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m Income Tax

venue Code (except private

may be made public

OMB No 1545-0047 2017

DLN: 93493319072498

Form 990	Return of Organization Exempt From
% j	Under section 501(c), 527, or 4947(a)(1) of the Internal Rev foundations)
Department of the Treasu Internal Revenue Service	Information about Form 990 and its instructions is at wi
A For the 2017 c	alendar year, or tax year beginning 07-01-2017 , and ending 06-
B Check if applicable ☐ Address change ☐ Name change	C Name of organization The Food Bank for Larimer County

		the Treasurue Service	I Information a	about Form 990 and its instructions is at <u>ww</u>	<u>w IRS gov</u>	<u>//form990</u>		in to Public ispection			
A F	or the	2017 ca	 alendar year, or tax year be	ginning 07-01-2017 , and ending 06-3	30-2018						
B Che	ck ıf ap	plicable	C Name of organization The Food Bank for Larimer Cour			D Employer id	lentificati	on number			
	ldress c ime cha	_	The result bank for Earning Soul	,		74-233617	1				
	ime cha itial reti	-	Doing business as								
		/terminated	Number and street (or D.O. hou	if mail is not delivered to street address) Room/s	ta	E Telephone nu	 ımber				
	nended plicatio	return n pending	5706 Wright Dr	in mains not delivered to street address/ Room/s	uite	(970) 493-	4477				
				country, and ZIP or foreign postal code							
			Loveland, CO 80538			G Gross receip	ts \$ 23,49	4,840			
			F Name and address of prin Amy Pezzani	cipal officer	H(a) I	s this a group returr					
			5706 Wright Dr			subordinates? Are all subordinates		☐Yes ☑No			
	x-exem	npt status	Loveland, CO 80538		┦ `´′	ncluded?		☐ Yes ☐No			
		<u> </u>		(insert no)	1	f "No," attach a list Group exemption nui		ructions)			
) W	ebsite	e: P ww	w foodbanklarımer org			Stoup exemption has	iibei P				
K Fori	m of org	ganızatıon	☑ Corporation ☐ Trust ☐	Association ☐ Other ►	L Year of	formation 1984 M	State of le	gal domicile CO			
Pa		Sumi	.	on or most significant activities							
e				ommunity partnerships and hunger relief pro	ograms O	ur vision is a hunger	-free Ları	mer County			
anc	=										
eII	-										
Governance				n discontinued its operations or disposed of rning body (Part VI, line 1a)			ts 3	12			
×	1		-	rs of the governing body (Part VI, line 1b)			4	12			
Activities &	1		·				5	53			
₹	6	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)									
AC	7a -	Total unr		7a	0						
	ь	Net unrel	ated business taxable income	from Form 990-T, line 34	. <u>.</u> .		7b	0			
						Prior Year		rrent Year			
ě	1		• , ,	e 1h)		21,330,290		23,053,483			
Ravenue	1	_	ent income (Part VIII, iini ent income (Part VIII, column (304,918 88,125	<u> </u>						
ď	1		venue (Part VIII, column (A), li	24,794		14,174					
	1			(must equal Part VIII, column (A), line 12)		21,748,127		23,443,795			
	13	Grants ar	nd sımılar amounts paıd (Part 1	(X, column (A), lines 1–3)		14,970,000		14,957,982			
	14	Benefits p	paid to or for members (Part I	0		C					
85	1	-	other compensation, employed	1,751,388		1,756,204					
Expenses	1 .		- , ,	column (A), line 11e)		212,254		74,250			
졄	1		aising expenses (Part IX, column (I Denses (Part IX, column (A), III	·· · · - · · - · · · · · · · · · · · · 		2,462,254		3,060,887			
	1		, , , , , , , , , , , , , , , , , , , ,	equal Part IX, column (A), line 25)		19,395,896		19,849,323			
	1	•	· ·	8 from line 12		2,352,231		3,594,472			
<u>γ</u> 8 8					Begin	nning of Current Year	E	nd of Year			
Net Assets or Fund Balances	30.	Tatal ass	ata (Baut V. Juna 16)			12 260 102		16 491 100			
ASS d B	1		ets (Part X, line 16)			13,369,193 2,899,963		16,481,190 2,394,554			
종등	1		s or fund balances Subtract li			10,469,230		14,086,636			
Pa	rt III		ature Block			· ,		· · ·			
				camined this return, including accompanying lete. Declaration of preparer (other than off							
	nowle			The Designation of property (other than on				- Preparer has			
		*****	*			2018-11-15					
Sign	1	Signati	ure of officer			Date					
Here	2		ezzanı Chief Executive Officer								
		17	r print name and title			1					
De:	4		rint/Type preparer's name lyle Fritch CPA		Date 2018-11-15		313374				
Paid	a pare	r F	ırm's name ► EIDE BAILLY LLP			self-employed Firm's EIN ► 45-025	0958				
	pare Onl	' " -	ırm's address ► 375 E HORSETOOT	Phone no (970) 223-							
	. UIII	· y	FORT COLLINS, CO	80525							
May t	he IRS	5 discuss	this return with the preparer s	shown above? (see instructions)			✓ Yes	□No			
For F	anery	vork Red	duction Act Notice, see the	separate instructions.	Cat	No. 11282Y	F	orm 990 (2017			

Form	990 (2017)						Page 2						
Par	t IIII Statement	of Program Servi	ce Accomplis	hments									
	Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III			. 🔽						
1	Briefly describe the o	rganızatıon's mıssıon											
То р	rovide food to all in nee	ed through community	partnerships an	d hunger relief program	s Our vision is a hunger-free Larime	er County							
2	Did the organization i	undertake any signific	ant program ser	vices during the year wh	nich were not listed on								
	the prior Form 990 or	r 990-EZ?				☑ Yes 🗌	No						
	•	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program											
3	Did the organization of		-										
	services?					☐ Yes 🗅	∐ No						
	If "Yes," describe the	se changes on Schedu	le O										
4	Section 501(c)(3) and		ons are required	to report the amount of	argest program services, as measur f grants and allocations to others, th								
4a	(Code) (Expenses \$	18,577,884	ıncludıng grants of \$	14,957,982) (Revenue \$	341,711)							
	See Additional Data												
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	_						
	-												
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)							
	-												
	-												
4d	Other program service	tes (Describe in Sched	ule O)										
	(Expenses \$,	luding grants of	\$) (Revenue \$)							
40	Total program serv	rice expenses ▶	18.577.8	84									

or X as applicable

Section 501(c)(3) organizations.

Yes

3

4

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Yes

Yes

Yes

Par	rt IV	
1	Is th Sche	

t IV	Checklist of Required Schedules		
			Γ
	ne organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete redule A 👲	1	
Is the	e organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 🕲	2	
Dıd t	the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates		П

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, Nο Nο

Nο

No

Nο

Nο

Nο

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

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Page 3

No

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Par	t IV Checklist of Required Schedules (continued)				
			Yes	No	-
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			
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	Yes		_
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	Yes		
23	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? <i>If "Yes," complete Schedule J</i>	23		No	
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 and complete Schedule K If "No," go to line 25a	24a		No	
h	Did the commentary investigation and provide a few comments have become a terrange way of comments and				

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b

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

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

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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 member

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

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

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 conservation

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

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

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔀

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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)?

