

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOOD BANK OF THE ROCKIES Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 10700 EAST 45TH AVENUE City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80239	D Employer identification number 84-0772672 E Telephone number (303) 371-9250 G Gross receipts \$ 97,410,353
F Name and address of principal officer KEVIN SEGGELE 10700 EAST 45TH AVENUE DENVER, CO 80239		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FOODBANKROCKIES.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1978 M State of legal domicile CO

Part I Summary

1	Briefly describe the organization's mission or most significant activities END HUNGER BY PROCURING AND DISTRIBUTING FOOD AND ESSENTIALS TO THE HUNGRY THROUGHOUT CO AND WY		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	139
6	Total number of volunteers (estimate if necessary)	6	23,036
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	80,686,425	90,739,744
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,688,325	6,530,581
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,697	13,104
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-35,542	-93,652
		87,415,905	97,189,777
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,560,758	9,458,242
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,270,860	6,595,904
	16a Professional fundraising fees (Part IX, column (A), line 11e)	833,133	778,032
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,849,515		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	72,357,876	78,176,534
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	88,022,627	95,008,712	
19 Revenue less expenses Subtract line 18 from line 12	-606,722	2,181,065	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	23,400,912	24,793,193
	21 Total liabilities (Part X, line 26)	3,102,141	2,313,357
22 Net assets or fund balances Subtract line 21 from line 20	20,298,771	22,479,836	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer MARSHALL ASTER CFO Type or print name and title	2016-11-10 Date			
Paid Preparer Use Only	Print/Type preparer's name DORI J EGGETT	Preparer's signature DORI J EGGETT	Date	Check <input type="checkbox"/> if self-employed	PTIN P00645252
	Firm's name ▶ EKS&H LLLP			Firm's EIN ▶ 46-1497033	
	Firm's address ▶ 7979 E TUFTS AVENUE SUITE 400 DENVER, CO 802372521			Phone no (303) 740-9400	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE ORGANIZATION'S MISSION IS TO END HUNGER BY EFFICIENTLY PROCURING AND DISTRIBUTING FOOD AND ESSENTIALS TO THE HUNGRY THROUGH OUR PROGRAMS AND PARTNER AGENCIES IN COLORADO AND WYOMING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 22,210,503 including grants of \$) (Revenue \$ 1,858,616)
 FIGHTING HUNGER FEEDING HOPE IS THE CENTRAL DISTRIBUTION PROGRAM OF FOOD BANK OF THE ROCKIES, SERVING MORE THAN 700 HUNGER-RELIEF PROGRAMS IN 53 COUNTIES INCLUDING METROPOLITAN DENVER, NORTHERN COLORADO AND ALL OF WYOMING LAST YEAR, THE FOOD BANK DISTRIBUTED 59.4 MILLION POUNDS OF FOOD AND COMMODITIES - ENOUGH FOR OUR AGENCIES TO PROVIDE OVER 131,000 MEALS EACH DAY TO NEEDY CHILDREN, SENIORS AND FAMILIES

4b (Code) (Expenses \$ 30,690,982 including grants of \$) (Revenue \$)
 FOOD BANK OF THE ROCKIES GROCERY RESCUE PROGRAM HAS WORKED TO KEEP NUTRITIOUS SURPLUS FOOD FROM BEING THROWN AWAY WE PICK UP HIGHLY NUTRITIOUS FOOD SUCH AS MEAT AND DAIRY FROM 400 LOCAL RETAILERS AND CATERERS THROUGH THE STATE AND DISTRIBUTE IT TO OUR PARTNER AGENCIES






















4c (Code) (Expenses \$ 14,604,084 including grants of \$ 2,348,841) (Revenue \$ 994,333)
 WYOMING FOOD BANK OF THE ROCKIES (WFBR) WORKS WITH 146 NONPROFIT HUNGER-RELIEF PROGRAMS THAT PROVIDE FOOD AND MEALS FOR THE SICK, NEEDY, OR ILL ACROSS THE STATE FROM SMALL CHURCH PANTRIES TO LARGE ORGANIZATIONS WITH NATIONAL SUPPORT, WFBR PARTNERS WITH PROGRAMS TO PROVIDE FOOD AND ESSENTIAL ITEMS TO WYOMING'S LESS FORTUNATE INDIVIDUALS

See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 24,750,169 including grants of \$ 7,109,401) (Revenue \$ 3,677,632)

4e Total program service expenses 92,255,738

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) 	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
20b		

Part IV Checklist of Required Schedules (continued)

<p>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? <i>If "Yes," complete Schedule I, Parts I and II</i></p>	<p>21</p>	<p>Yes</p>	
<p>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? <i>If "Yes," complete Schedule I, Parts I and III</i></p>	<p>22</p>	<p>Yes</p>	
<p>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></p>	<p>23</p>	<p>Yes</p>	
<p>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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i></p>	<p>24a</p>		<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>		
<p>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</p>	<p>24c</p>		
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>		
<p>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25a</p>		<p>No</p>
<p>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25b</p>		<p>No</p>
<p>26 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? <i>If "Yes," complete Schedule L, Part II</i></p>	<p>26</p>		<p>No</p>
<p>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i></p>	<p>27</p>		<p>No</p>
<p>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>		<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>		<p>No</p>
<p>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28c</p>		<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>	<p>Yes</p>	
<p>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i></p>	<p>30</p>		<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>		<p>No</p>
<p>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i></p>	<p>32</p>		<p>No</p>
<p>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i></p>	<p>33</p>		<p>No</p>
<p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i></p>	<p>34</p>	<p>Yes</p>	
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>	<p>Yes</p>	
<p>b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>35b</p>		<p>No</p>
<p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>36</p>		<p>No</p>
<p>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i></p>	<p>37</p>		<p>No</p>
<p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</p>	<p>38</p>	<p>Yes</p>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure

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

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

Section 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 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
18	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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records MARSHALL ASTER 10700 E 45TH AVENUE DENVER, CO 80239 (303) 371-9250	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							640,334	0	123,805	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ROBBINS KERSTEN DIRECT 201 SUMMER ST HOLLISTON, MA 017465838	FUNDRAISING	778,032

