

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
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 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): 10700 EAST 45TH AVENUE Room/suite:
 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 \$ 101,449,373

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? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527
J Website: WWW.FOODBANKROCKIES.ORG

K Form of organization: Corporation Trust Association 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 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)	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	21
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	148
6 Total number of volunteers (estimate if necessary)	23,364
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	90,739,744	95,191,747
9 Program service revenue (Part VIII, line 2g)	6,530,581	6,091,471
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,104	43,224
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-93,652	-113,743
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	97,189,777	101,212,699
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,458,242	7,676,639
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)	6,595,904	6,998,114
16a Professional fundraising fees (Part IX, column (A), line 11e)	778,032	735,095
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,840,701		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	78,176,534	84,957,286
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	95,008,712	100,367,134
19 Revenue less expenses Subtract line 18 from line 12	2,181,065	845,565

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	24,793,193	25,425,395
21 Total liabilities (Part X, line 26)	2,313,357	2,099,994
22 Net assets or fund balances Subtract line 21 from line 20	22,479,836	23,325,401

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: ***** Date: 2017-11-09
 MARSHALL ASTER CFO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: DORI J EGGETT Preparer's signature: DORI J EGGETT Date:
 Check if self-employed PTIN: P00645252
 Firm's name: EKS&H LLLP Firm's EIN: 46-1497033
 Firm's address: 8181 E TUFTS AVENUE SUITE 600 Phone no: (303) 740-9400
 DENVER, CO 802372579

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 \$ 30,514,548 including grants of \$) (Revenue \$ 2,354,468)
 See Additional Data

4b (Code) (Expenses \$ 32,471,933 including grants of \$) (Revenue \$)
 See Additional Data

4c (Code) (Expenses \$ 16,245,292 including grants of \$ 2,631,464) (Revenue \$ 933,840)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
 (Expenses \$ 17,949,606 including grants of \$ 5,045,175) (Revenue \$ 2,750,401)

4e Total program service expenses ▶ 97,181,379

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

Part IV Checklist of Required Schedules (continued)

	Yes	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?		
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>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		No
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>		No
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>		No
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>		No
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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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>		No
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>		No
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>		No
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	Yes	

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (22), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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
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

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	264,459				
	b Membership dues	1b					
	c Fundraising events	1c	389,667				
	d Related organizations	1d					
	e Government grants (contributions)	1e	8,092,510				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	86,445,111				
	g Noncash contributions included in lines 1a-1f \$ _____		83,775,684				
	h Total. Add lines 1a-1f		95,191,747				
Program Service Revenue		Business Code					
	2a GOVERNMENT CONTRACTS	900099	3,206,314	3,206,314			
	b PURCHASED FOOD	900099	1,908,783	1,908,783			
	c AGENCY SUPPORT FEES	900099	976,374	976,374			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		6,091,471					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		19,078			19,078	
	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				
		b Less cost or other basis and sales expenses		660	3,194		
		c Gain or (loss)		-660	24,806		
		d Net gain or (loss)			24,146		24,146
	8a Gross income from fundraising events (not including \$ 389,667 of contributions reported on line 1c) See Part IV, line 18	a		93,265			
		b Less direct expenses	b	232,820			
		c Net income or (loss) from fundraising events			-139,555		-139,555
	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	25,812			25,812		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		25,812					
12 Total revenue. See Instructions		101,212,699	6,091,471	0	-70,519		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,991,673	5,991,673		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	1,684,966	1,684,966		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	793,740	371,242	227,003	195,495
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.	4,769,159	3,705,013	639,537	424,609
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	134,782	107,869	16,550	10,363
9 Other employee benefits.	800,858	620,934	104,361	75,563
10 Payroll taxes.	499,575	369,389	75,910	54,276
11 Fees for services (non-employees)				
a Management.				
b Legal.	22,727		22,727	
c Accounting.	41,887	28,609	7,582	5,696
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	735,095			735,095
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).	256,909	197,465	20,076	39,368
12 Advertising and promotion.	49,131	32,334	10,359	6,438
13 Office expenses.	406,994	297,427	34,863	74,704
14 Information technology.	189,738	124,871	40,005	24,862
15 Royalties.				
16 Occupancy.	975,031	928,450	31,450	15,131
17 Travel.	120,229	87,862	10,299	22,068
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	41,333	27,202	8,715	5,416
20 Interest.	51,552	37,674	4,416	9,462
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,217,175	1,163,370	39,340	14,465
23 Insurance.	140,774	102,876	12,059	25,839
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	75,365,213	75,365,213		
b PURCHASED FOOD DISTRIBU	2,259,904	2,259,904		
c PREPARED MEALS & SNACKS	1,674,975	1,674,975		
d DISTRIBUTION COSTS	1,669,252	1,668,497	705	50
e All other expenses	474,462	333,564	39,097	101,801
25 Total functional expenses. Add lines 1 through 24e.	100,367,134	97,181,379	1,345,054	1,840,701
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,200	1	1,200
	2 Savings and temporary cash investments	5,107,260	2	5,941,648
	3 Pledges and grants receivable, net	274,425	3	182,950
	4 Accounts receivable, net	688,622	4	704,740
	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	6,493,071	8	6,815,887
	9 Prepaid expenses and deferred charges	307,567	9	373,640
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	18,713,457		
	b Less accumulated depreciation	7,308,127		
		11,921,048	10c	11,405,330
	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)	24,793,193	16	25,425,395	
Liabilities	17 Accounts payable and accrued expenses	818,032	17	883,373
	18 Grants payable		18	
	19 Deferred revenue	68,340	19	41,650
	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	1,212,925	23	1,090,378
	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	214,060	25	84,593
	26 Total liabilities. Add lines 17 through 25	2,313,357	26	2,099,994
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	16,158,739	27	16,064,449
	28 Temporarily restricted net assets	6,321,097	28	7,260,952
	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	22,479,836	33	23,325,401	
34 Total liabilities and net assets/fund balances	24,793,193	34	25,425,395	

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	101,212,699
2	Total expenses (must equal Part IX, column (A), line 25)	2	100,367,134
3	Revenue less expenses Subtract line 2 from line 1	3	845,565
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,479,836
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	23,325,401

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
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	2c	Yes	
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?	3a	Yes	
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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 84-0772672

Name: FOOD BANK OF THE ROCKIES

Form 990 (2016)

Form 990, Part III, Line 4a:

FIGHTING HUNGER FEEDING HOPE IS THE CENTRAL DISTRIBUTION PROGRAM OF FOOD BANK OF THE ROCKIES, SERVING APPROXIMATELY 680 HUNGER-RELIEF PROGRAMS IN 53 COUNTIES INCLUDING METROPOLITAN DENVER, NORTHERN COLORADO AND ALL OF WYOMING LAST YEAR, THE FOOD BANK DISTRIBUTED 60.6 MILLION POUNDS OF FOOD AND COMMODITIES - ENOUGH FOR OUR AGENCIES TO PROVIDE OVER 133,000 MEALS EACH DAY TO NEEDY CHILDREN, SENIORS AND FAMILIES

Form 990, Part III, Line 4b:

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 ABOUT 430 LOCAL RETAILERS AND CATERERS THROUGH THE STATE AND DISTRIBUTE IT TO OUR PARTNER AGENCIES

Form 990, Part III, Line 4c:

WYOMING FOOD BANK OF THE ROCKIES (WFBR) WORKS WITH OVER 140 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

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

(Code	) (Expenses \$	8,201,047	including grants of \$	) (Revenue \$)
MOBILE PANTRY					

(Code	) (Expenses \$	4,038,111	including grants of \$	3,360,209	) (Revenue \$	424,919)
THE EMERGENCY FOOD ASSISTANCE PROGRAM							

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

(Code) (Expenses \$ 2,625,533 including grants of \$ 1,684,966) (Revenue \$ 529,345)
COMMODITY SUPPLEMENTAL FOOD PROGRAM

(Code) (Expenses \$ 3,084,915 including grants of \$) (Revenue \$ 1,796,137)
CHILDREN'S NUTRITION NETWORK

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN SEGSELKE PRESIDENT & CEO	5 00	X		X				202,118	0	29,525
JON TANDLER BOARD CHAIR	5 00	X		X				0	0	0
PATRICK FAIRFIELD TREASURER	4 00	X		X				0	0	0
BOB DEUSCHLE SECRETARY	4 00	X		X				0	0	0
DAN BALL DIRECTOR	2 00	X						0	0	0
DR CHERYL LERNER DIRECTOR	2 00	X						0	0	0
NICK MORRIS DIRECTOR	2 00	X						0	0	0
KELLI MCGANNON DIRECTOR	2 00	X						0	0	0
AMY J DIAZ DIRECTOR	2 00	X						0	0	0
NICK BENHAM DIRECTOR	2 00	X						0	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			
MARTY SCHECHTER DIRECTOR	2 00	X						0	0	0
DANA BENFIELD DIRECTOR	2 00	X						0	0	0
PATRICIA NOVOSEL DIRECTOR	2 00	X						0	0	0
BRUCE ETKIN DIRECTOR	2 00	X						0	0	0
SUE HOBZA DIRECTOR	2 00	X						0	0	0
AMY GALES DIRECTOR	2 00	X						0	0	0
MARGARET ROSSOW DIRECTOR	2 00	X						0	0	0
GORDON BANKS DIRECTOR	2 00	X						0	0	0
STEPHANIE MANLEY DIRECTOR	2 00	X						0	0	0
TIFFANY TODD DIRECTOR	2 00	X						0	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			
JACK PARGEON DIRECTOR	2 00	X						0	0	0
DOUG WILHELM DIRECTOR	2 00	X						0	0	0
MARSHALL ASTER CFO	55 00			X				125,400	0	32,110
VINCENT ALEXIS COO	55 00			X				130,970	0	31,747
KIM RUOTSALA CDO	55 00			X				115,148	0	22,436
LEE BOTELER CPO	55 00			X				90,403	0	13,883

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
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

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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- 10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	69,720,928	77,131,907	80,686,426	90,739,744	95,191,747	413,470,752
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	69,720,928	77,131,907	80,686,426	90,739,744	95,191,747	413,470,752
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)						107,143,460
6	Public support. Subtract line 5 from line 4						306,327,292

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	69,720,928	77,131,907	80,686,426	90,739,744	95,191,747	413,470,752
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,636	10,206	8,099	11,577	19,078	62,596
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.)	63,130	29,894	29,796	26,001	25,812	174,633
11	Total support. Add lines 7 through 10						413,707,981
12	Gross receipts from related activities, etc. (see instructions)					12	32,057,917

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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	74.040 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	73.290 %

- 16a 33 1/3% support test—2016.** 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
- b 33 1/3% support test—2015.** 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
- 17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2015.** 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
- 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

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	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.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) 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 .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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? <i>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.</i>		
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? <i>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.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS - 2012 AMOUNT \$ 63,130 2013 AMOUNT \$ 29,894 2014 AMOUNT \$ 29,796 2015 AMOUNT \$ 26,001 2016 AMOUNT \$ 25,812

Schedule A Form 990 of 990-E 2016

SCHEDULE C
(Form 990 or 990-EZ)

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 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
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

	98,526,432	
	98,526,432	
	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? Yes No

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount			1,000,000	1,000,000	2,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000
c Total lobbying expenditures					
d Grassroots nontaxable amount			250,000	250,000	500,000
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ **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.

Department of the Treasury
Internal Revenue Service

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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,543,660	2,470,690	2,306,046	1,739,135	1,420,092
b Contributions	3,425	3,600	108,351	377,434	249,596
c Net investment earnings, gains, and losses	214,192	69,370	56,293	189,477	69,447
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,761,277	2,543,660	2,470,690	2,306,046	1,739,135

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 22 030 %
 - b** Permanent endowment ▶ 67 700 %
 - c** Temporarily restricted endowment ▶ 10 270 %
- 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
- | | Yes | No |
|--|--------|-----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | Yes |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes |
- 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' on 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		4,335,152	1,606,701	2,728,451
c Leasehold improvements		6,046,896	1,329,128	4,717,768
d Equipment		3,392,279	2,176,737	1,215,542
e Other		3,700,300	2,195,561	1,504,739
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				11,405,330

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
CAPITAL LEASE OBLIGATION	84,593
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	84,593

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	101,685,528
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	22,392
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	450,437
e	Add lines 2a through 2d	2e	472,829
3	Subtract line 2e from line 1	3	101,212,699
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	101,212,699

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	100,622,346
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	22,392
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	232,820
e	Add lines 2a through 2d	2e	255,212
3	Subtract line 2e from line 1	3	100,367,134
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	100,367,134