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

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

complete Schedule L, Part I 🥞

instructions for applicable filing thresholds, conditions, and exceptions)

24c

No

Nο

Νo

Nο

Nο

No

No

Nο

Nο

Nο

Nο

Νo

No

Νo

24d

25a

25b

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27

28a

28b

28c

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35a

35b

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Yes

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Yes

Yes

orm	990 (2017)			Page
Par				
	Check if Schedule O contains a response or note to any line in this Part V	•	<u> </u>	Ш
	Enterthe growth and are Box 2 of Ferma 1000 Feter Out that are health		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	20		
C	If fes, to line 3a of 3b, did the organization line Form 8000-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	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 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	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	13a		
	Enter the amount of reserves on hand			
C				İ
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to lı	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12		163	110
	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 1b 12			
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?	2		No
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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	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 power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		N-
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	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?	10a		110
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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 or similar arrangement with a taxable entity during the year?	16a		No
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?			
C ~	ection C. Disclosure	16b		
	List the States with which a copy of this Form 990 is required to be filed▶			
18	CO 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			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19 20				

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 person										
Check this box if neither the organization no (A) Name and Title	(B) Average hours per week (list any hours	Position than on the second se	on (do one bo	(C o no ox, u n of or/t) t ch unle ficei rust	eck mess pers r and a ee)	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Nina Bodenhamer Chair	1 00	Х		×				0	0	0
(2) Nathan Klein Vice Chair	1 00	х		х				0	0	0
(3) Monica Serrano-Toy Secretary	1 00	Х		x				0	0	0
(4) Jacqueline Zipser Treasurer	1 00	×		×				0	0	0
(5) Lisa Clay Board Member	1 00	X						0	0	0
(6) Doug Dohn Board Member	1 00	Х						0	0	0
(7) Dr Greg Florant Board Member	1 00	Х						0	0	0
(8) Chris Hall Board Member	1 00	X						0	0	0
(9) Marilyn Schock Board Member	1 00	X						0	0	0
(10) Ken Severson Board Member	1 00	X						0	0	0
(11) Brittney Stephenson Board Member	1 00	Х						0	0	0
(12) Ty Fulcher Board Member	1 00	Х						0	0	0
(13) Amy Pezzanı Chief Executive Officer	40 00			х				110,322	0	10,658
						<u> </u>		<u> </u>		Form 990 (2017)

compensation from the organization ▶ 0

Part VII

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι in of	t che unles ficer	r and a	son	Repo compe fror organiz	D) ortable ensation m the ation (W-	(E) Reportable compensatio from relates organizations	I W-	compensation N- from the		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/109	/1099-MISC) 2/1099-MIS			organization and related organizations		
c ·	Total from continuation sheets to P	 art VII, Sectio 		•			*			110,322		0		10,658	
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos					rec		· I	00,000	<u> </u>		10,030	
													Yes	No	
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> 2								-		employee on	3		No	
4	For any individual listed on line 1a, is organization and related organization individual										the				
5	Did any person listed on line 1a receiver services rendered to the organization											5		No No	
Se	ection B. Independent Contract	ors					•					3		110	
1	Complete this table for your five high from the organization Report compe	est compensate										mpen	sation		
		(A) and business addre		,							(B) ription of services		(C) Compensation		

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part \		I Statement of	Revenue									rage 9
				a respo	onse or note to any	y line in thi	s Part VII	Ι				🗆
				•		(A Total re)	Rela exe fun	B) ted or empt ction	(C Unrel busır reve	ated ness	(D) Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a	87,832			rev	enue			512-514
nts nts		b Membership dues		1b	,							
irai 10 u		Fundraising events		1c	262,660							
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizatio		1d								
ig je		e Government grants (co			274 597							
S, E		F All other contributions,		1e	374,587							
ion S	1	and similar amounts n		1f	22,328,404							
but the	١,	above Noncash contribution	one included		· · ·							
ËĢ	'	in lines 1a-1f \$		16,0	146,15 <u>5</u>							
Cont and	h	Total.Add lines 1a-1	.f		•	23,0	53,483					
<u>ı</u>					Busines		<u> </u>					
	2 a	Shared Maintenance Fee	es			624200	2	91,067	29	1,067		
Program Service Revenue	ь											
<u>د</u>	c			_								
<u>\$</u>	d			_								
Ē	e	_		_				50,644	5	0,644		
ogra	f	All other program se	rvice revenue	<u> </u>		241 711		30,044		0,044		
Ě	g	Total. Add lines 2a-2f	f	. 1	>	341,711						
		Investment income (ii			nterest, and other		14,11	9				14,119
		imilar amounts) . Income from investm			and proceeds	>	17,11	1				14,115
		Royalties				<u> </u>						
		,	(ı) Rea		(II) Personal	<u> </u>		+				
	6a	Gross rents										
		Less rental expenses				4						
	U	Less Terreal expenses										
	c	Rental income or (loss)				7						
	d	Net rental income o	r (loss)			\dashv						
		. Nee remainmedine o	(ı) Securit		(II) Other	1						
	7a	Gross amount from sales of assets other than inventory	(7,000	20,308	(4) 63.16.							
	b	Less cost or other basis and sales expenses		0								
		Gain or (loss)		20,308								
		Net gain or (loss)			<u> </u>		20,30	8				20,308
Other Revenue	ъa	Gross income from fi (not including \$ contributions reporte See Part IV, line 18	262,660 ed on line 1c)	of	65,21 ⁻	9						
Re	b	Less direct expense	s	ь	51,04	5						
ler		Net income or (loss)			ents 🕨		14,17	4				14,174
₹	9a	Gross income from g See Part IV, line 19		ies								
				a								
	b	Less direct expense	s	ь								
		Net income or (loss)		activiti	les >							
	10a	aGross sales of invent returns and allowand	cory, less	a								
	b	Less cost of goods s	sold	ь								
	С	Net income or (loss)		invent								
		Miscellaneous	Revenue		Business Code	4						
	11	a										
	b	•										
	C											
		All other revenue .										
	е	Total. Add lines 11a	-11d		•							
	12	Total revenue. See	Instructions				23,443,79	5	341,71	1	C	48.601
							, , , ,	1	2,2,71	1		48,601 Form 990 (2017)

Forr	m 990 (2017)				Page 10
	rt IX Statement of Functional Expenses				
Sect	tion $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	-	•	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> ⊔</u> !
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,094,415	2,094,415		
2	Grants and other assistance to domestic individuals See Part IV, line 22	12,863,567	12,863,567		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	152,062		38,015	114,047
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	1,282,861	888,620	156,504	237,737
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	17,309	8,598	5,020	3,691
9	Other employee benefits	196,973	151,536	16,334	29,103
10	Payroll taxes	106,999	66,005	14,707	26,287
11	Fees for services (non-employees)				
ē	a Management				
ŀ	b Legal				
(c Accounting	20,600		20,600	
ſ	d Lobbying				
€	e Professional fundraising services See Part IV, line 17	74,250			74,250
	f Investment management fees	2,530		2,530	
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	243,145	91,152	40,893	111,100
	Advertising and promotion	15,659			15,659
	Office expenses	148,643	13,281	35,236	<u> </u>
	Information technology	85,871	57,652	8,008	20,211
	Royalties		57.710		
	Occupancy	65,780	57,710	2,861	5,209
	Travel	93,128	75,381	9,805	7,942
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
	Interest	49,781		49,781	
	Payments to affiliates				12.125
	Depreciation, depletion, and amortization	262,113	230,652	18,355	<u> </u>
	Insurance	38,426	18,704	19,336	386
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 Purchased Food and Dist	1,796,762	1,793,931	2,831	
	b Program Supplies	123,242	119,588	1,055	2,599

21,287

93,920

19,849,323

20,556

26,536

18,577,884

24,524

466,395

731

42,860

805,044

Form **990** (2017)

c Volunteer Expenses

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

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)

d

19

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21

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32

33

34

1.807.191

2,394,554

12,776,343

1,225,727

14,086,636

16.481.190

Form **990** (2017)

84.566

2.660.470

2,899,963

8.005.929

2,378,735

10,469,230

13.369.193

84.566

Page **11**

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

Deferred revenue .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

20

21

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33

34

Liabilities 22

Fund Balances

Assets or

Net

		beginning or year		End of year
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	1,426,921	2	913,586
2	Diadace and grants received to not	2 201 1/10	1	1 122 072