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	241,088					
	b	Membership dues 1b						
	c	Fundraising events 1c	348,903					
	d	Related organizations 1d						
	e	Government grants (contributions) 1e	9,393,696					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	80,756,057					
	g	Noncash contributions included in lines 1a-1f \$	80,256,908					
	h	Total. Add lines 1a-1f ▶	90,739,744					
Program Service Revenue	2a	GOVERNMENT CONTRACTS						
		Business Code	900099	3,553,660	3,553,660			
	b	PURCHASED FOOD	900099	1,957,274	1,957,274			
	c	AGENCY SUPPORT FEES	900099	1,019,647	1,019,647			
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f ▶		6,530,581					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		11,577		11,577		
	4	Income from investment of tax-exempt bond proceeds . . ▶						
	5	Royalties ▶						
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other		2,900			
			b	Less cost or other basis and sales expenses	1,373	0		
			c	Gain or (loss)	-1,373	2,900		
	d	Net gain or (loss) ▶		1,527		1,527		
	8a	Gross income from fundraising events (not including \$ 348,903 of contributions reported on line 1c) See Part IV, line 18	a		99,550			
			b	Less direct expenses b	219,203			
			c	Net income or (loss) from fundraising events . . ▶		-119,653		-119,653
	9a	Gross income from gaming activities See Part IV, line 19	a					
			b	Less direct expenses b				
			c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances	a					
b			Less cost of goods sold b					
c			Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code						
11a	MISCELLANEOUS	900099	26,001		26,001			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶		26,001					
12	Total revenue. See Instructions ▶		97,189,777	6,530,581	0	-80,548		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	7,399,304	7,399,304		
2	Grants and other assistance to domestic individuals See Part IV, line 22	2,058,938	2,058,938		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	764,139	485,275	91,057	187,807
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	4,501,894	3,594,524	441,509	465,861
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	130,587	105,874	12,581	12,132
9	Other employee benefits	730,557	581,769	69,607	79,181
10	Payroll taxes	468,727	364,708	47,028	56,991
11	Fees for services (non-employees)				
a	Management				
b	Legal	5,103		5,103	
c	Accounting	39,075	27,432	6,858	4,785
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	778,032			778,032
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	244,636	163,524	46,037	35,075
12	Advertising and promotion	72,274	50,310	13,188	8,776
13	Office expenses	375,178	287,267	35,357	52,554
14	Information technology	170,800	118,894	31,167	20,739
15	Royalties				
16	Occupancy	860,655	823,232	25,239	12,184
17	Travel	110,600	84,684	10,423	15,493
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	33,172	23,091	6,053	4,028
20	Interest	60,189	46,086	5,672	8,431
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,046,662	1,042,832	2,275	1,555
23	Insurance	134,516	102,996	12,677	18,843
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	CONTRIBUTED FOOD DISTRI	68,483,690	68,483,690		
b	PURCHASED FOOD DISTRIBU	2,423,241	2,423,241		
c	PREPARED MEALS & SNACKS	1,877,331	1,877,331		
d	DISTRIBUTION COSTS	1,772,515	1,772,515		
e	All other expenses	466,897	338,221	41,628	87,048
25	Total functional expenses. Add lines 1 through 24e	95,008,712	92,255,738	903,459	1,849,515
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,200	1	1,200
	2 Savings and temporary cash investments	6,837,669	2	5,107,260
	3 Pledges and grants receivable, net	369,002	3	274,425
	4 Accounts receivable, net	594,132	4	688,622
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,175,039	8	6,493,071
	9 Prepaid expenses and deferred charges	295,702	9	307,567
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 18,146,537		
	b Less: accumulated depreciation	10b 6,225,489	11,128,168	10c 11,921,048
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,400,912	16	24,793,193	
Liabilities	17 Accounts payable and accrued expenses	1,339,073	17	818,032
	18 Grants payable		18	
	19 Deferred revenue	93,700	19	68,340
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,330,491	23	1,212,925
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	338,877	25	214,060
	26 Total liabilities. Add lines 17 through 25	3,102,141	26	2,313,357
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	16,035,059	27	16,158,739
	28 Temporarily restricted net assets	4,263,712	28	6,321,097
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	20,298,771	33	22,479,836	
34 Total liabilities and net assets/fund balances	23,400,912	34	24,793,193	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	97,189,777
2	Total expenses (must equal Part IX, column (A), line 25)	2	95,008,712
3	Revenue less expenses Subtract line 2 from line 1	3	2,181,065
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,298,771
5	Net unrealized gains (losses) on investments	5	
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	22,479,836

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
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 Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 84-0772672

Name: FOOD BANK OF THE ROCKIES

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

(Code) (Expenses \$	7,214,447	including grants of \$) (Revenue \$	718,542)
WESTERN SLOPE - GRAND JUNCTION					
(Code) (Expenses \$	6,154,938	including grants of \$) (Revenue \$)
MOBILE PANTRY					

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

(Code) (Expenses \$ 5,712,742 including grants of \$ 5,050,463) (Revenue \$ 617,835)

THE EMERGENCY FOOD ASSISTANCE PROGRAM

(Code) (Expenses \$ 2,952,135 including grants of \$ 2,058,938) (Revenue \$ 638,342)

COMMODITY SUPPLEMENTAL FOOD PROGRAM

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

(Code) (Expenses \$ 2,715,907 including grants of \$) (Revenue \$ 1,702,913)

CHILDREN'S NUTRITION NETWORK

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NICK MORRIS DIRECTOR	2 00	X						0	0	
PATRICK FAIRFIELD TREASURER	4 00	X		X				0	0	
BOB DEUSCHLE SECRETARY	4 00	X		X				0	0	
GARRY BEAULIEU DIRECTOR	2 00	X						0	0	
AMY GALES DIRECTOR	2 00	X						0	0	
DAN BALL DIRECTOR	2 00	X						0	0	
KATHRYN DAWSON DIRECTOR	2 00	X						0	0	
MICHELLE DRUMM DIRECTOR	2 00	X						0	0	
KEVIN PETERSON DIRECTOR	2 00	X						0	0	
MARTY SCHECHTER DIRECTOR	2 00	X						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JON TANDLER BOARD CHAIR	5 00	X		X				0	0	
KEVIN SEGCELKE PRESIDENT & CEO	55 00	X		X				196,787	0	28,320
SUE HOBZA DIRECTOR	2 00	X						0	0	
STEPHANIE MANLEY DIRECTOR	2 00	X						0	0	
BRUCE ETKIN DIRECTOR	2 00	X						0	0	
KELLI MCGANNON DIRECTOR	2 00	X						0	0	
DAN FAIR DIRECTOR	2 00	X						0	0	
AMY J DIAZ DIRECTOR	2 00	X						0	0	
NICK BENHAM DIRECTOR	2 00	X						0	0	
DANA BENEFIELD DIRECTOR	2 00	X						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUG WILHELM DIRECTOR	2 00	X						0	0	
JACK PARGEON DIRECTOR	2 00	X						0	0	
MARSHALL ASTER CFO	55 00			X				121,652	0	30,67
VINCENT ALEXIS COO	55 00			X				126,706	0	30,30
KIM RUOTSALA CDO	55 00			X				110,167	0	21,36
LEE BOTELER CPO	55 00			X				85,022	0	13,14

**SCHEDULE A
(Form 990 or
990EZ)**

Public Charity Status and Public Support

OMB No 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
FOOD BANK OF THE ROCKIES

Employer identification number

84-0772672

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	53,008,001	69,720,928	77,131,907	80,686,426	90,739,744	371,287,006
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	53,008,001	69,720,928	77,131,907	80,686,426	90,739,744	371,287,006
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						99,000,216
6 Public support. Subtract line 5 from line 4						272,286,790

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	53,008,001	69,720,928	77,131,907	80,686,426	90,739,744	371,287,006
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,218	13,636	10,206	8,099	11,577	58,736
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	41,473	63,130	29,894	29,796	26,001	190,294
11 Total support. Add lines 7 through 10						371,536,036
12 Gross receipts from related activities, etc. (see instructions)					12	32,473,692
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	73.290%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	73.230%
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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 under section 513						
4 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						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
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.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.		
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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 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.*
- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).*
- 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.*

	Yes	No
1		
2		
3		

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

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

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

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

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

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

		Current Year
1		
2		
3		
4		
5		
6		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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, 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. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS - 2011 AMOUNT \$ 41,473 2012 AMOUNT \$ 63,130 2013 AMOUNT \$ 29,894 2014 AMOUNT \$ 29,796 2015 AMOUNT \$ 26,001

**SCHEDULE C
(Form 990 or
990-EZ)**

Department of the
Treasury
Internal Revenue
Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public
Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization FOOD BANK OF THE ROCKIES	Employer identification number 84-0772672
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures	93,159,197													
e	Total exempt purpose expenditures (add lines 1c and 1d)	93,159,197													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Y e s **N o**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a	Lobbying nontaxable amount				1,000,000	1,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000
c	Total lobbying expenditures					
d	Grassroots nontaxable amount				250,000	250,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					375,000
f	Grassroots lobbying expenditures					