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
See Additional Data Table	

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 84-0772672

Name: FOOD BANK OF THE ROCKIES

Supplemental 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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FOOD BANK OF THE ROCKIES, INC ("FBR") AND FOOD BANK OF THE ROCKIES ENDOWMENT FUND ("FBREF") ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") FBR AND FBREF ARE NOT PRIVATE FOUNDATIONS WITHIN THE MEANING OF SECTION 509(A) OF THE CODE THE ORGANIZATION APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT METHODOLOGY TO REFLECT THE CONSOLIDATED FINANCIAL STATEMENT IMPACT OF CERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AFTER EVALUATING THE TAX POSITIONS TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN, THEREFORE, NO AMOUNTS HAVE BEEN RECOGNIZED AS OF JUNE 30, 2017 AND 2016 IF INCURRED, INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS ARE RECORDED IN THE PERIOD ASSESSED AS GENERAL AND ADMINISTRATIVE EXPENSE NO INTEREST OR PENALTIES HAVE BEEN ASSESSED AS OF JUNE 30, 2017 OR 2016

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FBR ENDOWMENT FUND REVENUES 217,617 SPECIAL EVENTS EXPENSES NETTED WITH INCOME 232,820

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES NETTED WITH INCOME 232,820

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2016

**Open to Public
Inspection**

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	3,042,937	735,095	2,307,842
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				3,042,937	735,095	2,307,842

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		JOE SAKIC EVENT (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	482,932			482,932
2	Less Contributions	389,667			389,667
3	Gross income (line 1 minus line 2)	93,265			93,265
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	5,373			5,373
	6 Rent/facility costs	95,981			95,981
	7 Food and beverages	54,359			54,359
	8 Entertainment	32,298			32,298
	9 Other direct expenses	44,809			44,809
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				232,820
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-139,555

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		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 | 13a | _____ % |
| b | An outside facility | 13b | _____ % |
- 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

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

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? Yes No
- 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.

(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
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 190

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
(1) FOOD FOR ELIGIBLE LOW-INCOME INDIVIDUALS	87620		1,684,966	FMV	FOOD
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	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
ADAMS COUNTY EMERGENCY FOOD BANK 7111 E 56TH AVENUE COMMERCE CITY, CO 80022		501 (C) 3	10,000				SALARY ASSISTANCE
HERITAGE CHRISTIAN CENTER 14401 E EXPOSITION AVE AURORA, CO 80012		501 (C) 3		6,640	FMV	FREEZER/SHELVES	CAPACITY BUILDING FOR 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
SECOR 16965 PINE LN SUITE 100 PARKER, CO 80134		501 (C) 3		6,500	FMV	ROLL-UP DOOR & ROLLING CARTS	CAPACITY BUILDING FOR FOOD DISTRIBUTION
CAMPBELL CSD 1 WYSLP 1000 CAMEL DRIVE GILLETTE, WY 82717		501 (C) 3		177,221	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 2 WYSLP 822 FRANK ST SHERIDAN, WY 82801		501 (C) 3		130,928	FMV	FOOD	FOOD DISTRIBUTION
SWEETWATER CSD1 WYSLP 350 MONROE AVE GREEN RIVER, WY 82935		501 (C) 3		106,669	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		89,894	FMV	FOOD	FOOD DISTRIBUTION
SWEETWATER CSD 2 WYSLP 1375 JAMES DR ROCK SPRINGS, WY 82901		501 (C) 3		78,599	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
ALBANY CSD 1 WYSLP 419 S 8TH ST LARAMIE, WY 82070		501 (C) 3		69,481	FMV	FOOD	FOOD DISTRIBUTION
LINCOLN CSD 2 STAR WYSLP 444 W SWIFT CREEK LANE AFTON, WY 83110		501 (C) 3		63,682	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
TETON CSD 1 WYSLP 1830 HIGH SCHOOL RD JACKSON, WY 83001		501 (C) 3		60,185	FMV	FOOD	FOOD DISTRIBUTION
CONVERSE CSD 1 WYSLP 1703 HAMILTON ST DOUGLAS, WY 82633		501 (C) 3		58,079	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 1WYSLP 221 N FERRIS POWELL, WY 82435		501 (C) 3		55,607	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD 25 WYSLP 851 COLLEGE DRIVE RIVERTON, WY 82501		501 (C) 3		52,459	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 6 WYSLP 919 CODY AVE CODY, WY 82414		501 (C) 3		51,253	FMV	FOOD	FOOD DISTRIBUTION
WASHAKIE CSD 1 WYSLP 1900 HOWELL AVENUE WORLAND, WY 82401		501 (C) 3		49,915	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
CARBON CSD 1 RAWLINS WYSLP 1301 DARNLEY RD RAWLINS, WY 82301		501 (C) 3		49,760	FMV	FOOD	FOOD DISTRIBUTION
SUBLETTE CSD 1 WYSLP 690 NORTH TYLER PINEDALE, WY 82941		501 (C) 3		46,576	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 1 WYSLP 1795 W MAIN LANDER, WY 82520		501 (C) 3		45,040	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD 14 WYSLP 636 BLUE SKY HIGHWAY ETHLETE, WY 82520		501 (C) 3		34,066	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		31,788	FMV	FOOD	FOOD DISTRIBUTION
UINTA CSD 4 WYSLP 3100 COUNTRY CLUB RD MOUNTAIN VIEW, WY 82939		501 (C) 3		31,553	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
PLATTE CSD 1 WYSLP 201 20TH ST WHEATLAND, WY 82201		501 (C) 3		30,837	FMV	FOOD	FOOD DISTRIBUTION
WESTON CSD 1 WYSLP 808 BIRCH STREET NEWCASTLE, WY 82701		501 (C) 3		26,131	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		25,200	FMV	FOOD	FOOD DISTRIBUTION
SUBLETTE CSD 9 WYSLP 225 S NICHOLS ST BIG PINEY, WY 83113		501 (C) 3		24,244	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
HOT SPRINGS CSD 1 WYSLP 231 PARK ST THERMOPOLIS, WY 82443		501 (C) 3		24,082	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD 21-WYSLP 90 ETHLETE ROAD FORT WASHAKIE, WY 82514		501 (C) 3		22,255	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		21,112	FMV	FOOD	FOOD DISTRIBUTION
LARAMIE CSD 2 BURNS WYSLP 630 E 4TH STREET BURNS, WY 82053		501 (C) 3		18,193	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
NATRONA CSD 1 WYSLP 770 NORTH GLENN RD CASPER, WY 82601		501 (C) 3		18,133	FMV	FOOD	FOOD DISTRIBUTION
UINTA CSD 1 WYSLP 164 YELLOW CREEK ROAD EVANSOTN, WY 82931		501 (C) 3		18,108	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
LARAMIE CSD 1 WYSLP 3320 MAXWELL AVENUE CHEYENNE, WY 82001		501 (C) 3		17,753	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD 24 WYSLP 404 WRANGLER WAY SHOSHONI, WY 82649		501 (C) 3		17,259	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
GOSHEN CSD 1 TORRINGTON WYSLP 2742 WEST E ST TORRINGTON, WY 82240		501 (C) 3		16,691	FMV	FOOD	FOOD DISTRIBUTION
CARBON CSD 2 SARATOGA WYSLP 801 WEST ELM AVE SARATOGA, WY 82331		501 (C) 3		16,082	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 6 WYSLP 12994 N COUGAR DRIVER PAVILLION, WY 82523		501 (C) 3		15,313	FMV	FOOD	FOOD DISTRIBUTION
BIG HORN CSD 4 WYSLP 919 WEST B STREET BASIN, WY 82410		501 (C) 3		15,062	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
GOSHEN CSD 1 SOUTHEAST WYSLP 1 LACEY ST YODER, WY 82444		501 (C) 3		14,717	FMV	FOOD	FOOD DISTRIBUTION
CROOK CSD 1 MOORCROFT WYSLP 101 S BELLE FOURCHE MOORCROFT, WY 82721		501 (C) 3		14,235	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		13,422	FMV	FOOD	FOOD DISTRIBUTION
BIG HORN CSD 3 WYSLP 600 8TH AVENUE NORTH GREYBULL, WY 82426		501 (C) 3		12,840	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		12,222	FMV	FOOD	FOOD DISTRIBUTION
WESTON CSD 7 WYSLP 802 JUNIPER UPTON, WY 82730		501 (C) 3		12,133	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 SUNDANCE WYSLP 1123 FAIRGROUND LOOP SUNDANCE, WY 82729		501 (C) 3		10,107	FMV	FOOD	FOOD DISTRIBUTION
LINCOLN CSD 1 WYSLP 1525 W 3RD KEMMERER, WY 83101		501 (C) 3		10,025	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
NORMATIVE SERVICES INC WYSLP 13 BRAYTON LANE SHERIDAN, WY 82801		501 (C) 3		9,781	FMV	FOOD	FOOD DISTRIBUTION
BIG HORN CSD 1 ROCKY MTN ELEM WYSLP 101 S DIVISION COWLEY, WY 82420		501 (C) 3		9,595	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
CARBON CSD 1 LITTLE SNAKE WYSLP 100 MEEKER ST BAGGS, WY 82321		501 (C) 3		9,395	FMV	FOOD	FOOD DISTRIBUTION
ST STEPHENS INDIAN SCHOOL 128 MISSION ROAD ST STEPHENS, WY 82524		501 (C) 3		9,107	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 SCHOOL WYSLP 1145 WEST 20TH STREET CASPER, WY 82604		501 (C) 3		8,817	FMV	FOOD	FOOD DISTRIBUTION
PLATTE CSD 2 WYSLP 555 S WYOMING GUERNSEY, WY 82214		501 (C) 3		8,106	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 6 WYSLP 116 N MAIN ST LYMAN, WY 82937		501 (C) 3		8,011	FMV	FOOD	FOOD DISTRIBUTION
BIG HORN CSD 1 BURLINGTON WYSLP 109 NORTH ST BURLINGTON, WY 82411		501 (C) 3		7,992	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 2 WYSLP 700 N FIRST ST DUBOIS, WY 82513		501 (C) 3		6,782	FMV	FOOD	FOOD DISTRIBUTION
ST MARYS SCHOOL WYSLP 2200 ONEILL AVENUE CHEYENNE, WY 82001		501 (C) 3		6,236	FMV	FOOD	FOOD DISTRIBUTION