1,132,973 3 Pledges and grants receivable, net . . 95.971 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5

100,473 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Assets Notes and loans receivable, net . Inventories for sale or use . 370,690 8 Prepaid expenses and deferred charges 9

788.734 5.087 10a Land, buildings, and equipment cost or other 14,922,396 10a basis Complete Part VI of Schedule D

Ь	Less accumulated depreciation	10 b	2,952,000	7,877,099	10 c	11,970,396
11	Investments—publicly traded securities .			631,307	11	670,434
12	Investments—other securities See Part IV, line	11 .		501,049	12	702,994
13	,				13	
14	Intangible assets				14	
15	Other assets See Part IV, line 11			185,008	15	196,513
16	Total assets.Add lines 1 through 15 (must equa	al line	34)	13,369,193	16	16,481,190
17	Accounts payable and accrued expenses	•		239,493	17	587,363
18	Grants payable				18	

5	Net unrealized gains (losses) on investments	5	22,934
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 14,086,636

Part XII **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII . . . Yes

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

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

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

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both Separate basis

Audit Act and OMB Circular A-133?

Schedule O

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

No

No

No

Form 990 (2017)

2a

2b

2c

3a

3b

Yes

Yes

Additional Data

Software ID:

Software Version:

EIN: 74-2336171

Name: The Food Bank for Larimer County

Form 990 (2017)

Form 990, Part III, Line 4a:

Fresh Food Share (formerly Food Share) Our Fresh Food Share program is one of the nation's largest, client-choice, fresh food pantries. We have locations in Fort Collins and Loveland. Fresh Food Share distributes fruits, vegetables, bread, meat and dairy to an average 15,000 residents each month. Individuals qualify for Food Share based on residency and gross monthly income. Our goal is to provide each person with enough food for at least one meal per day each month. We served 6,195,849 meals to 33,937 individuals representing 14,394 households during the year. Nutritious Kitchen (formerly Community Kitchen). Our Nutritious Kitchen provides meals and savariety of sites serving vulnerable child and senior populations. Our Child Nutrition programs include Kids Cafe and Kids Link. Kids Cafe provides nutritious meals and snacks after school and during the summer at sites throughout Larimer County. Through Kids Cafe, we served 48,714 meals and 68,465 snacks to eligible school-aged.

snacks after school and during the summer at sites throughout Larimer County. Through Kids Cafe, we served 48,714 meals and 68,465 snacks to eligible school-aged children. In partnership with the Junior League of Fort Collins, Kids Link supplies packaged snacks to qualifying schools to assist children who display signs of hunger. In partnership with the Junior League of Fort Collins, Kids Link provided 177,745 healthy, individually packaged snacks to all qualifying schools in Poudre and Thompson School Districts. Our Senior Nutrition program provides meals for Volunteers of America congregate senior meal sites. In partnership with VOA, the program provided 22,705 meals for seniors. Nourishing Network (formerly Food Link). Nourishing Network provides food to over 100 non-profit organization programs to distribute to their clients in need. These programs include food pantries, kitchens, shelters, and snack programs that serve low-income populations. Each year, we save our partner agencies over \$2 million on food costs. This program distributed 957,305 meals through our partner agencies to those in need.

efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493319072498
SC	H ED m 99	ULE A		Public (Charity Staturganization is a sect	ion 501(c)(3) o mpt charitable	organization or trust.	ort	2017
	ŕ	f the Treasury	▶ Infe	ormation abou	► Attach to Form it Schedule A (Form	990 or 990-EZ		ections is at	Open to Public Inspection
Nam	e of th	nue Service he organiza			<u>www.irs.g</u>	ov/form990.		Employer identific	
The F	ood Ban	nk for Larımer (County					74-2336171	
	rt I				us (All organization			See instructions.	
	rganız —		•		it is (For lines 1 thro	5 ,	,		
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperat	ive hospital serv	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4			esearch orga and state _	nızatıon operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6	Ш	•	•	_	governmental unit de				
7	\checkmark	_		mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust desc	ribed in section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	its éxempt fur unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (le implete Part III)	tain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se d	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally i		and C. supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	ally integrate The organizatio	d. A supporting organi n generally must satis	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon recei	t IV, Sections A and red a written determin	nation from the II		pe I, Type II, Type II	I functionally
f	Enter			ion-functionally I organizations	integrated supporting	organization			
g				-	ipported organization(<i>c)</i>			
		Name of support	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organic in your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota	I							 Schedule A (Form 9	

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

	III. If the organization fa	alls to quality un	der the tests list	ed below, pleas	e complete Part	: 111.)		
5	Section A. Public Support		1					
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	017	(f) Total
1	Gifts, grants, contributions, and	+	+	+				
-	membership fees received (Do not	18,894,326	19,135,008	19,111,489	21,330,290	23	,053,483	101,524,596
	include any "unusual grant ")							
2	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
	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	18,894,326	19,135,008	19,111,489	21,330,290	23	,053,483	101,524,596
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly supported organization) included on							1,214,392
	line 1 that exceeds 2% of the							1,214,332
	amount shown on line 11, column							
	(f)							
5	Public support. Subtract line 5							100,310,204
_	from line 4							
_	Section B. Total Support Calendar year				T			
	(or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e) 20	017	(f) ⊤otal
7		18,894,326	19,135,008	19,111,489	21,330,290	23	,053,483	101,524,596
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	51,293	50,859	57,097	30,914		14,119	204,282
	and income from similar sources							
9	Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried on							
	,							
10								
	or loss from the sale of capital							
11	assets (Explain in Part VI) Total support. Add lines 7 through							
	10							101,728,878
12	Gross receipts from related activities,	etc (see instructio	ns)	•	'	12	·	1,743,726
	First five years. If the Form 990 is fo			rd fourth or fifth	tay year as a sect	tion 501/	-)(3) orga	
	-	-			•	•		in Lacion,
_	check this box and stop here			<u> </u>				
	Public support percentage for 2017 (III			-l (f)		T T		
				oluliin (1))		14		98 610 %
	Public support percentage for 2016 Sc				44 - 22 - 1124	15	1 .1 .	98 550 %
	33 1/3% support test—2017. If the				e 14 is 33 1/3% or	more, cr	ieck this b	
	and stop here. The organization qual							▶ ☑
Ŀ	33 1/3% support test—2016. If th	ie organization did	not check a box or	n line 13 or 16a, a	nd line 15 is 33 1,	/3% or m	ore, check	this
	box and stop here. The organization							▶ □
17a	10%-facts-and-circumstances test							
	is 10% or more, and if the organizatio							
	in Part VI how the organization meets	tne "facts-and-circ	umstances" test	ine organization o	juaiiries as a publi	cıy suppo	rted	. —
	organization							▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz						d line	
	13 IS 1070 OF MOTE, and If the organiz	zauon meets the T	acis-anu-circumsti	ances test, check	uns pox and sto	, nere.		