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
FOOD BANK OF THE ROCKIES

Employer identification number
84-0772672

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not 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, in Part XIII, the text of the footnote to its financial statements that describes these items

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 ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,470,690	2,306,046	1,739,135	1,420,092	835,180
b Contributions	3,600	108,351	377,434	249,596	542,587
c Net investment earnings, gains, and losses	69,370	56,293	189,477	69,447	45,251
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					2,926
g End of year balance	2,543,660	2,470,690	2,306,046	1,739,135	1,420,092

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 23.910 %

b Permanent endowment ▶ 73.360 %

c Temporarily restricted endowment ▶ 2.730 %

The percentages on lines 2a, 2b, and 2c should equal 100 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,238,830		1,238,830
b Buildings		4,329,452	1,422,859	2,906,593
c Leasehold improvements		6,008,098	1,070,260	4,937,838
d Equipment		3,318,320	1,783,995	1,534,325
e Other		3,251,837	1,948,375	1,303,462
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)				11,921,048

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
CAPITAL LEASE OBLIGATION	214,060
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	214,060

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	97,521,413
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	39,463	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	292,173	
e	Add lines 2a through 2d		2e	331,636
3	Subtract line 2e from line 1		3	97,189,777
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	97,189,777

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

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

1	Total expenses and losses per audited financial statements		1	95,267,378
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	39,463	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	219,203	
e	Add lines 2a through 2d		2e	258,666
3	Subtract line 2e from line 1		3	95,008,712
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	95,008,712

Part XIII Supplemental Information

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
PART V, LINE 4	THE ENDOWMENT FUND IS ESTABLISHED FOR SUPPORT OF THE PROGRAM SERVICES OF THE FOOD BANK OF THE ROCKIES

Part XIII Supplemental Information (continued)

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FBR ENDOWMENT FUND REVENUES 72,970 SPECIAL EVENTS EXPENSES NETTED WITH INCOME 219,203
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES NETTED WITH INCOME 219,203

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
FOOD BANK OF THE ROCKIES

Employer identification number
84-0772672

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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 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
- b** 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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ROBBINS KERSTEN DIRECT 201 SUMMER ST HOLLISTON, MA 017465838	DIRECT MAIL		No	3,002,385	778,032	2,224,353
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				3,002,385	778,032	2,224,353

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

CO, WY

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more 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)
	JOE SAKIC EVENT (event type)	PANERATHON (event type)	(total number)	Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	433,404	15,049		448,453
2 Less Contributions	348,854	49		348,903
3 Gross income (line 1 minus line 2)	84,550	15,000		99,550
Direct Expenses				
4 Cash prizes				
5 Noncash prizes	20,039	3,389		23,428
6 Rent/facility costs	114,440	4,726		119,166
7 Food and beverages	45,766	128		45,894
8 Entertainment	7,741			7,741
9 Other direct expenses	19,939	3,035		22,974
10 Direct expense summary Add lines 4 through 9 in column (d) ▶				219,203
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-119,653

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.

	(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
				Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization FOOD BANK OF THE ROCKIES

Employer identification number

84-0772672

Part I General Information on Grants and Assistance

- 1 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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 193

3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD FOR ELIGIBLE LOW-INCOME (1) INDIVIDUALS	95842		2,058,938	FMV	FOOD

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	FOOD DISTRIBUTED TO FOOD AGENCIES IS DISTRIBUTED DIRECTLY TO THOSE AGENCIES THESE AGENCIES ARE SELECTED BY THE STATE OF COLORADO OR WYOMING

Additional Data

Software ID:
Software Version:
EIN: 84-0772672
Name: FOOD BANK OF THE ROCKIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPBELL CSD 1 WYSLP 1000 CAMEL DRIVE GILLETTE, WY 82717		501 (C) 3		109,416	FMV	FOOD	FOOD DISTRIBUTION
SWEETWATER CSD1 WYSLP 350 MONROE AVE GREEN RIVER, WY 82935		501 (C) 3		103,481	FMV	FOOD	FOOD DISTRIBUTION
SHERIDAN CSD 2 WYSLP 744 CARRINGTON ST SHERIDAN, WY 82801		501 (C) 3		87,882	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UINTA CSD 1 WYSLP 216 2ND STREET MOUNTAIN VIEW, WY 82939		501 (C) 3		80,617	FMV	FOOD	FOOD DISTRIBUTION
SWEETWATER CSD 2 WYSLP 1375 JAMES DR ROCK SPRINGS, WY 82901		501 (C) 3		62,981	FMV	FOOD	FOOD DISTRIBUTION
CONVERSE CSD 1 WYSLP 1703 HAMILTON ST DOUGLAS, WY 82633		501 (C) 3		56,879	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN CSD 2 STAR WYSLP 444 W SWIFT CREEK LANE AFTON, WY 83110		501 (C) 3		55,157	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD 25 WYSLP 851 COLLEGE DRIVE RIVERTON, WY 82501		501 (C) 3		54,483	FMV	FOOD	FOOD DISTRIBUTION
TETON CSD 1 WYSLP 1830 HIGH SCHOOL RD JACKSON, WY 83001		501 (C) 3		52,736	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARK CSD 1 WYSLP 245 N EVARTS ST POWELL, WY 82435		501 (C) 3		50,469	FMV	FOOD	FOOD DISTRIBUTION
ALBANY CSD 1 WYSLP 419 S 8TH ST LARAMIE, WY 82070		501 (C) 3		50,277	FMV	FOOD	FOOD DISTRIBUTION
WASHAKIE CSD 1 WYSLP 1900 HOWELL AVENUE WORLAND, WY 82401		501 (C) 3		44,697	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUBLETTE CSD 1 WYSLP 690 NORTH TYLER PINEDALE, WY 82941		501 (C) 3		37,719	FMV	FOOD	FOOD DISTRIBUTION
PLATTE CSD 1 WYSLP 201 20TH ST WHEATLAND, WY 82201		501 (C) 3		33,576	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD 1 WYSLP 1795 W MAIN LANDER, WY 82520		501 (C) 3		33,497	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNSON CSD 1 WYSLP 550 S BURRITT AVE BUFFALO, WY 82834		501 (C) 3		32,160	FMV	FOOD	FOOD DISTRIBUTION
CARBON CSD 1 RAWLINS WYSLP 1401 COLORADO BAGGS, WY 82321		501 (C) 3		31,959	FMV	FOOD	FOOD DISTRIBUTION
UINTA CSD 4 WYSLP 116 N MAIN ST LYMAN, WY 82937		501 (C) 3		28,699	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREMONT CSD 14 WYSLP 636 BLUE SKY HIGHWAY ETHLETE, WY 82520		501 (C) 3		28,686	FMV	FOOD	FOOD DISTRIBUTION
SUBLETTE CSD 9 WYSLP 225 S NICHOLS ST BIG PINEY, WY 83113		501 (C) 3		26,112	FMV	FOOD	FOOD DISTRIBUTION
PARK CSD 6 WYSLP 919 CODY AVE CODY, WY 82414		501 (C) 3		25,695	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UINTA CSD1 WYSLP 325 KIRLIN DR EVANSTON, WY 82931		501 (C) 3		25,016	FMV	FOOD	FOOD DISTRIBUTION
WESTON CSD 1 WYSLP 808 BIRCH STREET NEWCASTLE, WY 82701		501 (C) 3		23,052	FMV	FOOD	FOOD DISTRIBUTION
HOT SPRINGS CSD 1 WYSLP 231 PARK ST THERMOPOLIS, WY 82443		501 (C) 3		21,634	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG HORN CSD 2 WYSLP 600 SHOSHONE AVE LOVELL, WY 82431		501 (C) 3		21,548	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD 21-WYSLP 90 ETHLETE ROAD FORT WASHAKIE, WY 82514		501 (C) 3		20,514	FMV	FOOD	FOOD DISTRIBUTION
GOSHEN CSD 1 TORRINGTON WYSLP 2742 WEST E ST TORRINGTON, WY 82240		501 (C) 3		19,068	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREMONT CSD 38 WYSLP 445 LWRB RD ARAPAHOE, WY 82510		501 (C) 3		17,511	FMV	FOOD	FOOD DISTRIBUTION
LARAMIE CSD 1 WYSLP 3320 MAXWELL AVENUE CHEYENNE, WY 82001		501 (C) 3		17,012	FMV	FOOD	FOOD DISTRIBUTION
BIG HORN CSD 3 WYSLP 600 8TH AVENUE NORTH GREYBULL, WY 82426		501 (C) 3		16,242	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHERIDAN CSD 1 WYSLP 1127 DAYTON ST RANCHESTER, WY 82839		501 (C) 3		16,072	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD 24 WYSLP 112 W 3RD STREET SHOSHONI, WY 82649		501 (C) 3		15,137	FMV	FOOD	FOOD DISTRIBUTION
LARAMIE CSD 2 BURNS WYSLP 630 E 4TH STREET BURNS, WY 82053		501 (C) 3		13,570	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROOK CSD 1 MOORCROFT WYSLP 101 S BELLE FOURCHE MOORCROFT, WY 82721		501 (C) 3		13,473	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD 6 WYSLP 12994 N COUGAR DRIVER PAVILLION, WY 82523		501 (C) 3		11,543	FMV	FOOD	FOOD DISTRIBUTION
BIG HORN CSD 4 WYSLP 919 WEST B STREET BASIN, WY 82410		501 (C) 3		11,441	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN CSD 1 WYSLP 1310 ANTELOPE KEMMERER, WY 83101		501 (C) 3		10,760	FMV	FOOD	FOOD DISTRIBUTION
NATRONA CSD 1 WYSLP 770 NORTH GLENN RD CASPER, WY 82601		501 (C) 3		10,750	FMV	FOOD	FOOD DISTRIBUTION
WESTON CSD 7 WYSLP 802 JUNIPER UPTON, WY 82730		501 (C) 3		10,540	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG HORN CSD 1 ROCKY MTN M HS WYSLP 404 S 4TH EAST COWLEY, WY 82420		501 (C) 3		10,461	FMV	FOOD	FOOD DISTRIBUTION
NORMATIVE SERVICES INC WYSLP 13 LANE LANE SHERIDAN, WY 82801		501 (C) 3		9,878	FMV	FOOD	FOOD DISTRIBUTION
BIG HORN CSD 1 ROCKY MTN ELEM WYSLP 101 S DIVISION COWLEY, WY 82420		501 (C) 3		9,714	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG HORN CSD 1 BURLINGTON WYSLP 109 NORTH ST BURLINGTON, WY 82411		501 (C) 3		9,623	FMV	FOOD	FOOD DISTRIBUTION
UINTA CSD 6 WYSLP 325 KIRLIN DRIVE EVANSTON, WY 82931		501 (C) 3		8,334	FMV	FOOD	FOOD DISTRIBUTION
CROOK CSD 1 SUNDANCE WYSLP 700 PARK ST SUNDANCE, WY 82729		501 (C) 3		8,254	FMV	FOOD	FOOD DISTRIBUTION