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

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ST JOSEPHS CHILDRENS HOME WYSLP 1419 MAIN STREET TORRINGTON, WY 82240		501 (C) 3		5,680	FMV	FOOD	FOOD DISTRIBUTION
ST JOSEPHS CHURCH USDA 321 EAST 6TH STREET CHEYENNE, WY 82007		501 (C) 3		91,732	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
NEEDS INC USDA 900 CENTRAL AVE CHEYENNE, WY 82007		501 (C) 3		81,130	FMV	FOOD	FOOD DISTRIBUTION
LANDER CARE AND SHARE FOOD BANK USDA 281 GARFIELD STREET LANDER, WY 82520		501 (C) 3		57,124	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
HOLY CROSS CENTER INC USDA 1030 N LINCOLN CASPER, WY 82601		501 (C) 3		49,390	FMV	FOOD	FOOD DISTRIBUTION
INTERFAITH GOOD SAMARITAN USDA 710 E GARFIELD ST ROOM 127 LARAMIE, WY 82070		501 (C) 3		48,604	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
THE SALVATION ARMY A CA CORP SHERIDAN USDA 150 SOUTH TSCHIRGI SHERIDAN, WY 82801		501 (C) 3		46,266	FMV	FOOD	FOOD DISTRIBUTION
THE SALVATION ARMY A CA CORP CASPER USDA 441 S CENTER STREET CASPER, WY 82601		501 (C) 3		46,007	FMV	FOOD	FOOD DISTRIBUTION