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	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						
12	regularly carried on Other income Do not include gain or						
12	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 for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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	İ	
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)			
	in section 309(a)(1) or (2)	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	İ	
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		

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			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

				3.
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın 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		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	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)? 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	4c	$\overline{}$	
	to the foleigh supported organization has used exclusively for section 175(e)(2)(b) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b 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		
С	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)? 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	4c		
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		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

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 I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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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.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	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		
b	A family member of a person described in (a) above?	11b		
	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		
	ection B. Type I Supporting 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		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 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		
S	ection D. All Type III Supporting Organizations			
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		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		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below 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		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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	2b		
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? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Additional Data

Software ID: Software Version:

EIN: 74-2336171

Name: The Food Bank for Larimer County

Page 8

Schedule A (Form 990 or 990-EZ) 2017	Page
	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part III, line 12, Part III, line 12, Part III, line 12, Part III, line 12, Part III, line 12, Part III, line 12, Part III, line 12, Part III, line 12, Part III, line 12, Part III, line 12, Part III, line 12, Part III, line 12, Part III, line 12, Part III, line 13, Part III, line 14, Part III, line 15, Part III, line 16, Part III, line 17, Part III, line 17, Part III, line 17, Part III, line 17, Part III, line 18, Part III, line 19, P	
	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C,	

tion C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V

Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information instructions)	(See
Facts And Circumstances Test	

SCHEDULE D Supplemental Fina

(Form 990)

Department of the Treasury

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.

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11t, 12a, or 12b.

► Attach to Form 990.

• Shout Schodule D (Form 990) and its instructions is at www.irc.gov/form990.

OMB No 1545-0047
2017

DLN: 93493319072498

Open to Public

Na he	me of the organization Food Bank for Larimer County				Em	ployer identification number
						2336171
'n	Organizations Maintaining Donor Advi				r Acc	counts.
	Complete if the organization answered "Ye	(a) Donor a				(b)Funds and other accounts
	Total number at end of year	(a) Donor a	uvi	seu iulius		(b) unds and other accounts
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor	L		ata baldun danas ad	l.unn.d	funda ara tha
	organization's property, subject to the organization's ex		a > >	ets field ill dollor ad	viseu	Yes No
	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor					
	private benefit?	or donor advisor, or	101	any other purpose t	Joineil	Yes No
a	rt II Conservation Easements. Complete if the	ne organization ans	we	red "Yes" on Forr	n 990	
	Purpose(s) of conservation easements held by the orga					
	Preservation of land for public use (e.g., recreation	· .	<u> </u>		histor	rically important land area
	Protection of natural habitat	Γ	_			ed historic structure
			_	rieservacion or a c	.erune	a mistoric structure
	☐ Preservation of open space				_	
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation	n co	ntribution in the for	m of a	a conservation Held at the End of the Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified historic	ic structure included i	n (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register					
	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguis	shed	d, or terminated by	the or	ganization during the
	Number of states where property subject to conservation	on easement is located	d ►			_
	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		g, ır	spection, handling	of viol	ations,
	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of viol	atio	ns, and enforcing co	onserv	ation easements during the year
	Amount of expenses incurred in monitoring, inspecting,	handling of violations		nd enforcing conser	vation	easements during the year
	► \$	manaming of violations	, a	id emoreing conser	vacion	easements during the year
	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^{2}$	above satisfy the rec	uir	ements of section 1	70(h)((4)(B)(ı) ☐ Yes ☐ N o
	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organ				
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical			er Si	milar Assets.
a	If the organization elected, as permitted under SFAS 11				itemer	 nt and balance sheet works of
u	art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, edu	ıcat	ion, or research in f		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
((i) Revenue included on Form 990, Part VIII, line 1					▶ \$
	ii)Assets included in Form 990, Part X					▶ \$
ζ,		cal treasures or otho	rc	milar accets for fina	ncial c	·
	If the organization received or held works of art, histori	car creasures, or othe	. 511	imai assets iti illid	nciai G	ani, provide tile

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$

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

d Equipment . .

Jene	dule D (1 01111 330) 2017					Page Z
Par	t IIII Organizations Maintaining Col	ections of Art, H	istorical Treas	sures, or Other	Similar Assets (d	continued)
3	Using the organization's acquisition, accession items (check all that apply)	, and other records,	•	following that are a	significant use of its	collection
а	Public exhibition		d 🗌 Loa	n or exchange prog	rams	
b	Scholarly research		e 🗌 Oth	er		
С	Preservation for future generations					
4	Provide a description of the organization's coll Part XIII	ections and explain h	now they further t	he organization's ex	empt purpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to				ılar 🔲 Y e	s 🗆 No
Par	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990, Part IV,	line 9, or reporte	d an amount on F	Form 990, Part
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	an or other intermedi	ary for contribution	ons or other assets i	not 🗌 Ye	s 🗆 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table		Amount	
C	Beginning balance			1c		
d	Additions during the year			1d		
e	Distributions during the year			1e		
f	Ending balance					
2a	Did the organization include an amount on Fo	rm 990, Part X, line i	21, for escrow or o	custodial account lia	ibility?	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has bee	n provided in Part)	(III	. \square
Pa	rt V Endowment Funds. Complete if	the organization a	nswered "Yes"	on Form 990, Par	t IV, line 10.	
		(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	185,008	158,590	· ·	154,515	131,820
b	Contributions		11,020			6,065
С	Net investment earnings, gains, and losses	14,035	17,569	3,044	4,913	18,416
d	Grants or scholarships					
	Other expenditures for facilities and programs					
f	Administrative expenses	2,530	2,171	1,931	1,951	1,786
g	End of year balance	196,513	185,008	158,590	157,477	154,515
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column (a)) held as		
а	Board designated or quasi-endowment >	29 300 %				
b	Permanent endowment ► 43 000 %					
С	Temporarily restricted endowment ► 27.7	00 %				
	The percentages on lines 2a, 2b, and 2c should	d equal 100%				
3а	Are there endowment funds not in the posses organization by	sion of the organizat	on that are held a	and administered for	r the	Yes No
	(i) unrelated organizations				38	a(i) Yes
	(ii) related organizations				За	n(ii) No
	If "Yes" on 3a(II), are the related organization	· ·			3	3b
4	Describe in Part XIII the intended uses of the		ment funds			
Pai	t VI Land, Buildings, and Equipmer Complete if the organization answ	ered "Yes" on For				
	Description of property (a) Cost or oth (investme		or other basıs (other	(c) Accumulated d	epreciation (d) Book value
1a	Land		890,00	0		890,000
h	Buildings		11,773,28	7	1,226,815	10,546,472

530,184

976,199

752,726

129,984

144,271

259,669

11,970,396

400,200

831,928

493,057

	See Form 990, Part X, line 12.	anızat					
	(a) Description of security or category (including name of security)		(b) Book value	C		od of valuation -year market value	
	al derivatives						
2) Closely- 3)Other	held equity interests	<u>·</u>					
4)							
3)							
E)							
))							
≣)							
:)							
5)							
٦)							
otal. (Colum	in (b) must equal Form 990, Part X, col (B) line 12)	•					
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90, P	art IV, lı	ne 11c. See	Form 990,	Part X, line 13.	
			ok value		(c) Metho	od of valuation -year market value	
L)					USE OF ENU-OF	real market value	
2)							
3)							
4)							
5)							
5)							
7)							
8)							
9)							
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)						
otal. (Colum Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX		on Forr	n 990, Pa	rt IV, line 11d	i See Form 9	990, Part X, line 15 (b) Book	value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX 1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3)	Other Assets. Complete if the organization answered 'Yes' of	on For	n 990, Pa	rt IV, line 11d	1 See Form 9		value
2) 3) (1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (5) (5) (5) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered 'Yes' (a) Description		n 990, Pa		See Form 9		value
Part IX 2) 3) 4) 5) 7) otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes' (a) Description					(b) Book	value
Part IX 22) 33) 4) 55) 77) otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description		es' on Fo			(b) Book	value
Part IX (2) (3) (3) (3) (4) (5) (5) (7) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) b) part X Part X .) Federal (Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) Part X - .) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (2) (3) (4) (5) (5) (7) (7) (8) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) Part X 1) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) 6) 9) otal. (Columnation of the columnation of the col	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (2) (3) (3) (4) (5) (5) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (2) (3) (4) (5) (7) (6) (7) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 1) 2) 3) 4) 5) 7) otal. (Colu Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 1) 2) 3) 4) 5) otal. (Colu Part X 1) Federal 1 2) 3) 7)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value

Schedule D (Form 990) 2017

Part XI

2

3

4

b

c

Part XII

5

1

2

3

b

Page 4

23,464,199

22,934

2,530

23,443,795

19,846,793

19,846,793

Schedule D (Form 990) 2017

23,441,265

	,,
а	Net unrealized gains (losses) on investments
b	Donated services and use of facilities
С	Recoveries of prior year grants
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
	Subtract line 2e from line 1

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Other (Describe in Part XIII)

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII) . .

