities	4,110.93
Vehicles - Administration	
Fees	
License	33.44
Total Fees	33.44

**YAVAPAI FOOD BANK, INC. DBA YAVAPAI COUNTY FOOD BANK ..**  
**Profit & Loss Budget Overview**  
October 2015 through September 2016

	Oct '15 - Sep 16
Maintenance & Repair	210.00
Total Vehicles - Administration	243.44
Total Administrative Expense	117,170.00
Ask Your Accountant	0.00
Program Expense	
Advertising Expense	2,349.24
Contract & Grant Expense	0.00
Contract Labor - Programs	12,125.00
Depreciation Expense	38,628.00
Insurance	9,796.86
Interest Expense	
Loan Interest	30,636.48
Total Interest Expense	30,636.48
Internet	
Web Site	162.42
Total Internet	162.42
Maintenance & Repairs	
Building	2,916.73
Computer	12,637.31
Equipment	1,964.00
Pantries	4,052.82
Total Maintenance & Repairs	21,570.86
Marketing & Printing	
Consulting-Special Fundraising	45,447.96
Inhouse Graphics Productions	27,600.00
Postage, Mailing & Delivery	27,520.09
Printing, Copying & Supplies	134.93
Total Marketing & Printing	100,702.98
Medical Insurance	25,377.48
Outside Services - Programs	2,460.00
Payroll Expenses - Co - Program	
Payroll Expenses-Co Employees	65,042.00
Payroll Expenses-Co Liabilities	12,367.70
Worker's Comp Insurance	1,851.54
Total Payroll Expenses - Co - Program	79,261.24
Professional Fees	
Consulting - Assistance Program	15,500.00
Consulting - Community Programs	11,000.00
Total Professional Fees	26,500.00
Programs - Community	
Contributions to Non-Profits	6,100.00
Fundraising - Community	100.00
Needful Things	174.27
Total Programs - Community	6,374.27
Programs - Nutrition	
Gifts in Kind - Food	2,119,015.78
Nutrition Programs	7,472.42
Total Programs - Nutrition	2,126,488.20

**YAVAPAI FOOD BANK, INC. DBA YAVAPAI COUNTY FOOD BANK ..**  
**Profit & Loss Budget Overview**  
October 2015 through September 2016

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	Oct '15 - Sep 16
Programs - Special	
Back to School Programs	430.81
Benevolent Fund	8,035.42
Holiday Programs	
Adopt-a-Family	2,780.07
Holiday Food Boxes	13,908.41
Holiday Specialty Programs	8,147.26
Toys for Children	4,599.48
Total Holiday Programs	29,435.22
Total Programs - Special	37,901.45
Rent	
Storage	1,186.00
Total Rent	1,186.00
Supplies - Operating	11,711.11
Telephone	
Cell Phones -Pantry	5,975.12
Telephone -Pantry	3,009.43
Total Telephone	8,984.55
Utilities	
Electric & Gas	11,417.65
Garbage & Dump	19.47
Sewer & Water	1,388.39
Total Utilities	12,825.51
Vehicle - Program	
Fuel	25,272.64
Insurance	1,540.30
License & Registration	920.95
Maintenance & Repairs	14,052.98
Total Vehicle - Program	41,786.87
Total Program Expense	2,596,828.52
Total Expense	2,713,998.52
Net Income	235.06



**(928) 775-5255**

www.yavapaifoodbank.org • see Yavapai Food Bank  
on facebook.com • email: yfbfood@cableone.net

8866 E. Long Mesa • Prescott Valley, AZ 86314 • Fax: (928) 759-2277

### **BOARD OF TRUSTEES AND OFFICERS:**

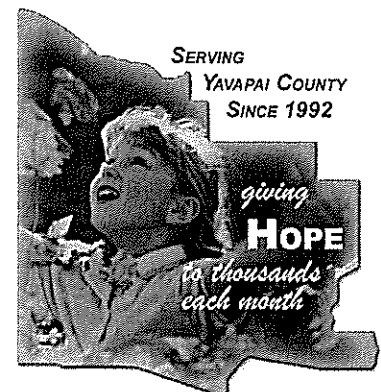
William Lacey – Business Owner / Chairman of the Board  
Ann Wilson – Business Owner / Secretary  
Robert Wilson – Business Owner / President  
Harold Henry, Jr. - Retired Business Manager 40 years

### **ADVISORY BOARD OF DIRECTORS:**

Maureen Henry  
Lynn Passfield  
Ginny Reeves  
Cherrie Thomas

Executive and Marketing Director:  
Ann Wilson

Public Relations, Transportation Manager:  
Robert Wilson



**YAVAPAI COUNTY FOOD BANK IS AN EQUAL OPPORTUNITY PROVIDER**

*Yavapai County Food Bank is a 501(c)3 nonprofit privately funded, non-sectarian, charitable organization. For verification go to corporations.azcc.gov.*

**YAVAPAI FOOD BANK, INC. DBA YAVAPAI COUNTY FOOD BANK ..**  
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Food	4,129.00
Total Burning Desire	4,129.00
Community / Postal Carriers	
Food - May	8,496.00
Total Community / Postal Carriers	8,496.00
Community Garden	
Food	71.00
Total Community Garden	71.00
Empty Bowls	
Monetary	5,000.00
Total Empty Bowls	5,000.00
Epic Rides - Wiskey Row	
Food	405.00
Monetary	6,000.00
Total Epic Rides - Wiskey Row	6,405.00
Indian Tribe	
Food	9,576.00
Total Indian Tribe	9,576.00
Schools	
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Total Schools	6,978.00



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Total Expense	2,713,998.52
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