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

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COUNCIL OF COMMUNITY SERVICES GILLETTE USDA 114 SOUTH 4J ROAD GILLETTE, WY 82716		501 (C) 3		37,200	FMV	FOOD	FOOD DISTRIBUTION
LAND OF GOSHEN MINISTRIES USDA 801 W VALLEY ROAD TORRINGTON, WY 82240		501 (C) 3		31,619	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
LORDS STOREHOUSE THE USDA 50 YELLOW CREEK RD EVANSTON, WY 82931		501 (C) 3		30,956	FMV	FOOD	FOOD DISTRIBUTION
FOOD BANK OF SWEETWATER COUNTY ROCK SPRINGS USDA 90 CENTER STREET ROCK SPRINGS, WY 82901		501 (C) 3		29,283	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
POWELL AMERICAN LEGION USDA 143 S CLARK STREET POWELL, WY 82435		501 (C) 3		29,020	FMV	FOOD	FOOD DISTRIBUTION
FREMONT COUNTY SAMARITAN USDA 921 E WASHINGTON AVE RIVERTON, WY 82501		501 (C) 3		28,297	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		27,691	FMV	FOOD	FOOD DISTRIBUTION
JOSHUAS STOREHOUSE 334 S WOLCOTT CASPER, WY 82601		501 (C) 3		26,307	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
BETHANY FELLOWSHIP CHURCH USDA 160 PLEASANT VIEW LANE WORLAND, WY 82401		501 (C) 3		16,905	FMV	FOOD	FOOD DISTRIBUTION
FOOD BANK OF SWEETWATER COUNTY GREEN RIVER USDA 550 UINTA SUITE F GREEN RIVER, WY 82935		501 (C) 3		15,956	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
PLATTE COUNTY COMMODITIES USDA 1357 SOUTH ST WHEATLAND, WY 82201		501 (C) 3		13,668	FMV	FOOD	FOOD DISTRIBUTION
GRACE BAPTIST CHURCH CODY USDA 4 SOUTH FORK ROAD CODY, WY 82414		501 (C) 3		13,155	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
DOUGLAS SENIOR CITIZENS CENTER USDA 340 1ST STREET WEST DOUGLAS, WY 82633		501 (C) 3		12,195	FMV	FOOD	FOOD DISTRIBUTION
ST THOMAS CHURCH USDA 9 SOUTH FIRST STREET DUBOIS, WY 82513		501 (C) 3		8,797	FMV	FOOD	FOOD DISTRIBUTION

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

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FROM THE HEART MINISTRIES USDA 2507 N STREET HWY 414 URIE, WY 82939		501 (C) 3		8,463	FMV	FOOD	FOOD DISTRIBUTION
STAR VALLEY SENIOR CENTER USDA 540 WASHINGTON STREET AFTON, WY 83110		501 (C) 3		8,354	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
RIVER OF LIFE CHURCH USDA 319 BROADWAY THERMOPOLIS, WY 82443		501 (C) 3		7,755	FMV	FOOD	FOOD DISTRIBUTION
BREAD USDA 627 PINE NEWCASTLE, WY 82701		501 (C) 3		7,271	FMV	FOOD	FOOD DISTRIBUTION

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

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BUFFALO SENIOR CENTER USDA 671 W FETTERMAN BUFFALO, WY 82834		501 (C) 3		7,254	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY BASIN UNIT USDA 407 W C ST BASIN, WY 82410		501 (C) 3		6,773	FMV	FOOD	FOOD DISTRIBUTION

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

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HELPING HEARTS INC USDA 115 S 4TH GLENROCK, WY 82637		501 (C) 3		6,292	FMV	FOOD	FOOD DISTRIBUTION
NIOBRARA SENIOR CENTER USDA 611 E 6TH STREET LUSK, WY 82225		501 (C) 3		6,189	FMV	FOOD	FOOD DISTRIBUTION

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

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GOOD SAMARITAN MISSION USDA 285 W PEARL JACKSON, WY 83001		501 (C) 3		5,970	FMV	FOOD	FOOD DISTRIBUTION
SET FREE MINISTRY CASPER USDA 636 EAST A STREET CASPER, WY 82604		501 (C) 3		5,727	FMV	FOOD	FOOD DISTRIBUTION

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

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CROOK COUNTY COUNCIL OF COUNTY SERVICES USDA SUNDA 108 N 8TH ST SUNDANCE, WY 82729		501 (C) 3		5,281	FMV	FOOD	FOOD DISTRIBUTION
ADAMS COUNTY EMERGENCY FOOD BANK - TEFAP 7111 E 56TH AVENUE COMMERCE CITY, CO 800224811		501 (C) 3		293,699	FMV	FOOD	FOOD DISTRIBUTION

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

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METRO CARERING - TEFAP 1615 OGDEN ST DENVER, CO 802181111		501 (C) 3		216,894	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY-GRAND JCT TEFAP PO BOX 578 GRAND JUCTION, CO 815020578		501 (C) 3		203,978	FMV	FOOD	FOOD DISTRIBUTION

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

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THE ACTION CENTER - TEFAP 8755 W 14TH AVE LAKEWOOD, CO 802150609		501 (C) 3		191,232	FMV	FOOD	FOOD DISTRIBUTION
ARVADA COMM FOOD BANK - TEFAP 8555 W 57TH AVENUE ARVADA, CO 800022326		501 (C) 3		95,300	FMV	FOOD	FOOD DISTRIBUTION

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

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DENVER URBAN MINISTRIES - TEFAP 1717 E COLFAX AVE DENVER, CO 802182508		501 (C) 3		93,461	FMV	FOOD	FOOD DISTRIBUTION
SHARING MINISTRIES INC- TEFAP 121 NORTH RIO GRAND AVENUE MONTROSE, CO 814013414		501 (C) 3		86,743	FMV	FOOD	FOOD DISTRIBUTION

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

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LIFT-UP GARFIELD-TEFAP 800 RAILROAD AVE RIFLE, CO 816501928		501 (C) 3		76,570	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY HARBOR LIGHT - TEFAP 2136 CHAMPA STREET DENVER, CO 80205		501 (C) 3		71,164	FMV	FOOD	FOOD DISTRIBUTION

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

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TWIN PARISHES - TEFAP 3663 HUMBOLDT STREET DENVER, CO 802053330		501 (C) 3		67,184	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY-DELTA TEFAP 302 MEEKER STREET DELTA, CO 814161950		501 (C) 3		61,510	FMV	FOOD	FOOD DISTRIBUTION

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

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FISH OF WESTMINSTER-WUMC - TEFAP 3585 W 76TH AVE WESTMINSTER, CO 800304854		501 (C) 3		53,418	FMV	FOOD	FOOD DISTRIBUTION
JEWISH FAMILY SERVICE COL - TEFAP 3201 S TAMARAC DR DENVER, CO 802314394		501 (C) 3		51,234	FMV	FOOD	FOOD DISTRIBUTION

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

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CANYON VIEW VINEYARD - TEFAP 736-24 1/2 ROAD GRAND JUCTION, CO 815059628		501 (C) 3		50,364	FMV	FOOD	FOOD DISTRIBUTION
COMMUNITY MINISTRY SW - TEFAP 1755 S ZUNI ST DENVER, CO 802233717		501 (C) 3		45,131	FMV	FOOD	FOOD DISTRIBUTION

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

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ORCHARD ROAD CHRISTIAN CENTER - TEFAP 8081 E ORCHARD ROAD GREENWOOD VILLAGE, CO 801112501		501 (C) 3		42,464	FMV	FOOD	FOOD DISTRIBUTION
ST AUGUSTINE FOOD PANTRY - TEFAP 129 S 6TH AVENUE BRIGHTON, CO 806012149		501 (C) 3		42,107	FMV	FOOD	FOOD DISTRIBUTION