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PLATTE CSD 2 WYSLP 555 S WYOMING GUERNSEY, WY 82214		501 (C) 3		8,197	FMV	FOOD	FOOD DISTRIBUTION
CARBON CSD 1 LITTLE SNAKE WYSLP 100 MEEKER ST BAGGS, WY 82321		501 (C) 3		8,196	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD 2 WYSLP 700 N FIRST ST DUBOIS, WY 82513		501 (C) 3		8,022	FMV	FOOD	FOOD DISTRIBUTION

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LARAMIE CSD 2 PINE BLUFFS WYSLP 603 ELM ST PINE BLUFFS, WY 82082		501 (C) 3		7,501	FMV	FOOD	FOOD DISTRIBUTION
ST ANTHONY SCHOOL WYSLP 1145 WEST 20TH STREET CASPER, WY 82604		501 (C) 3		6,535	FMV	FOOD	FOOD DISTRIBUTION
CARBON CSD 2 SARATOGA WYSLP 801 WEST ELM AVE SARATOGA, WY 82331		501 (C) 3		6,118	FMV	FOOD	FOOD DISTRIBUTION

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ST MARYS SCHOOL WYSLP 112 E 24TH ST CHEYENNE, WY 82001		501 (C) 3		5,538	FMV	FOOD	FOOD DISTRIBUTION
GOSHEN CSD 1 SOUTHEAST WYSLP 1 LACEY ST YODER, WY 82444		501 (C) 3		5,443	FMV	FOOD	FOOD DISTRIBUTION
CROOK CSD 1 HULETT WYSLP 429 SAGER STREET HULETT, WY 82720		501 (C) 3		5,274	FMV	FOOD	FOOD DISTRIBUTION

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ST JOSEPHS CHILDRENS HOME WYSLP 1419 MAIN STREET TORRINGTON, WY 82240		501 (C) 3		5,072	FMV	FOOD	FOOD DISTRIBUTION
ST STEPHENS INDIAN SCHOOL 128 MISSION ROAD ST STEPHENS, WY 82524		501 (C) 3		5,030	FMV	FOOD	FOOD DISTRIBUTION
ST JOSEPHS CHURCH USDA 321 EAST 6TH STREET CHEYENNE, WY 82007		501 (C) 3		86,419	FMV	FOOD	FOOD DISTRIBUTION

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NEEDS INC USDA 900 CENTRAL AVE CHEYENNE, WY 82007		501 (C) 3		75,852	FMV	FOOD	FOOD DISTRIBUTION
LANDER CARE AND SHARE FOOD BANK USDA 281 GARFIELD STREET LANDER, WY 82520		501 (C) 3		54,667	FMV	FOOD	FOOD DISTRIBUTION
HOLY CROSS CENTER INC USDA 1030 N LINCOLN CASPER, WY 82601		501 (C) 3		46,079	FMV	FOOD	FOOD DISTRIBUTION

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INTERFAITH GOOD SAMARITAN USDA 710 E GARFIELD ST ROOM 127 LARAMIE, WY 82070		501 (C) 3		45,477	FMV	FOOD	FOOD DISTRIBUTION
THE SALVATION ARMY A CA CORP SHERIDAN USDA 150 SOUTH TSCHIRGI SHERIDAN, WY 82801		501 (C) 3		43,377	FMV	FOOD	FOOD DISTRIBUTION
SET FREE MINISTRY CASPER USDA 636 EAST A STREET CASPER, WY 82604		501 (C) 3		40,990	FMV	FOOD	FOOD DISTRIBUTION

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THE SALVATION ARMY A CA CORP CASPER USDA 441 S CENTER STREET CASPER, WY 82601		501 (C) 3		38,907	FMV	FOOD	FOOD DISTRIBUTION
COUNCIL OF COMMUNITY SERVICES GILLETTE USDA 114 SOUTH 4J ROAD GILLETTE, WY 82716		501 (C) 3		34,709	FMV	FOOD	FOOD DISTRIBUTION
LAND OF GOSHEN MINISTRIES USDA 801 W VALLEY ROAD TORRINGTON, WY 82240		501 (C) 3		30,117	FMV	FOOD	FOOD DISTRIBUTION