Subtract line 2e from line 1

Add lines 2a through 2d .

Prior year adjustments

Amounts included on line 1 but not on Form 990, Part VIII, line 12

2c Amounts included on Form 990, Part VIII, line 12, but not on line 1

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2a

2b

2a 2b

2c

2d

4a

4b

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2d 4b

	Ze
	3
0	
	4c
	5

2e

3

2,530

22.934

Add lines **4a** and **4b** 4c 2,530 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 19.849.323 Supplemental Information

5 Part XIII

Total expenses and losses per audited financial statements

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference Explanation

See Additional Data Table

Page 5	Chedule D (Form 990) 2017 Part XIII Supplemental Information (continued)		
	Explanation	Return Reference	

Schedule D (Form 990) 2017

Additional Data

Software Version:	
EIN:	74-2336171
Name:	The Food Bank for Larımer County

Supplemental Information

Return Reference Explanation

Part V, Line 4 The organization intends to use the portion of the endowment funds held by the Community F oundation that are available for withdrawal for capital needs, as they arise

Software ID:

Supplemental Information	
Return Reference	Explanation
	FBLC has been recognized by the Internal Revenue Service (IRS) as exempt from federal inco me taxes under Section 501(a)(1) of the Internal Revenue Code as an organization in Sectio n 501(c)(3), qualifies for the charitable contribution deduction under Section 170(b)(1)(A)(vi), and has been determined not to be a private foundation under Section 509(a)(1) FBL C is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS In addition, FBLC is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purpose FBLC has determined it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return for fiscal year 2018 and 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

OMB No 1545-0047

Inspection

DLN: 93493319072498

Open to Public

Employer identification number Name of the organization The Food Bank for Larimer County 74-2336171 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Solicitation of non-government grants ✓ Mail solicitations ✓ Internet and email solicitations ✓ Solicitation of government grants Phone solicitations Special fundraising events ✓ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Feasibility CCS Fundraising Study/Cantial

CCS Fundraising 100 Montgomery St Suite 2270	Study/Captial Campaign Services	No	0	74,250	-74,250
San Francisco, CA 94104					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total		>		74,250	-74,250
3 List all states in which the org	ganization is registered or l	icensed to sol	icit contributions or has b	een notified it is exempt f	rom registration or

CO

Part II

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **Empty Bowls Loveland Events** (add col (a) through (total number) (event type) (event type) col (c)) Revenue 184,580 1 Gross receipts. 74,818 68,481 327,879 2 Less Contributions. 45,930 32,150 184,580 262,660 3 Gross income (line 1 minus 28,888 line 2) 36,331 65,219 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 8,410 15,000 23,410 7 Food and beverages 1,000 1,000 8 Entertainment 100 100 Other direct expenses 4,166 6,660 15,709 26,535 10 Direct expense summary Add lines 4 through 9 in column (d) 51,045 11 Net income summary Subtract line 10 from line 3, column (d) . 14,174 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes 6 Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page 3
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entit g?	Y	□Yes	□No	
13	Indicate the percentage of gaming acti	vity conducted in				
а	The organization's facility		13	а		%
b	An outside facility		13	ь		%
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s		
	Name ►					
	Address •					
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No	
b		evenue received by the organization > \$ at the third party > \$	and the			
c	If "Yes," enter name and address of the	e third party				
	Name ►					
	Address ►					
16	Gaming manager information					
	Name ▶					
	Gaming manager compensation ▶ \$					
	Description of services provided ►					
	☐ Director/officer	☐ Employee ☐ Independent contractor				
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to)	□Yes	Пио	
b	Enter the amount of distributions requing the organization's own exempt activities.	red under state law distributed to other exempt organizations or spaces ties during the tax year \$	pent	63		
Pai		n. Provide the explanations required by Part I, line 2b, coloc, 16, and 17b, as applicable. Also provide any additional				s).
	Return Reference	Explanation				

Schedule G (Form 990 or 990-EZ) 2017

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.	OMB No 1545-0047 2017
Department of the Treasury Internal Revenue Service Teasury Treasury Internal Revenue Service	Open to Public Inspection
	r identification number
74-2336 Part I General Information on Grants and Assistance	5171
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	✓ Yes □ No
that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (if applicable) (d) Amount of cash grant (e) Amount of non-cash cash (book, FMV, appraisal, other) (g) Description of the control of the	
(1) See Additional Data	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	58 0 Schedule I (Form 990) 2017

Page 2

Schedule I (Form 990) 2017

(2) Mobile Pantries 3641 382,609 FMV (3) Clinic Pantry 3866 261,936 FMV Distribution of food and household products

(3) (4)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Schedule I (Form 990) 2017

Part III can be duplicated if additional space is needed

Part III

(5) (6)

(7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

Explanation

Part I, Line 2 The grants are given to partner agencies to acquire food directly from the Food Bank for Larimer County to use in the BackPack program. The amount of the grant is credited to the organization's account with the food bank, allowing the partner agency to acquire shelf stable food, at our cost, for low income student BackPacks, up to the amount of the grant

Additional Data

Alternatives To Violence

Loveland, CO 80537

Community Kitchen

Loveland, CO 80539

541 E 8th St

PO Box 3033

84-0886127

84-1539998

Software ID: **Software Version:**

EIN: 74-2336171

Name: The Food Bank for Larimer County

Form 990,5chedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	

organization	, ,	if applicable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

or government		assistance	other)

501(c)(3)

501(c)(3)

(g) Description of

8,889 \$1 73 per pound, from

8,935 \$1 73 per pound, from

Feeding America annual

product valuation study

Feeding America annual

product valuation study

non-cash assistance or assistance

(h) Purpose of grant

Provide food and

clients in need

household goods to

Food and household products

Food and household products

Provide food and household goods to clients in need

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 74-2465229 501(c)(3) 116,890 \$1 73 per pound, from Food and household products Provide food and Crossroads Ministry Feeding America annual 851 Dry Gulch Rd household goods to Estes Park, CO 80517 product valuation study clients in need

44,283 \$1 73 per pound, from

Feeding America annual

product valuation study

Food and household products

Provide food and

clients in need

household goods to

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Crossroads Safehouse

Fort Collins, CO 80522

PO Box 993

84-0786145

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Eden Valley Institute 84-0581955 501(c)(3) 76,242 \$1 73 per pound, from Food and household products Provide food and Feeding America annual household goods to clients in need

Feeding America annual

product valuation study

household goods to

clients in need

9325 World Mission Dr Loveland, CO 80538 product valuation study 501(c)(3) 13,945 \$1 73 per pound, from Food and household products Provide food and

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Elderhaus 84-0833808 6813 S College Ave

Fort Collins, CO 80525

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Foothills Gateway Residential 23-7019672 501(c)(3) 8,198 \$1 73 per pound, from Food and household products Provide food and ehold goods to

clients in need

Lakeview 301 Skyway Dr Fort Collins, CO 80525				Feeding America annual product valuation study		househ clients
Harvest Farm	84-6038762	501(c)(3)	65.810	\$1.73 per pound from	Food and household products	Drovida

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Wellington, CO 80549

s in need Provide food and 201(6)(2)1 4240 East CR 66 Feeding America annual household goods to