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

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PHILLIPS UNITED METHODIST CHURCH - MP TEFAP 1450 S PIERCE STREET LAKEWOOD, CO 80232		501 (C) 3		40,756	FMV	FOOD	FOOD DISTRIBUTION
NORTHWEST FAMILY ASSISTNT - TEFAP 2224 W 32ND AVE DENVER, CO 802113318		501 (C) 3		34,710	FMV	FOOD	FOOD DISTRIBUTION

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

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MORGAN COUNTYDHS - MP TEFAP 750 ELLSWORTH ST BRUSH, CO 807230000		501 (C) 3		34,464	FMV	FOOD	FOOD DISTRIBUTION
BURLINGTON COMMUNITY CENTER - MP TEFAP 340 S 14TH STREET BURLINGTON, CO 808071801		501 (C) 3		32,994	FMV	FOOD	FOOD DISTRIBUTION

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

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SALVATION ARMY AURORA - TEFAP 802 QUARI COURT AURORA, CO 80011		501 (C) 3		32,036	FMV	FOOD	FOOD DISTRIBUTION
RESTORATION CHRISTIAN FELLOWSHIP - MP TEFAP 15640 E 6TH AVE AURORA, CO 80011		501 (C) 3		31,701	FMV	FOOD	FOOD DISTRIBUTION

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

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COLORADO AIDS PROJECT - TEFAP 2490 W 26TH AVE DENVER, CO 802115314		501 (C) 3		31,422	FMV	FOOD	FOOD DISTRIBUTION
COLORADO COMMUNITY CHURCH 220 S CHAMBERS AURORA, CO 800144528		501 (C) 3		31,203	FMV	FOOD	FOOD DISTRIBUTION

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

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IMMACULATE HEART MARY - TEFAP 11426 PEARL STREET NORTHGLENN, CO 802331931		501 (C) 3		30,935	FMV	FOOD	FOOD DISTRIBUTION
VOA SHELTERS - TEFAP 2660 LARIMER STREET DENVER, CO 802052219		501 (C) 3		30,324	FMV	FOOD	FOOD DISTRIBUTION

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

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DOUGLAS ELBERT TASK FORCE - TEFAP 1638 PARK ST CASTLE ROCK, CO 801093010		501 (C) 3		29,838	FMV	FOOD	FOOD DISTRIBUTION
LIFT-UP ROUTT CNTY-TEFAP 2125 CURVE CT STEAMBOAT SPRINGS, CO 804874913		501 (C) 3		29,281	FMV	FOOD	FOOD DISTRIBUTION

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GRANT AVE ST REACH - TEFAP 1600 GRANT ST DENVER, CO 802030000		501 (C) 3		27,573	FMV	FOOD	FOOD DISTRIBUTION
AGAPE LIFE CHURCH (PANTRY) -TEFAP 5970 W 60TH AVE ARVADA, CO 800035702		501 (C) 3		27,431	FMV	FOOD	FOOD DISTRIBUTION

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

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STRASBURG COMMUNITY CHURCH - TEFAP 56155 SUNSET AVE STRASBURG, CO 801367832		501 (C) 3		27,191	FMV	FOOD	FOOD DISTRIBUTION
JEFFERSON AVENUE UNITED METHODIST - MP TEFAP 4425 KIPLING STREET WHEAT RIDGE, CO 80033		501 (C) 3		26,564	FMV	FOOD	FOOD DISTRIBUTION

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

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ROSE OF SHARON FOOD BANK - TEFAP 5306 N LINCOLN ST DENVER, CO 802161933		501 (C) 3		26,192	FMV	FOOD	FOOD DISTRIBUTION
BRIGHTON TOWN HALL - MP TEFAP 22 S 4TH STREET BRIGHTON, CO 80601		501 (C) 3		25,795	FMV	FOOD	FOOD DISTRIBUTION

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

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RURAL COMMUNITY RESOURCE CENTER - MP TEFAP 410 WEST HOAG AVE YUMA, CO 80759		501 (C) 3		25,559	FMV	FOOD	FOOD DISTRIBUTION
KIDS AT THEIR BEST - TEFAP 414 SOUTHRIDGE ROAD FORT MORGAN, CO 807010000		501 (C) 3		25,473	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 COUNTY EVENT CENTER - MP TEFAP 22505 US HWY 385 HOLYOKE, CO 80743		501 (C) 3		25,271	FMV	FOOD	FOOD DISTRIBUTION
COVENANT CUPBOARD YOSEMITE - TEFAP 5400 S YOSEMITE STREET GREENWOOD VILLAGE, CO 801113301		501 (C) 3		25,076	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
JACKSON COUNTY FAIRGROUNDS - MP TEFAP 686 CO ROAD 42 WALDEN, CO 80480		501 (C) 3		24,994	FMV	FOOD	FOOD DISTRIBUTION
ST GEORGE EPISCOPAL CHURCH - MP TEFAP 200 W 4TH STREET LEADVILLE, CO 804613218		501 (C) 3		24,821	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
PIONEER VILLAGE MOBILE HOME PARK MP TEFAP 2901 W 63RD AVE DENVER, CO 80221		501 (C) 3		24,188	FMV	FOOD	FOOD DISTRIBUTION
ST ANTHONYS FOOD BANK - TEFAP 3801 W OHIO AVE DENVER, CO 802193226		501 (C) 3		23,892	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
CHURCH OF THE NAZARENE-TEFAP 3595 HIGHWAY 6 FRONTAGE PALISADE, CO 815260327		501 (C) 3		23,512	FMV	FOOD	FOOD DISTRIBUTION
LOVE INC OF YAMPA VALLEY - TEFAP 595 BREEZE ST CRAIG, CO 816252103		501 (C) 3		23,343	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
RIO BLANCO FAIRGROUNDS - MP TEFAP 779 SULFUR CREEK RD MEEKER, CO 81641		501 (C) 3		22,606	FMV	FOOD	FOOD DISTRIBUTION
THORNTON COMM FOOD BANK - TEFAP 8990 YORK STREET THORNTON, CO 802294659		501 (C) 3		22,600	FMV	FOOD	FOOD DISTRIBUTION