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LORDS STOREHOUSE THE USDA 50 YELLOW CREEK RD EVANSTON, WY 82931		501 (C) 3		28,216	FMV	FOOD	FOOD DISTRIBUTION
FOOD BANK OF SWEETWATER COUNTY ROCK SPRINGS USDA 90 CENTER STREET ROCK SPRINGS, WY 82901		501 (C) 3		26,701	FMV	FOOD	FOOD DISTRIBUTION
FREMONT COUNTY SAMARITAN USDA 921 E WASHINGTON AVE RIVERTON, WY 82501		501 (C) 3		26,678	FMV	FOOD	FOOD DISTRIBUTION

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

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BAPTIST YOUTH MISSION USDA 400 LINCOLN AVE SINCLAIR, WY 82334		501 (C) 3		26,113	FMV	FOOD	FOOD DISTRIBUTION
POWELL AMERICAN LEGION USDA 143 S CLARK STREET POWELL, WY 82435		501 (C) 3		23,664	FMV	FOOD	FOOD DISTRIBUTION
GRACE BAPTIST CHURCH CODY USDA 4 SOUTH FORK ROAD CODY, WY 82414		501 (C) 3		18,364	FMV	FOOD	FOOD DISTRIBUTION

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BETHANY FELLOWSHIP CHURCH USDA 160 PLEASANT VIEW LANE WORLAND, WY 82401		501 (C) 3		15,702	FMV	FOOD	FOOD DISTRIBUTION
FOOD BANK OF SWEETWATER COUNTY GREEN RIVER USDA 550 UINTA SUITE F GREEN RIVER, WY 82935		501 (C) 3		14,270	FMV	FOOD	FOOD DISTRIBUTION
PLATTE COUNTY COMMODITIES USDA 95 19TH ST WHEATLAND, WY 82201		501 (C) 3		12,889	FMV	FOOD	FOOD DISTRIBUTION

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DOUGLAS SENIOR CITIZENS CENTER USDA 340 1ST STREET WEST DOUGLAS, WY 82633		501 (C) 3		11,474	FMV	FOOD	FOOD DISTRIBUTION
ST THOMAS CHURCH USDA 9 SOUTH FIRST STREET DUBOIS, WY 82513		501 (C) 3		8,590	FMV	FOOD	FOOD DISTRIBUTION
RIVER OF LIFE CHURCH USDA 319 BROADWAY THERMOPOLIS, WY 82443		501 (C) 3		7,974	FMV	FOOD	FOOD DISTRIBUTION

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BUFFALO SENIOR CENTER USDA 671 W FETTERMAN BUFFALO, WY 82834		501 (C) 3		7,822	FMV	FOOD	FOOD DISTRIBUTION
STAR VALLEY SENIOR CENTER USDA 540 WASHINGTON STREET AFTON, WY 83110		501 (C) 3		7,815	FMV	FOOD	FOOD DISTRIBUTION
FROM THE HEART MINISTRIES USDA 2507 N STREET HWY 414 URIE, WY 82939		501 (C) 3		7,748	FMV	FOOD	FOOD DISTRIBUTION

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BREAD USDA 627 PINE NEWCASTLE, WY 82701		501 (C) 3		6,598	FMV	FOOD	FOOD DISTRIBUTION
CROOK COUNTY COUNCIL OF COUNTY SERVICES USDA SUNDA 108 N 8TH ST SUNDANCE, WY 82729		501 (C) 3		5,850	FMV	FOOD	FOOD DISTRIBUTION
NIOBRARA SENIOR CENTER USDA 611 E 6TH STREET LUSK, WY 82225		501 (C) 3		5,840	FMV	FOOD	FOOD DISTRIBUTION

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SALVATION ARMY BASIN UNIT USDA 407 W C ST BASIN, WY 82410		501 (C) 3		5,472	FMV	FOOD	FOOD DISTRIBUTION
GOOD SAMARITAN MISSION USDA 285 W PEARL JACKSON, WY 83001		501 (C) 3		5,187	FMV	FOOD	FOOD DISTRIBUTION
HELPING HEARTS INC USDA 115 S 4TH GLENROCK, WY 82637		501 (C) 3		5,168	FMV	FOOD	FOOD DISTRIBUTION

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ADAMS COUNTY EMERGENCY FOOD BANK - TEFAP 7111 E 56TH AVENUE COMMERCE CITY, CO 80022		501 (C) 3		624,191	FMV	FOOD	FOOD DISTRIBUTION
THE ACTION CENTER - TEFAP 8755 W 14TH AVE LAKEWOOD, CO 80215		501 (C) 3		312,443	FMV	FOOD	FOOD DISTRIBUTION
METRO CARERING - TEFAP 1615 OGDEN ST DENVER, CO 80218		501 (C) 3		281,354	FMV	FOOD	FOOD DISTRIBUTION

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SALVATION ARMY-GRAND JCT TEFAP PO BOX 578 GRAND JUCTION, CO 81502		501 (C) 3		277,101	FMV	FOOD	FOOD DISTRIBUTION
ARVADA COMM FOOD BANK - TEFAP 8555 W 57TH AVENUE ARVADA, CO 80002		501 (C) 3		154,233	FMV	FOOD	FOOD DISTRIBUTION
DENVER URBAN MINISTRIES - TEFAP 1717 E COLFAX AVE DENVER, CO 80218		501 (C) 3		139,839	FMV	FOOD	FOOD DISTRIBUTION

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ACS COMMUNITY LIFT - TEFAP 5045 W 1ST AVE DENVER, CO 80219		501 (C) 3		127,013	FMV	FOOD	FOOD DISTRIBUTION
TWIN PARISHES - TEFAP 3663 HUMBOLDT STREET DENVER, CO 80205		501 (C) 3		124,475	FMV	FOOD	FOOD DISTRIBUTION
SHARING MINISTRIES INC- TEFAP 121 NORTH RIO GRAND AVENUE MONTROSE, CO 81401		501 (C) 3		122,278	FMV	FOOD	FOOD DISTRIBUTION

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LIFT-UP GARFIELD-TEFAP 800 RAILROAD AVE RIFLE, CO 81650		501 (C) 3		107,097	FMV	FOOD	FOOD DISTRIBUTION
JEWISH FAMILY SERVICE COL - TEFAP 3201 S TAMARAC DR DENVER, CO 80231		501 (C) 3		98,273	FMV	FOOD	FOOD DISTRIBUTION
FISH OF WESTMINSTER- WUMC - TEFAP 3585 W 76TH AVE WESTMINSTER, CO 80030		501 (C) 3		96,101	FMV	FOOD	FOOD DISTRIBUTION

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SALVATION ARMY-DELTA TEFAP 302 MEEKER STREET DELTA, CO 81416		501 (C) 3		93,570	FMV	FOOD	FOOD DISTRIBUTION
COMMUNITY MINISTRY SW - TEFAP 1755 S ZUNI ST DENVER, CO 80223		501 (C) 3		82,105	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY HARBOR LIGHT - TEFAP 2136 CHAMPA STREET DENVER, CO 80205		501 (C) 3		80,694	FMV	FOOD	FOOD DISTRIBUTION

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CANYON VIEW VINEYARD - TEFAP 736-24 1/2 ROAD GRAND JUNCTION, CO 81505		501 (C) 3		76,798	FMV	FOOD	FOOD DISTRIBUTION
ST AUGUSTINE FOOD PANTRY - TEFAP 129 S 6TH AVENUE BRIGHTON, CO 80601		501 (C) 3		72,075	FMV	FOOD	FOOD DISTRIBUTION
DOUGLAS ELBERT TASK FORCE - TEFAP 1638 PARK ST CASTLE ROCK, CO 80109		501 (C) 3		56,185	FMV	FOOD	FOOD DISTRIBUTION