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Fort Collins Rescue Mission 84-6038762 501(c)(3) 36,783 \$1 73 per pound, from Food and household products Provide food and Feeding America annual household goods to

clients in need

316 Jefferson St Fort Collins, CO 80524 product valuation study

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Fort Collins, CO 80537

clients in need House of Neighborly Services 84-0568546 501(c)(3) 145,737 \$1 73 per pound, from Food and household products Provide food and 400 Reminaton St 100 Feeding America annual household goods to

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Northern CO Health Network 400 Remington St 100	84-0961159	501(c)(3)	3,049	,	\$1 73 per pound, from Feeding America annual	1	Cash is for capacity building, Provide food
Fort Collins, CO 80524					product valuation study	1	and household goods to clients in need

clients in need

Fort Collins, CO 80524 product valuation study product valuation study and household good clients in need

Saint John's Lutheran Church 84-0450786 501(c)(3) 6,569 \$1.73 per pound, from Feeding America annual Feeding America annual household goods to

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Fort Collins, CO 80524

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Salvation Army Fort Collins 94-1156347 501(c)(3) 17,814 \$1 73 per pound, from Food and household products Provide food and Feeding America annual household goods to

clients in need

3901 S Mason Fort Collins, CO 80522 product valuation study

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Loveland, CO 80537

clients in need Salvation Army Loveland 94-1156347 501(c)(3) 88,109 \$1 73 per pound, from Food and household products Provide food and 840 N Lincoln Ave Suite 101 Feeding America annual household goods to

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Seventh Day Adventist 52-0643036 501(c)(3) 88,109 \$1 73 per pound, from Food and household products Provide food and ods to

Feeding America annual

product valuation study

household goods to

clients in need

Loveland 950 N Cleveland Ave Loveland, CO 80537				Feeding America annual product valuation study		household goods to clients in need
The Family CenterLa Familia	84-1318219	501(c)(3)	29,109	\$1 73 per pound, from	Food and household products	Provide food and

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

309 Hickory Street Fort Collins, CO 80524

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 04 6000064 E04/ \/3\ 06 000 44 70 Frank and barrackeld analysis vide food and sehold goods to nts in need

household goods to

clients in need

Zion Lutheran Church	84-6033364	DOT(C)(3)	90,809	1\$1 /3 per pound, from	Food and Household products	Provide food and
8445 3rd Street				Feeding America annual		household goods to
Wellington, CO 80549				product valuation study		clients in need
Bovs & Girls Club Wellington	74-2425914	501(c)(3)	5,398	\$1 73 per pound, from	Food and household products	Provide food and

Doys a Giris Club Wellington /4-2423914 201(C)(2) 5,396|\$1 /3 per pound, nom Feeding America annual 3815 W HARRISON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Wellington, CO 80549

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Bovs & Girls Club Fort Collins 74-2425915 501(c)(3) 5,280 \$1 73 per pound, from Food and household products Provide food and Feeding America annual household goods to clients in need

Feeding America annual

product valuation study

household goods to

clients in need

1608 LANCER DRIVE Fort Collins, CO 80525 product valuation study 1,069 \$1 73 per pound, from Food and household products Provide food and

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Boys & Girls Club Loveland 74-2425916 501(c)(3) 2500 F 1st Street

Loveland, CO 80537

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Boys & Girls Club West 74-2425917 501(c)(3) 4,816 \$1 73 per pound, from Food and household products Provide food and Feeding America annual Loveland household goods to product valuation study clients in need

743 Jocelyn Drive Loveland, CO 80537 Catholic Charities - Hospitality 53-0196617 501(c)(3) 108,132 \$1 73 per pound, from Food and household products

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Fort Collins, CO 80524

Provide food and Kıtchen Feeding America annual household goods to 460 Linden Center Dr. product valuation study clients in need

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Summitstone - Choice House 84-1512383 501(c)(3) 10,493 \$1 73 per pound, from Food and household products Provide food and

Feeding America annual 214 South Whitcomb household goods to Fort Collins, CO 80521 product valuation study clients in need Summitstone - Spirit Crossing 84-1512383 Food and household products

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3) Clubhouse

125 Crestridge St

Fort Collins, CO 80525

10,294 \$1 73 per pound, from Provide food and Feeding America annual household acods to

product valuation study

clients in need

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 84-1512383 501(c)(3) 7,911 \$1 73 per pound, from Food and household products Provide food and Summitstone - AIIM Program Feeding America annual 2555 Midpoint Drive Suite A household goods to

Feeding America annual

product valuation study

168 \$1 73 per pound, from

clients in need

clients in need

Provide food and

household goods to

Food and household products

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Fort Collins, CO 80521

Fort Collins, CO 80521

525 W Oak St

Summitstone Health Partners

84-1512383

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Communitations Dans Communication 04 1513303 E01/-1/21 3 376 ¢1 73 per pound from Food and household products Provide food and

Summitstone Peer Specialists	04-1312303	301(C)(3)	3,3/6	\$1 /3 per pound, nom	I ood and nousehold products	Provide 1000 and
525 W Oak St				Feeding America annual		household goods to
Fort Collins, CO 80521				product valuation study		clients in need
Summitstone Child and Family	84-1512383	501(c)(3)	1 175	\$1.73 per pound from	Food and household products	Provide food and

301(0)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Fort Collins, CO 80521

Feeding America annual household goods to - Brist

525 W Oak St product valuation study clients in need

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Summitstone Child and Family 84-1512383 501(c)(3) 2,545 \$1 73 per pound, from Food and household products Provide food and Feeding America annual - Orch household goods to product valuation study clients in need

525 W Oak St Fort Collins, CO 80521 Summitstone Child and Family 84-1512383 501(c)(3) 796 \$1 73 per pound, from Food and household products

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Provide food and Feeding America annual household goods to 525 W Oak St product valuation study clients in need

- Blda

Fort Collins, CO 80521

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Summitstone Health Partners -84-1512383 501(c)(3) 2,739 \$1 73 per pound, from Food and household products Provide food and ds to

Adult 525 W Oak St Fort Collins, CO 80521				Feeding America annual product valuation study		household goods clients in need
Childsafe	31-1581377	501(c)(3)	5,844	\$1 73 per pound, from	Food and household products	Provide food and

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Fort Collins, CO 80521

525 W Oak St Feeding America annual household goods to

product valuation study

clients in need

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 84-0125798 501(c)(3) 25,992 \$1 73 per pound, from Food and household products Provide food and Serve 68 Vinevard Resource Feeding America annual Center household goods to 1239 F Drake Rd product valuation study clients in need

clients in need

Fort Collins, CO 80525 44-0552034 501(c)(3) 8,439 \$1 73 per pound, from Food and household products Provide food and Hope Springs Community Feeding America annual household goods to

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Church 1020 S Lincoln Suite 5

Loveland, CO 80537

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 74-2177138 501(c)(3) 16.887 \$1 73 per pound, from Food and household products Provide food and Myrtle House - Housing

Feeding America annual

product valuation study

household goods to

clients in need

Catalyst 811 E Myrtle Fort Collins, CO 80524			·	Feeding America annual product valuation study		household goods to clients in need
Calvary Baptist Temple	!	501(c)(3)	25,870	\$1 73 per pound, from	Food and household products	Provide food and

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2420 LaPorte Avenue Fort Collins, CO 80521

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government other) assistance 20-2894339 501(c)(3) 13,933 \$1 73 per pound, from Food and household products Provide food and The Matthews House 415 Mason Court 1 Feeding America annual household goods to product valuation study clients in need Cash is for acquisition

backpacks, Provide food and household goods to clients in need

Fort Collins, CO 80524 Loveland Rotary - KidsPak 84-6058583 501(c)(3) 31.125 114,197 \$1 73 per pound, from Food and household products Feeding America annual and distribution of

