

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- 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) Room/suite
10700 EAST 45TH AVENUE

City or town, state or province, country, and ZIP or foreign postal code
DENVER, CO 80239

D Employer identification number
84-0772672

E Telephone number
(303) 371-9250

G Gross receipts \$ 110,514,877

F Name and address of principal officer
ERIN PULLING
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)

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW.FOODBANKROCKIES.ORG

H(c) Group exemption number

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)	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	19
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	158
6 Total number of volunteers (estimate if necessary)	20,321
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	1,736

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	98,597,834	102,149,146
9 Program service revenue (Part VIII, line 2g)	6,375,472	6,277,101
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,980	359,688
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-39,917	-53,780
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	104,960,369	108,732,155
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,723,303	10,128,644
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)	7,378,955	7,179,307
16a Professional fundraising fees (Part IX, column (A), line 11e)	764,471	773,043
b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 1,889,981		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	90,138,402	89,642,624
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	106,005,131	107,723,618
19 Revenue less expenses Subtract line 18 from line 12	-1,044,762	1,008,537
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	27,240,169	27,855,979
21 Total liabilities (Part X, line 26)	4,959,530	4,566,803
22 Net assets or fund balances Subtract line 21 from line 20	22,280,639	23,289,176

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: 2019-11-15

MARSHALL ASTER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2019-11-15

Check if self-employed PTIN: P00645252

Firm's name: PLANTE & MORAN PLLC Firm's EIN: 38-1357951

Firm's address: 8181 E TUFTS AVE SUITE 600 DENVER, CO 80237 Phone no: (303) 740-9400

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

WE HELP FAMILIES THRIVE BY EFFICIENTLY PROCURING AND DISTRIBUTING FOOD AND ESSENTIALS TO THE HUNGRY THROUGH OUR PROGRAMS AND PARTNER AGENCIES

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 \$ 38,120,941 including grants of \$) (Revenue \$)
 See Additional Data

4b (Code) (Expenses \$ 31,117,965 including grants of \$) (Revenue \$ 2,670,492)
 See Additional Data

4c (Code) (Expenses \$ 14,548,011 including grants of \$ 1,726,369) (Revenue \$ 588,791)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
 (Expenses \$ 20,204,032 including grants of \$ 8,402,275) (Revenue \$ 3,017,819)

4e Total program service expenses ▶ 103,990,949

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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
25b	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)		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	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	
28c	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	
35b	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>	Yes	
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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	158		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA, FL, GA, IL, KS, MN, NC, NJ, NM, NY, OR, PA, UT, VA, WA, WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARSHALL ASTER 10700 E 45TH AVENUE DENVER, CO 80239 (303) 371-9250

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation
List all of the organization's current key employees, if any
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation
List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation
List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (with sub-columns: Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c).

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like RKD GROUP, PRAIRIE WING BUILDERS LLC, etc.

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

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	185,090			
	b Membership dues	1b				
	c Fundraising events	1c	330,453			
	d Related organizations	1d	130,000			
	e Government grants (contributions)	1e	10,923,715			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	90,579,888			
	g Noncash contributions included in lines 1a - 1f \$		90,011,182			
	h Total. Add lines 1a-1f			102,149,146		
Program Service Revenue	2a GOVERNMENT CONTRACTS	Business Code				
		900099	3,192,819	3,192,819		
	b PURCHASED FOOD	900099	2,012,810	2,012,810		
	c AGENCY SUPPORT FEES	900099	1,071,472	1,071,472		
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f			6,277,101			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		96,224			96,224
	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			
		1,309,800	526,126			
	b Less cost or other basis and sales expenses	1,311,147	261,315			
	c Gain or (loss)	-1,347	264,811			
	d Net gain or (loss)			263,464		263,464
	8a Gross income from fundraising events (not including \$ 330,453 of contributions reported on line 1c) See Part IV, line 18	a	98,343			
	b Less direct expenses	b	210,260			
	c Net income or (loss) from fundraising events			-111,917		-111,917
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	58,137			58,137	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d			58,137			
12 Total revenue. See Instructions			108,732,155	6,277,101	0	305,908