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

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HEALING WATERS FAMILY CENTER - MP TEFAP 6475 W 29TH AVE WHEAT RIDGE, CO 802148002		501 (C) 3		21,875	FMV	FOOD	FOOD DISTRIBUTION
UNIVERSITY CHRCH OF CHRST - TEFAP 2000 S MILWAUKEE ST DENVER, CO 802103521		501 (C) 3		21,322	FMV	FOOD	FOOD DISTRIBUTION

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

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AURORA INTER CHURCH TASK FORCE - TEFAP 1553 CLINTON STREET AURORA, CO 800102004		501 (C) 3		20,904	FMV	FOOD	FOOD DISTRIBUTION
METROPOLITAN COMMUNITY -TEFAP 980 CLARKSON ST DENVER, CO 802182703		501 (C) 3		20,267	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
MONTBELLO COOP MINISTRY - TEFAP 4685 PEORIA ST STE 221A DENVER, CO 802394819		501 (C) 3		20,150	FMV	FOOD	FOOD DISTRIBUTION
ARAPAHOE COUNTY HS AURORA - TEFAP 14980 E ALAMEDA DR AURORA, CO 800121542		501 (C) 3		19,924	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 807201404		501 (C) 3		19,740	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY ENGLEWOOD - TEFAP 3460 S SHERMAN ST AURORA, CO 80113		501 (C) 3		19,060	FMV	FOOD	FOOD DISTRIBUTION

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

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PEACE WITH CHRIST LUTHERAN - MP TEFAP 3290 S TOWER ROAD AURORA, CO 800013236		501 (C) 3		18,957	FMV	FOOD	FOOD DISTRIBUTION
FBR MP - RISEN CHRIST - TEFAP 3060 S MONACO PARKWAY DENVER, CO 802227012		501 (C) 3		18,944	FMV	FOOD	FOOD DISTRIBUTION

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

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GOOD SHEPHERD FOOD BANK - TEFAP 650 KENNEDY STREET NORTHGLENN, CO 802344004		501 (C) 3		17,949	FMV	FOOD	FOOD DISTRIBUTION
ST JAMES PRESBYTERIAN CHURCH - MP TEFAP 3601 W BELLEVIEW AVE LITTLETON, CO 801231757		501 (C) 3		17,230	FMV	FOOD	FOOD DISTRIBUTION

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

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COOPERATING MINISTRY LOGAN - TEFAP 230 N 10TH AVENUE STERLING, CO 807512856		501 (C) 3		16,554	FMV	FOOD	FOOD DISTRIBUTION
ST ANTHONY'S CATHOLIC CHURCH - MP TEFAP 606 W 3RD STREET JULESBURG, CO 807370000		501 (C) 3		16,424	FMV	FOOD	FOOD DISTRIBUTION

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

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NEW GENESIS - TEFAP 1680 SHERMAN STREET DENVER, CO 802031604		501 (C) 3		14,820	FMV	FOOD	FOOD DISTRIBUTION
MOUNTAIN FAMILY CENTER - TEFAP 480 E AGATE GRANBY, CO 80446		501 (C) 3		14,269	FMV	FOOD	FOOD DISTRIBUTION

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

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RED ROCKS COMMUNITY COLLEGE - MP TEFAP 13300 W 6TH AVE DENVER, CO 80228		501 (C) 3		13,753	FMV	FOOD	FOOD DISTRIBUTION
PLATEAU VALLEY ASSEMBLY - TEFAP 51228 HWY 330 COLBRAN, CO 816240257		501 (C) 3		13,698	FMV	FOOD	FOOD DISTRIBUTION

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

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FAMILY AND INTERCULTURAL RESOURCE SILVETHORN-TEFAP 251 W 4TH ST SILVERTHORNE, CO 804981636		501 (C) 3		13,334	FMV	FOOD	FOOD DISTRIBUTION
BRUSH UNITED METHODIST CHURCH 1701 EDMUNDS ST BRUSH, CO 807232325		501 (C) 3		13,117	FMV	FOOD	FOOD DISTRIBUTION

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THE GATHERING PLACE (PANTRY)- TEFAP 1535 HIGH STREET DENVER, CO 802181470		501 (C) 3		13,091	FMV	FOOD	FOOD DISTRIBUTION
OPEN ARMS FOOD BANK - TEFAP 6500 W COALMINE AVE LITTLETON, CO 801233894		501 (C) 3		12,952	FMV	FOOD	FOOD DISTRIBUTION

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INTERFAITH CHAPEL - MP TEFAP 0090 LARIAT LOOP EDWARDS, CO 81632		501 (C) 3		12,929	FMV	FOOD	FOOD DISTRIBUTION
HAXTUN COMMUNITY CENTER MP-TEFAP 124 E WILSON HAXTUN, CO 807310000		501 (C) 3		12,811	FMV	FOOD	FOOD DISTRIBUTION

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SALVATION ARMY VAIL VALLEY - TEFAP 322 E BEAVER CREEK BLVD AVON, CO 816200000		501 (C) 3		12,695	FMV	FOOD	FOOD DISTRIBUTION
SCOTT UNITED METHODIST - TEFAP 2880 GARFIELD ST DENVER, CO 802055045		501 (C) 3		11,795	FMV	FOOD	FOOD DISTRIBUTION

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EL JEBEL HEALTH AND HUMAN SERVICES - MP TEFAP 0020 EAGLE COUNTY DRIVE CARBONDALE, CO 81623		501 (C) 3		11,762	FMV	FOOD	FOOD DISTRIBUTION
SECOR- TEFAP 16965 PINE LANE SUITE 100 PARKER, CO 801346517		501 (C) 3		11,455	FMV	FOOD	FOOD DISTRIBUTION

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

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SENIOR HUB-SNR SOLUTIONS - TEFAP 2360 W 90TH AVENUE FEDERAL HEIGHTS, CO 802606700		501 (C) 3		11,329	FMV	FOOD	FOOD DISTRIBUTION
LIGHT OF THE WORLD CATHOLIC CHURCH - MP TEFAP 10316 W BOWELS AVE LITTLETON, CO 80127		501 (C) 3		10,790	FMV	FOOD	FOOD DISTRIBUTION

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SALVATION ARMY-W ADAMS - TEFAP 2821 W 65TH PLACE DENVER, CO 802212234		501 (C) 3		10,580	FMV	FOOD	FOOD DISTRIBUTION
WEST END FAMILY LINK CENTER - TEFAP 853 MAIN ST NUCLA, CO 814240602		501 (C) 3		10,480	FMV	FOOD	FOOD DISTRIBUTION