3477 Rhea Dr Loveland, CO 80537

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 74-2259906 501(c)(3) 66,917 \$1 73 per pound, from Food and household products Provide food and Feeding America annual household goods to

Feeding America annual

product valuation study

household goods to

clients in need

Junior League of Fort Collins PO Box 271803 Fort Collins, CO 80527 product valuation study clients in need 95-1684062 501(c)(3) 20,654 \$1 73 per pound, from Food and household products Provide food and

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Iglesia Vida Abundante

1201 N College Fort Collins, CO 80524

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 04 4000574 E04/ \/3\ 2 267 E0 220 44 72 Frank and bases bald and distant

|Feeding America annual

product valuation study

household goods to

clients in need

Loveland Vineyard Community	84-13295/1	501(c)(3)	3,06/	58,220	\$1 /3 per pound, from	Food and nousehold products	Cash is for capacity
Church					Feeding America annual		building, Provide food
900 Josephine Ct					product valuation study		and household goods to
Loveland, CO 80537							clients in need
The Lighthouse Sober Living	90-0616303	501(c)(3)		61,138	\$1 73 per pound, from	Food and household products	Provide food and

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

House

709 Wagner Drive

Fort Collins, CO 80521

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 35-2157800 501(c)(3) 20,363 \$1 73 per pound, from Food and household products Provide food and Fort Collins Mennonite Feeding America annual Fellowship - FFH household goods to product valuation study clients in need

300 F Oak Street Fort Collins, CO 80524

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

27-4641606 501(c)(3) 3.000 5,152 \$1 73 per pound, from Food and household products

Homeward Alliance PO Box 873 Fort Collins, CO 80522

Cash is for capacity Feeding America annual building, Provide food product valuation study and household goods to

clients in need

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government other) assistance The Murphy Center for Hope 27-4641606 501(c)(3) 45,722 \$1 73 per pound, from Food and household products Provide food and Feeding America annual household goods to product valuation study clients in need

and household goods to clients in need

242 Conifer Street Fort Collins, CO 80524 McBackpack Inc 46-2075466 501(c)(3) 22.550 145,462 \$1 73 per pound, from Food and household products Cash is for acquisition

Feeding America annual and distribution of PO Box 2082 product valuation study Fort Collins, CO 80522 backpacks, Provide food

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Poudre Christian Fellowship 74-2563845 501(c)(3) 64,154 \$1 73 per pound, from Food and household products Provide food and household goods to

clients in need

10108 Poudre Canyon Hwy Feeding America annual Bellvue, CO 80512 product valuation study

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

410 University Services Ctr

Fort Collins, CO 80523

clients in need Colorado State University 23-7098397 501(c)(3) 9,432 \$1 73 per pound, from Food and household products Provide food and Feeding America annual household acods to Foundation

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

clients in need

Front Range Community College 4616 S Shields Fort Collins, CO 80526	84-1311148	501(c)(3)	,	\$1 73 per pound, from Feeding America annual product valuation study	· ·	household goods to clients in need
1011 Collins, CO 00320						
PUP - Prevent Unwanted Pets	74-1902389	501(c)(3)	10 108	\$1.73 per pound from	Food and household products	Provide food and

301(0)(3) Feeding America annual PO Box 51 household goods to

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Fort Collins, CO 80522

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Family Ministries 33-0627102 501(c)(3) 43,020 \$1 73 per pound, from Food and household products Provide food and Feeding America annual household goods to

clients in need

3632 Dalton Dr Fort Collins, CO 80526 product valuation study

clients in need Faith Evangelical Church 38-2329622 501(c)(3) 11,879 \$1 73 per pound, from Food and household products Provide food and household goods to

2707 N Wilson Feeding America annual

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Loveland, CO 80538

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Heart of the Backies Christian 94-1221646 E01/c1/21 5 210 ¢1 72 per pound from Food and household products Provide food and

Feeding America annual

product valuation study

household goods to

clients in need

Church - Kids at Heart 6501 Brittany Street Fort Collins, CO 80525	54-1221040	301(0)(3)	,	Feeding America annual product valuation study		household goods to clients in need
Poudre High School Pantry	45-4279561	501(c)(3)	33,777	\$1 73 per pound, from	Food and household products	Provide food and

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

418 South Howes Street 10

Fort Collins, CO 80521

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance food and old goods to n need Estes Pack 45-2511470 501(c)(3) 2.743 7,223 \$1 73 per pound, from Food and household products Cash is for backpack

Feeding America annual

product valuation study

acquisition and

distribution, , Provide food and household goods to clients in need

FFH Day Center 300 E Oak St Fort Collins, CO 80524	46-3225758	501(c)(3)	,	\$1 73 per pound, from Feeding America annual product valuation study	Food and household products	Provide for household clients in r

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1505 Brodie Ave

Estes Park, CO 80517

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Loveland Library 84-1424591 501(c)(3) 6,583 \$1 73 per pound, from Food and household products Provide food and Feeding America annual household goods to

clients in need

300 N Adams Ave Loveland, CO 80537 product valuation study

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

clients in need 20-4969731 501(c)(3) 40,391 \$1 73 per pound, from Food and household products Provide food and 2321 East Mulberry St 1 Feeding America annual household goods to

Fort Collins Cat Rescue Fort Collins, CO 80524

efile GRAPHI	C print - DO NO	T PROCES	S As Fi	iled Data -					DI	LN: 93	4933	1907	72498
Schedule L (Form 990 or 990	Comple	te if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	ns with Innswered "Yes Bc, or Form 99 th to Form 99	s" on Form 9 0-EZ, Part V 0 or Form 99	90, Part IV, I , line 38a or • 0-EZ.	ines 2 40b.				мв No 2 (
Department of the Trea Internal Revenue Serv	asurv	ormation abo	out Schedu	ıle L (Form 99 <u>www.irs.gov</u>) and its inst	ructio	ns is	at	C	pen		ublic
Name of the org The Food Bank for								•	yer id 6171	entifica	ition r	umb	er
	ss Benefit Tran									ne 40b			
) Name of disquali			Relationship be				(c) [escrip ansact	tion of		es Cor	rected? No
4958 3 Enter the ar	mount of tax incur mount of tax, if an ans to and/or inplete if the organ	y, on line 2, a From Interestivation answer	bove, reimbested Per	oursed by the orsons. The form 990-EZ,	rganization .		. :		. •	\$ \$ 5, or if	the org	ganıza	tion
(a) Name of	orted an amount o (b) Relationship with organization	(c) Purpose	(d) Loan		(e)Original principal amount	(f)Balance due	(g) defa		Appro boa	h) oved by rd or nittee?		i)Wrıt greem	
		-	То	From	_		Yes	No	Yes	No	Yes		No
Total				•	↓ \$								
	nts or Assistar					line 27							
	rested person (b		between n and the	(c) Amount		(d) Type	of assi	stanc	e	(e) Pu	rpose (of assi	ıstance
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or Danerwork Red	luction Act Notice	saa tha Instruc	tions for Eo	rm 000 or 000-l	. 7 C:	1 at No. 50056∆		C - I		I (Form	000 0	- 000	F7\ 201

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.					
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shorganiz	f :ation's
				Yes	No
· /	Board Member has more than 35% ownership	3,587,396	Construction services		No

Return Reference

Provide additional information for responses to questions on Schedule L (see instructions)