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NORTHWEST FAMILY ASSISTNT - TEFAP 2224 W 32ND AVE DENVER, CO 80211		501 (C) 3		54,504	FMV	FOOD	FOOD DISTRIBUTION
IMMACULATE HEART MARY - TEFAP 11426 PEARL STREET NORTHGLENN, CO 80233		501 (C) 3		52,904	FMV	FOOD	FOOD DISTRIBUTION
GRANT AVE ST REACH - TEFAP 1600 GRANT ST DENVER, CO 80203		501 (C) 3		49,324	FMV	FOOD	FOOD DISTRIBUTION

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SALVATION ARMY ENGLEWOOD - TEFAP 3460 S SHERMAN ST AURORA, CO 80113		501 (C) 3		46,820	FMV	FOOD	FOOD DISTRIBUTION
COVENANT CUPBOARD YOSEMITE - TEFAP 5400 S YOSEMITE STREET GREENWOOD VILLAGE, CO 80111		501 (C) 3		46,556	FMV	FOOD	FOOD DISTRIBUTION
ROSE OF SHARON FOOD BANK - TEFAP 5306 N LINCOLN ST DENVER, CO 80216		501 (C) 3		44,990	FMV	FOOD	FOOD DISTRIBUTION

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RESTORATION CHRISTIAN FELLOWSHIP - MP TEFAP 15640 E 6TH AVE AURORA,CO 80011		501 (C) 3		44,921	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY AURORA - TEFAP 802 QUARI COURT AURORA,CO 80011		501 (C) 3		44,833	FMV	FOOD	FOOD DISTRIBUTION
THORNTON COMM FOOD BANK - TEFAP 8990 YORK STREET THORNTON,CO 80229		501 (C) 3		44,644	FMV	FOOD	FOOD DISTRIBUTION

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COLORADO AIDS PROJECT - TEFAP 2490 W 26TH AVE DENVER, CO 80211		501 (C) 3		44,396	FMV	FOOD	FOOD DISTRIBUTION
VOA SHELTERS - TEFAP 2660 LARIMER STREET DENVER, CO 80205		501 (C) 3		44,319	FMV	FOOD	FOOD DISTRIBUTION
CARING MINISTRY MORGAN CTY - TEFAP 216 STATE STREET FORT MORGAN, CO 80701		501 (C) 3		41,404	FMV	FOOD	FOOD DISTRIBUTION

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METROPOLITAN COMMUNITY -TEFAP 980 CLARKSON ST DENVER,CO 80218		501 (C) 3		39,889	FMV	FOOD	FOOD DISTRIBUTION
ST ANTHONYS FOOD BANK - TEFAP 3801 W OHIO AVE DENVER,CO 80219		501 (C) 3		39,659	FMV	FOOD	FOOD DISTRIBUTION
UNIVERSITY CHRCH OF CHRST - TEFAP 2000 S MILWAUKEE ST DENVER,CO 80210		501 (C) 3		39,079	FMV	FOOD	FOOD DISTRIBUTION

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CHURCH OF THE NAZARENE-TEFAP 3595 HIGHWAY 6 FRONTAGE PALISADE, CO 81526		501 (C) 3		38,823	FMV	FOOD	FOOD DISTRIBUTION
COLORADO COMMUNITY CHURCH 220 S CHAMBERS AURORA, CO 80014		501 (C) 3		38,405	FMV	FOOD	FOOD DISTRIBUTION
ORCHARD ROAD CHRISTIAN CENTER - TEFAP 8081 E ORCHARD ROAD GREENWOOD VILLAGE, CO 80111		501 (C) 3		37,753	FMV	FOOD	FOOD DISTRIBUTION

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AGAPE LIFE CHURCH (PANTRY)-TEFAP 5970 W 60TH AVE ARVADA,CO 80003		501 (C) 3		37,492	FMV	FOOD	FOOD DISTRIBUTION
MONTBELLO COOP MINISTRY - TEFAP 4685 PEORIA ST STE 221A DENVER,CO 80239		501 (C) 3		36,532	FMV	FOOD	FOOD DISTRIBUTION
FBR MP - RISEN CHRIST - TEFAP 3060 S MONACO PARKWAY DENVER,CO 80222		501 (C) 3		34,245	FMV	FOOD	FOOD DISTRIBUTION