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

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CAPITOL HILL COMM SERV - TEFAP 4000 E QUINCY AVENUE ENGLEWOOD, CO 801130000		501 (C) 3		10,242	FMV	FOOD	FOOD DISTRIBUTION
HOMEWARD BOUND-GRAND VALLEY-TEFAP 2853 NORTH AVENUE GRAND JUCTION, CO 815015040		501 (C) 3		10,160	FMV	FOOD	FOOD DISTRIBUTION

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EVERGREEN CHRISTIAN CHURCH-TEFAP 27640 HIGHWAY 74 EVERGREEN, CO 804371515		501 (C) 3		9,955	FMV	FOOD	FOOD DISTRIBUTION
PROJECT ANGEL HEART - TEFAP 4950 WASHINGTON STREET DENVER, CO 802162026		501 (C) 3		9,773	FMV	FOOD	FOOD DISTRIBUTION

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

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ACS COMMUNITY LIFT - TEFAP 5045 W 1ST AVE DENVER, CO 802191005		501 (C) 3		9,672	FMV	FOOD	FOOD DISTRIBUTION
LOAVES & FISHES IDAHO SPRGS - TEFAP 545 HIGHWAY 103 IDAHO SPRINGS, CO 804529626		501 (C) 3		9,414	FMV	FOOD	FOOD DISTRIBUTION

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DENVER INDIAN CENTER - TEFAP 4407 MORRISON RD DENVER, CO 802190000		501 (C) 3		9,328	FMV	FOOD	FOOD DISTRIBUTION
INTEGRATED FAMILY COMMUNITY SERVICES - TEFAP 3370 S IRVING ST ENGLEWOOD, CO 801101816		501 (C) 3		9,283	FMV	FOOD	FOOD DISTRIBUTION

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GOLD MOUNTAIN VILLAGE - MP TEFAP 440 POWDER RUN DR CENTRAL CITY, CO 804270000		501 (C) 3		8,659	FMV	FOOD	FOOD DISTRIBUTION
EPWORTH UNITED METHODIST - TEFAP 3401 HIGH ST DENVER, CO 802054041		501 (C) 3		8,265	FMV	FOOD	FOOD DISTRIBUTION

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ARAPAHOE COUNTY HS LITTLETON - TEFAP 1690 W LITTLETON BLVD LITTLETON, CO 801205707		501 (C) 3		7,929	FMV	FOOD	FOOD DISTRIBUTION
FAMILY AND INTERCULTURAL RESOURCE BRECKENRID- TEFAP 1760 AIRPORT RD BRECKENRIDGE, CO 804981636		501 (C) 3		7,727	FMV	FOOD	FOOD DISTRIBUTION

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

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SERVICIOS DE LA RAZA INC - TEFAP 4055 TEJON ST DENVER, CO 802112214		501 (C) 3		7,398	FMV	FOOD	FOOD DISTRIBUTION
FBR MP - PAX CHRISTI - TEFAP 5761 MCARTHUR RANCH ROAD LITTLETON, CO 801249575		501 (C) 3		7,287	FMV	FOOD	FOOD DISTRIBUTION

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WARREN VILLAGE INC - TEFAP 1323 GILPIN ST DENVER, CO 802182552		501 (C) 3		6,923	FMV	FOOD	FOOD DISTRIBUTION
ARAPAHOE HOUSE - TEFAP 8801 LIPAN STREET THORNTON, CO 802604912		501 (C) 3		6,698	FMV	FOOD	FOOD DISTRIBUTION

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

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DEPT OF HUMAN SER GILPIN - TEFAP 2960 DORY HILL RD STE 100 BLACK HAWK, CO 804228771		501 (C) 3		6,670	FMV	FOOD	FOOD DISTRIBUTION
US FOREST SERVICE MP- TEFAP 806 W HALLAM ST ASPEN, CO 816110000		501 (C) 3		6,155	FMV	FOOD	FOOD DISTRIBUTION

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SALVATION ARMY CENTENNIAL CORPS - TEFAP 3900 EARAPAHOE RD CENTENNIAL, CO 801222078		501 (C) 3		5,518	FMV	FOOD	FOOD DISTRIBUTION
COMITIS CRISIS CENTER - TEFAP 2178 VICTOR STREET AURORA, CO 800457440		501 (C) 3		5,347	FMV	FOOD	FOOD DISTRIBUTION

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

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DAHLIA STREET CHURCH - TEFAP 1100 DAHLIA STREET DENVER, CO 802204201		501 (C) 3		5,096	FMV	FOOD	FOOD DISTRIBUTION
REDEEMING LOVE FELLOW - TEFAP 1201 W 41ST AVE DENVER, CO 802112565		501 (C) 3		5,054	FMV	FOOD	FOOD DISTRIBUTION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
FOOD BANK OF THE ROCKIES

Employer identification number
84-0772672

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>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.</p>	1b	
<p>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?</p>	2	
<p>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.</p> <p><input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee</p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p>	5a	No
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No
<p>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:</p> <p>a The organization?</p>	6a	No
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No
<p>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.</p>	7	No
<p>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.</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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)	181,700 -----	20,418 -----	0 -----	9,095 -----	20,430 -----	231,643 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 MARSHALL ASTERCFO	(i)	111,875 -----	13,525 -----	0 -----	5,643 -----	26,467 -----	157,510 -----	0 -----
	(ii)	0	0	0	0	0	0	0
3 VINCENT ALEXISCOO	(i)	116,729 -----	14,241 -----	0 -----	5,239 -----	26,508 -----	162,717 -----	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 L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

2016

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Department of the Treasury Internal Revenue Service

Name of the organization FOOD BANK OF THE ROCKIES

Employer identification number

84-0772672

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOSHUA SEGCELKE	SON OF CEO	42,391	W-2 WAGES		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **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**

OMB No 1545-0047

2016

Open to Public Inspection

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				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	18	48,536	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	54,218,635	83,670,458	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

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, 52,218,635 POUNDS OF FOOD INVENTORY WERE DONATED

Additional Data

Software ID:

Software Version:

EIN: 84-0772672

Name: FOOD BANK OF THE ROCKIES

Part I, 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)	16	46,631	FMV
Other ▶ (CARTS & RAILS)	1	7,218	FMV
Other ▶ (GIFT CARDS)	4	1,185	FMV
Other ▶ (STAMPS)	1	836	FMV
Other ▶ (VEHICLE PARTS)	6	820	FMV

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2016

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 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 REVIEW 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

2016

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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

	Yes	No
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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	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**