Schedule I (Form 990 or 990-FZ) 2017

Part V **Supplemental Information**

Explanation

Commission Com	efil	e GRAPHIC pi	int - DO NOT PR	OCESS	As Filed Data -		DLN:	9349331	9072	498
* Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. * Attach to Form 990. * Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 **Open to Public Inspection Rame of the organization The local service of art **Check of Number of contributions or special organization in the social service organization organization from 990, Part VIII, line **Tel-Works of art **Art—Works of art **Art—Historical treasures **Art—Factorial treasures **Art—Factorial interests **Art—Factorial interests **Art—Factorial interests **Art—Factorial interests **Art—Bactorial interests **Art—Factorial interests **Art—Fact					loncash Contri	hutions		OMB No 1	545-0	047
Attach to Form 990. Information about Schedule M (Form 990) and its instructions is at www.irs.dev/form290 The Food Sank for Lammer courty The Food Sank for Lammer courts The Food Sank for Lammer courts The Food Sank for Lammer courts The Food Sank for Lammer courts The Food Sank for Lammer courts The Food Sank for Lammer courts The Food Sank for Lamme	(For	m 990)		ľ	ioncasn conti	Dutions		20	1 7	7
Information about Schedule M (Form 990) and its instructions is at www.frs.gov/form.990 Imprection		▶Complete if the			ons answered "Yes" on F	orm 990, Part IV, lines 2	29 or 30.	20	1/	
Improve identification number Part I Types of Property Part I Types Part I Types of Property Part I Types of Prope										
The Food Bank for Lammer County Check if applicable Check if			▶Information abo	ut Schedu	le M (Form 990) and its	instructions is at <u>www.ir</u>	s.gov/form990			
Types of Property							Employer ident	ification n	umbei	-
Check if Number of contributions or applicable Check if Number of contributions or applicable Check if Number of contributions or applicable Check if Number of contributions or applicable Check if Number of contributions or applicable Check if Number of contributions or applicable Check if Number of contributions or applicable Check if Number of contributions or applicable Check if Number of contributions or applicable Check if Number of contributions or applicable Check if Number of contribution or applicable Check if Number of contribution or applicable Check if Number of contribution or applicable Check if Number of contribution or applicable Check if Number of contribution or applicable Check if Number of contribution or applicable Check if Number of contribution or applicable Check if Number of contribution or applicable Check if Number of contribution or applicable Check if Number of contribution or applicable Check if Number of contribution or applicable Check if Number of	me r	ood bank for Latime	County				74-2336171			
Act - Works of art	Pa	rt I Types	of Property							
1 AT—Works of art				Check If	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line	noncash co	of determi		:s
3 Art — Fractonal interests	1	Art—Works of ar	t							
4 Books and publications	2	Art—Historical tr	easures .							
5 Clothing and household goods	3	Art—Fractional in	nterests							
Securities	4	Books and public	ations							
Cars and other vehicles	5		ısehold							
7 Boats and planes	_	-								
Securities										
9 Securities—Publicity traded										
10 Securities—Closely held stock . 11 Securities—Patriership, LLC, or trust interests 12 Securities—Patriership, LLC, or trust interests 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other 15 Real estate—Residential . 16 Real estate—Commercial 17 Real estate—Other 18 Collectibles			•							
11 Securities—Partnership, LLC, or trust interests			•				+			
12 Securities—Miscellaneous		Securities—Partr	nership, LLC,							
13 Qualified conservation contribution—Historic structures	12						+			
14 Qualified conservation contribution—Other		Qualified conserv contribution—H	vation istoric							
16 Real estate—Commercial	14	Qualified conserv	vation							
17 Real estate—Other	15	Real estate—Res	idential .							
18 Collectibles	16	Real estate—Cor	mmercial							
To Drugs and medical supplies . Taxidermy	17	Real estate—Oth	er							
Taxidermy	18									
Taxidermy		•		X	9,137,901	. 16,046,15	5 Industry Valued			
Historical artifacts		-	cal supplies .							
23 Scientific specimens		•								
24 Archeological artifacts										
25 Other > (
26 Other ► (
27 Other ► () 28 Other ► () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29		•	•			1	+			
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II										
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No Joring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		•	•							
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		Number of Form	s 8283 received by t							_
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		for which the org	janization completed	Form 8283	3, Part IV, Donee Acknowled	lgement	29			
must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a No b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Yes b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		_							Yes	No
b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Yes b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II	30a	must hold for at	least three years fr	om the date	of the initial contribution,	and which is not required to	be used for exer	npt		l _{No}
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II	b	If "Yes," describ	e the arrangement i	n Part II				304		1 140
contributions?	31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the revie	w of any nonstandard contr	ibutions?	31	Yes	
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II	32a						ash • • • •	32a	Yes	— <u>—</u>
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II	b	If "Yes," describ	e in Part II							
		If the organizati	on did not report an	amount in	column (c) for a type of pro	pperty for which column (a)	ıs checked,			
										<u></u>

Schedule M (Form 990) (2017)	Page 2
	tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
•	We often collaborate with other food banks in Colorado when soliciting/sourcing food donations. They are all cooperative arrangements, no fees are paid
	Schedule M (Form 990) (2017)

efile GRAPHIC print - DO NOT PROCESS					: 93493319072498	
(Form 990 or 990- EZ) Department of the Treasury Complete to provious Form 990 or 9		cal Information to Form 990 or 9 vide information for responses to specific question 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) and its instrumwww.irs.gov/form990.		ions on on.	OMB No 1545-0047 2017 Open to Public Inspection	
Mame of the org The Food Bank for 990 Schedule		on		74-2336171	tification number	
Return Reference			Explanation			
Form 990, Part III, line 2	In fall of 2017 we added two new m located at 6630 Brittany Dr, Fort Co rs once per month Another at Grac O 80513, launched on November 1	illins, CO 80525, İauno e Place church located	hed on October 21st and now o d at 375 Meadowlark Dr, Berthou	ccu		

Return Explanation Reference

Form 990. The preliminary copy of Form 990 is reviewed by the CFO. Finance Committee of the Board of Directors and the CEO Once these reviews are complete, the Form 990 is sent to the full Part VI. Section B.

Board of Directors for review and approval before filing line 11b

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

e Food Bank's best interest

Return

Reference	
Form 990, Part VI, Section B, Iine 12c	The organization's conflict of interest policy covers all board members, officers, employe es, and others who can influence the actions of the Food Bank of Larimer County. The exist ence of any potential conflicts of interest shall be disclosed to the board of directors on a timely basis and before any transaction is consummated. A person with an actual or pot ential conflict of interest is excluded from the deliberations of the transaction or arran gement and shall refrain from voting on the matter. The board shall determine whether a co
	gement and shall retrain from voting on the matter. The board shall determine whether a conflict exists and shall determine whether the Food Bank can obtain a more advantageous trainsaction or arrangement with reasonable efforts from a person or entity that would not give it is a conflict of interest. If none can be obtained the board shall determine by ma

jority vote whether the proposed transaction or arrangement is fair, reasonable, and in th

Explanation

990 Schedule O, Supplemental Information

Return

Reference Form 990.

Salary Compensation studies are done every two years. Our last study was done by the Chief. Compliance Officer in November of 2017. The Chief Compliance Officer's process includes o

Part VI,
Section B,
line 15

Compliance Officer in November of 2017 The Chief Compliance Officer's process includes o
btaining compensation data from Feeding America Food Banks, other Colorado non-profit surv
ey results, MSEC, and local private market data. The Board of Directors uses this data to
set the Chief Executive Officer's salaries. All other employee salaries were at and/or bro
ught to 90% or higher of market value. Some employees were below and board approved to giv
e the compensation to those employees immediately. Salaries for fiscal year 2018-19 were b

ased upon the results of the 2017 study, with a 3% cost of living raise and 1 5% bonus

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section C,
Inne 19

Governing documents, conflict of interest policy, and full financial statements are availa
ble to the public upon request either by phone or in writing. We also post our annual repo
rt on our website which gives a breakdown of our annual financial information. Audited fin
ancial statements are also posted on our website, along with the 990