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AURORA INTER CHURCH TASK FORCE - TEFAP 1553 CLINTON STREET AURORA,CO 80010		501 (C) 3		34,012	FMV	FOOD	FOOD DISTRIBUTION
COOPERATING MINISTRY LOGAN - TEFAP 230 N 10TH AVENUE STERLING,CO 80751		501 (C) 3		33,647	FMV	FOOD	FOOD DISTRIBUTION
STRASBURG COMMUNITY CHURCH - TEFAP 56155 SUNSET AVE STRASBURG,CO 80136		501 (C) 3		33,602	FMV	FOOD	FOOD DISTRIBUTION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVE INC OF YAMPA VALLEY - TEFAP 595 BREEZE ST CRAIG, CO 81625		501 (C) 3		32,586	FMV	FOOD	FOOD DISTRIBUTION
BROADWAY ASSISTANCE CENTER - TEFAP 1449 W LITTLETON BLVD 100 LITTLETON, CO 80120		501 (C) 3		31,787	FMV	FOOD	FOOD DISTRIBUTION
RURAL COMMUNITY RESOURCE CENTER - MP TEFAP 410 WEST HOAG AVE YUMA, CO 80759		501 (C) 3		30,591	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON COUNTY CONNECTIONS - MP TEFAP 551 W 2ND STREET AKRON, CO 80720		501 (C) 3		29,937	FMV	FOOD	FOOD DISTRIBUTION
WASHINGTON COUNTY CONNECTIONS - MP TEFAP 551 W 2ND STREET AKRON, CO 80720		501 (C) 3		29,937	FMV	FOOD	FOOD DISTRIBUTION
NEW GENESIS - TEFAP 1680 SHERMAN STREET DENVER, CO 80203		501 (C) 3		27,810	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SHEPHERD FOOD BANK - TEFAP 650 KENNEDY STREET NORTHGLENN, CO 80234		501 (C) 3		26,774	FMV	FOOD	FOOD DISTRIBUTION
LIFT-UP ROUTT CNTY-TEFAP 2125 CURVE CT STEAMBOAT SPRINGS, CO 80487		501 (C) 3		26,296	FMV	FOOD	FOOD DISTRIBUTION
MOUNTAIN FAMILY CENTER - TEFAP 480 E AGATE GRANBY, CO 80446		501 (C) 3		26,153	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FBR MP - RIO BLANCO - TEFAP 734 SCARLET DRIVE GRAND JUNCTION, CO 81505		501 (C) 3		25,627	FMV	FOOD	FOOD DISTRIBUTION
ST GEORGE EPISCOPAL CHURCH - MP TEFAP 200 W 4TH STREET LEADVILLE, CO 80461		501 (C) 3		24,984	FMV	FOOD	FOOD DISTRIBUTION
OPEN ARMS FOOD BANK - TEFAP 6500 W COALMINE AVE LITTLETON, CO 80123		501 (C) 3		24,898	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ANTHONY'S CATHOLIC CHURCH - MP TEFAP 606 W 3RD STREET JULESBURG, CO 80737		501 (C) 3		23,830	FMV	FOOD	FOOD DISTRIBUTION
THE GATHERING PLACE (PANTRY)- TEFAP 1535 HIGH STREET DENVER, CO 80218		501 (C) 3		23,174	FMV	FOOD	FOOD DISTRIBUTION
SCOTT UNITED METHODIST - TEFAP 2880 GARFIELD ST DENVER, CO 80205		501 (C) 3		22,632	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLATEAU VALLEY ASSEMBLY - TEFAP 51228 HWY 330 COLBRAN, CO 81624		501 (C) 3		22,452	FMV	FOOD	FOOD DISTRIBUTION
PEACE WITH CHRIST LUTHERAN - MP TEFAP 3290 S TOWER ROAD AURORA, CO 80001		501 (C) 3		22,258	FMV	FOOD	FOOD DISTRIBUTION
JACKSON COUNTY FAIRGROUNDS - MP TEFAP 686 CO ROAD 42 WALDEN, CO 80480		501 (C) 3		22,015	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILLIPS UNITED METHODIST CHURCH - MP TEFAP 1450 S PIERCE STREET LAKEWOOD, CO 80232		501 (C) 3		21,196	FMV	FOOD	FOOD DISTRIBUTION
BURLINGTON COMMUNITY CENTER - MP TEFAP 340 S 14TH STREET BURLINGTON, CO 80807		501 (C) 3		21,057	FMV	FOOD	FOOD DISTRIBUTION
LIGHT OF THE WORLD CATHOLIC CHURCH - MP TEFAP 10316 W BOWELS AVE LITTLETON, CO 80127		501 (C) 3		21,045	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS AT THEIR BEST - TEFAP 414 SOUTHRIDGE ROAD FORT MORGAN, CO 80701		501 (C) 3		20,376	FMV	FOOD	FOOD DISTRIBUTION
ARAPAHOE COUNTY HS AURORA - TEFAP 14980 E ALAMEDA DR AURORA, CO 80012		501 (C) 3		19,494	FMV	FOOD	FOOD DISTRIBUTION
EPWORTH UNITED METHODIST - TEFAP 3401 HIGH ST DENVER, CO 80205		501 (C) 3		18,752	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR HUB-SNR SOLUTIONS - TEFAP 2360 W 90TH AVENUE FEDERAL HEIGHTS, CO 80260		501 (C) 3		18,678	FMV	FOOD	FOOD DISTRIBUTION
LOAVES & FISHES IDAHO SPRGS - TEFAP 545 HIGHWAY 103 IDAHO SPRINGS, CO 80452		501 (C) 3		18,378	FMV	FOOD	FOOD DISTRIBUTION
ARAPAHOE HOUSE - TEFAP 8801 LIPAN STREET THORNTON, CO 80260		501 (C) 3		18,230	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY VAIL VALLEY - TEFAP 322 E BEAVER CREEK BLVD AVON, CO 81620		501 (C) 3		16,991	FMV	FOOD	FOOD DISTRIBUTION
DENVER INDIAN CENTER - TEFAP 4407 MORRISON RD DENVER, CO 80219		501 (C) 3		16,954	FMV	FOOD	FOOD DISTRIBUTION
INTERFAITH CHAPEL - MP TEFAP 0090 LARIAT LOOP EDWARDS, CO 81632		501 (C) 3		15,557	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERVICIOS DE LA RAZA INC - TEFAP 4055 TEJON ST DENVER, CO 80211		501 (C) 3		15,556	FMV	FOOD	FOOD DISTRIBUTION
DEPT OF HUMAN SER GILPIN - TEFAP 2960 DORY HILL RD STE 100 BLACK HAWK, CO 80422		501 (C) 3		15,492	FMV	FOOD	FOOD DISTRIBUTION
JEFFERSON AVENUE UNITED METHODIST - MP TEFAP 4425 KIPLING STREET WHEAT RIDGE, CO 80033		501 (C) 3		15,457	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITOL HILL COMM SERV - TEFAP 4000 E QUINCY AVENUE ENGLEWOOD, CO 80113		501 (C) 3		15,406	FMV	FOOD	FOOD DISTRIBUTION
EL JEBEL HEALTH AND HUMAN SERVICES - MP TEFAP 0020 EAGLE COUNTY DRIVE CARBONDALE, CO 81623		501 (C) 3		14,703	FMV	FOOD	FOOD DISTRIBUTION
THE GATHERING PLACE (SK)- TEFAP 1535 HIGH STREET DENVER, CO 80218		501 (C) 3		13,940	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY-W ADAMS - TEFAP 2821 W 65TH PLACE DENVER,CO 80221		501 (C) 3		13,135	FMV	FOOD	FOOD DISTRIBUTION
ARAPAHOE COUNTY HS LITTLETON - TEFAP 1690 W LITTLETON BLVD LITTLETON,CO 80120		501 (C) 3		13,009	FMV	FOOD	FOOD DISTRIBUTION
PIONEER VILLAGE MOBILE HOME PARK MP TEFAP 2901 W 63RD AVE DENVER,CO 80221		501 (C) 3		13,004	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT ANGEL HEART - TEFAP 4950 WASHINGTON STREET DENVER, CO 80216		501 (C) 3		12,047	FMV	FOOD	FOOD DISTRIBUTION
PHILLIPS COUNTY EVENT CENTER - MP TEFAP 22505 US HWY 385 HOLYOKE, CO 80743		501 (C) 3		11,870	FMV	FOOD	FOOD DISTRIBUTION
BRIGHTON TOWN HALL - MP TEFAP 22 S 4TH STREET BRIGHTON, CO 80601		501 (C) 3		11,266	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING MINISTRY MORGAN BRUSH - TEFAP 216 STATE STREET FORT MORGAN, CO 80701		501 (C) 3		11,031	FMV	FOOD	FOOD DISTRIBUTION
SUMMIT STAGE BUS BARN - MP TEFAP 0222 COUNTY SHOPS ROAD FRISCO, CO 80443		501 (C) 3		9,732	FMV	FOOD	FOOD DISTRIBUTION
FAIRPLAY ADVENTIST COMM - TEFAP 801 CASTELLO AVE FAIRPLAY, CO 80440		501 (C) 3		9,661	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAHLIA STREET CHURCH - TEFAP 1100 DAHLIA STREET DENVER, CO 80220		501 (C) 3		9,335	FMV	FOOD	FOOD DISTRIBUTION
MISSISSIPPI AVE BAPTIST CHURCH - TEFAP 13231 E MISSISSIPPI AVENUE AURORA, CO 80001		501 (C) 3		9,050	FMV	FOOD	FOOD DISTRIBUTION
HIS PROVISION INC - TEFAP 705 ULYSSES ST GOLDEN, CO 80401		501 (C) 3		8,652	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY CENTENNIAL CORPS - TEFAP 3900 EARAPAHOE RD CENTENNIAL, CO 80122		501 (C) 3		8,574	FMV	FOOD	FOOD DISTRIBUTION
HOMEWARD BOUND-GRAND VALLEY-TEFAP 2853 NORTH AVENUE GRAND JUCTION, CO 81501		501 (C) 3		8,487	FMV	FOOD	FOOD DISTRIBUTION
WARREN VILLAGE INC - TEFAP 1323 GILPIN ST DENVER, CO 80218		501 (C) 3		8,405	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHT & LIFE COMMUNITY - TEFAP 220 S YARROW LAKEWOOD, CO 80226		501 (C) 3		8,217	FMV	FOOD	FOOD DISTRIBUTION
FBR MP - PAX CHRISTI - TEFAP 5761 MCARTHUR RANCH ROAD LITTLETON, CO 80124		501 (C) 3		8,164	FMV	FOOD	FOOD DISTRIBUTION
KREMMLING COMM CHURCH - TEFAP 204 S 4TH STREET KREMMLING, CO 80459		501 (C) 3		7,831	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALVARY TEMPLE CHRISTIAN - TEFAP 7390 W 38TH AVENUE WHEAT RIDGE, CO 80033		501 (C) 3		6,871	FMV	FOOD	FOOD DISTRIBUTION
PRAIRIE FAMILY CENTER - TEFAP 372 14TH BURLINGTON, CO 80807		501 (C) 3		6,864	FMV	FOOD	FOOD DISTRIBUTION
SENIORS' RESOURCE CNTR - TEFAP 5120 HWY 73 EVERGREEN, CO 80439		501 (C) 3		6,817	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE LIFE CHURCH (SK)-TEFAP 5970 W 60TH AVE ARVADA, CO 80003		501 (C) 3		6,809	FMV	FOOD	FOOD DISTRIBUTION
BENNETT COMM FOOD BANK - TEFAP 1100 W COLFAX AVENUE BENNETT, CO 80102		501 (C) 3		6,702	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY DENVER CITADEL - TEFAP 4505 WALAMEDA AVE DENVER, CO 80219		501 (C) 3		6,418	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPEN HEALTH & HUMAN SERVICE MP TEFAP 0405 CASTLE CREEK RD ASPEN, CO 81611		501 (C) 3		5,980	FMV	FOOD	FOOD DISTRIBUTION
RESTORATION CHRISTIAN FELLOWSHIP - MP TEFAP 15640 E 6TH AVE AURORA, CO 80011		501 (C) 3		5,918	FMV	FOOD	FOOD DISTRIBUTION
FEEDING MINDS ENRICH LIVE - TEFAP 6000 W 9TH AVENUE LAKEWOOD, CO 80214		501 (C) 3		5,620	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRED HEART HOUSE - TEFAP 2844 LAWRENCE STREET DENVER, CO 80205		501 (C) 3		5,038	FMV	FOOD	FOOD DISTRIBUTION

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015

Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
FOOD BANK OF THE ROCKIES

Employer identification number

84-0772672

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEVIN SEGSELKE PRESIDENT & CEO	(i)	179,084 -----	17,703 -----	0 -----	8,855 -----	19,470 -----	225,112 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 MARSHALL ASTERCFO	(i)	108,481 -----	13,171 -----	0 -----	5,474 -----	25,197 -----	152,323 -----	0 -----
	(ii)	0	0	0	0	0	0	0
3 VINCENT ALEXISCOO	(i)	113,233 -----	13,473 -----	0 -----	5,068 -----	25,237 -----	157,011 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **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**

Name of the organization
FOOD BANK OF THE ROCKIES

Employer identification number
84-0772672

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	5,000	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	16	78,015	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	55,203,769	80,156,985	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)	See Additional Data			
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	
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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?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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
30a		No
31	Yes	
32a		No
33		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION RECEIVED MULTIPLE CONTRIBUTIONS OF FOOD INVENTORY FROM MULTIPLE CONTRIBUTORS IN TOTAL, 55,203,769 POUNDS OF FOOD INVENTORY WERE DONATED

Additional Data

Software ID:
Software Version:
EIN: 84-0772672
Name: FOOD BANK OF THE ROCKIES

Part I, Types of Property, Lines 25-28

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ▶ (SIGNAGE)	X	1	11,880	FMV
Other ▶ (GIFT CARDS)	X	1	2,340	FMV
Other ▶ (VEHICLE PARTS)	X	1	1,200	FMV
Other ▶ (GUARD RAIL)	X	1	768	FMV
Other ▶ (STAMPS)	X	1	720	FMV

**SCHEDULE O
(Form 990 or
990-EZ)**

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2015

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue
Service

Name of the organization
FOOD BANK OF THE ROCKIES

Employer identification number

84-0772672

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE REVIEWS THE RETURN IN DETAIL BEFORE THE RETURN IS FILED AFTER THE REVIEW BY THE AUDIT COMMITTEE, THE BOARD OF DIRECTORS RECEIVES A COPY OF THE FORM 990 PRIOR TO IT BEING FILED
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE ON AN ANNUAL BASIS IF ANY CONFLICTS OF INTEREST EXIST, THE BOARD MEMBERS RECUSE THEMSELVES FROM VOTING ON ANY MATTERS PERTAINING TO THE CONFLICT THE ORGANIZATION INQUIRES ABOUT ADDITIONAL CONFLICTS OF INTEREST AT BOARD MEETINGS TO IDENTIFY ANY NEW CONFLICTS OF INTEREST THAT MAY HAVE ARISEN SINCE THE ANNUAL DISCLOSURE WAS SIGNED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EVERY TWO YEARS, THE CEO GATHERS SALARY COMPENSATION DATA FROM SALARY SURVEY COMPARISONS FOR EACH POSITION WITHIN THE ORGANIZATION THE EXECUTIVE COMMITTEE USES THIS INFORMATION TO SET THE SALARY FOR THE CEO BASED UPON EMPLOYEE PERFORMANCE REVIEWS AND THE SALARY SURVEY DATA, A SALARY INCREASE IS PROPOSED FOR ALL EMPLOYEES, INCLUDING THE CEO AND OTHER OFFICERS AND KEY EMPLOYEES THE SALARY INCREASES ARE PRESENTED TO THE EXECUTIVE COMMITTEE, WHO REVIEWS AND APPROVES THE PROPOSED SALARY LEVELS THE ORGANIZATION MAINTAINS THE NECESSARY DOCUMENTATION OF HOW THE SALARY LEVELS ARE DETERMINED EMPLOYEE REVIEWS ARE DONE EACH YEAR
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE EXECUTIVE COMMITTEE CONSISTS OF THOSE MEMBERS OF THE BOARD WHO ARE FROM TIME TO TIME SERVING AS OFFICERS OF FBR, AND THE CHAIRPERSONS OF THE DEVELOPMENT COMMITTEE AND OPERATIONS COMMITTEE IN ADDITION, THE CHAIRPERSON OF THE BOARD SERVES AS THE CHAIRPERSON OF THE EXECUTIVE COMMITTEE, AND THE PRESIDENT AND CEO IS A NON-VOTING EX OFFICIO MEMBER OF THE EXECUTIVE COMMITTEE. THE OUTGOING CHAIRPERSON OF THE EXECUTIVE COMMITTEE IS A NON-VOTING EX OFFICIO MEMBER OF THE EXECUTIVE COMMITTEE FOR UP TO ONE YEAR FOLLOWING HIS/HER DEPARTURE FROM THE POST OF CHAIRPERSON. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO (1) REVIEW THE OPERATIONS OF FBR AND RECEIVE THE REPORTS AND RECOMMENDATIONS OF THE PRESIDENT AND CEO, (2) ESTABLISH DIRECTION, GOALS, PRIORITIES, AND ASSIGNMENTS FOR THE OTHER COMMITTEES, IF ANY, (3) COORDINATE THE ACTIVITIES OF THOSE OTHER COMMITTEES, (4) EXPLORE MAJOR POLICY MATTERS AND MAKE RECOMMENDATIONS TO THE BOARD WITH RESPECT TO SUCH MATTERS, (5) EVALUATE THE PERFORMANCE OF THE PRESIDENT AND CEO AT LEAST ANNUALLY, AND (6) REPORT TO THE BOARD WITH RESPECT TO ITS ACTIONS.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
FOOD BANK OF THE ROCKIES

Employer identification number

84-0772672

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FOOD BANK OF THE ROCKIES ENDOWMENT FUND 10700 EAST 45TH AVENUE DENVER, CO 80239 26-0211983	INVESTMENTS	CO	501(C)(3)	LINE 7	N/A		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation
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