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.	8,480,794	8,480,794		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	1,647,850	1,647,850		
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.	829,674	385,768	240,387	203,519
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.	4,795,694	3,723,834	648,170	423,690
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	140,350	110,350	18,305	11,695
9 Other employee benefits.	907,443	695,765	123,487	88,191
10 Payroll taxes.	506,146	372,847	78,150	55,149
11 Fees for services (non-employees)				
a Management.				
b Legal.	20,000		20,000	
c Accounting.	47,900	23,687	19,569	4,644
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	773,043			773,043
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).	772,853	392,011	303,854	76,988
12 Advertising and promotion.	41,449	19,545	18,072	3,832
13 Office expenses.	399,526	319,426	28,841	51,259
14 Information technology.	352,929	166,424	153,876	32,629
15 Royalties.				
16 Occupancy.	994,842	938,890	44,881	11,071
17 Travel.	110,290	88,178	7,962	14,150
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	48,296	22,774	21,057	4,465
20 Interest.	114,567	91,598	8,270	14,699
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,162,750	1,093,999	53,762	14,989
23 Insurance.	139,133	111,238	10,044	17,851
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	78,833,488	78,833,488		
b PURCHASED FOOD DISTRIBU	2,496,865	2,496,865		
c PREPARED MEALS & SNACKS	1,764,713	1,764,713		
d DISTRIBUTION COSTS	1,728,355	1,726,826	293	1,236
e All other expenses	614,668	484,079	43,708	86,881
25 Total functional expenses. Add lines 1 through 24e.	107,723,618	103,990,949	1,842,688	1,889,981
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	6,050,064	2	6,832,544
	3 Pledges and grants receivable, net	153,157	3	107,142
	4 Accounts receivable, net	658,548	4	642,948
	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	6,619,734	8	7,425,358
	9 Prepaid expenses and deferred charges	375,392	9	261,477
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	21,212,596		
	b Less accumulated depreciation	8,627,286		
		13,382,074	10c	12,585,310
	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)	27,240,169	16	27,855,979	
Liabilities	17 Accounts payable and accrued expenses	1,428,149	17	1,257,098
	18 Grants payable		18	
	19 Deferred revenue	131,209	19	101,126
	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	3,372,502	23	3,193,848
	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	27,670	25	14,731
	26 Total liabilities. Add lines 17 through 25	4,959,530	26	4,566,803
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	15,972,332	27	16,109,801
	28 Temporarily restricted net assets	6,308,307	28	7,179,375
	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	22,280,639	33	23,289,176	
34 Total liabilities and net assets/fund balances	27,240,169	34	27,855,979	

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	108,732,155
2	Total expenses (must equal Part IX, column (A), line 25)	2	107,723,618
3	Revenue less expenses Subtract line 2 from line 1	3	1,008,537
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,280,639
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	23,289,176

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 84-0772672

Name: FOOD BANK OF THE ROCKIES

Form 990 (2018)

Form 990, Part III, Line 4a:

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, DAIRY AND PRODUCE FROM 634 LOCAL RETAILERS AND CATERERS THROUGH THE STATE AND DISTRIBUTE IT TO OUR PARTNER AGENCIES

Form 990, Part III, Line 4b:

FIGHTING HUNGER FEEDING HOPE IS THE CENTRAL DISTRIBUTION PROGRAM OF FOOD BANK OF THE ROCKIES, SERVING APPROXIMATELY 690 HUNGER-RELIEF PROGRAMS IN 53 COUNTIES INCLUDING METROPOLITAN DENVER, NORTHERN COLORADO AND ALL OF WYOMING LAST YEAR, THE FOOD BANK DISTRIBUTED 70 MILLION POUNDS OF FOOD AND COMMODITIES - ENOUGH FOR OUR AGENCIES TO PROVIDE OVER 155,000 MEALS EACH DAY TO NEEDY CHILDREN, SENIORS AND FAMILIES

Form 990, Part III, Line 4c:

WYOMING FOOD BANK OF THE ROCKIES (WFBR) WORKS WITH APPROXIMATELY 180 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)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code)	(Expenses \$	7,541,331	including grants of \$	6,754,425)	(Revenue \$	872,105)
THE EMERGENCY FOOD ASSISTANCE PROGRAM						

(Code)	(Expenses \$	6,730,472	including grants of \$)	(Revenue \$)
MOBILE PANTRY						

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code)	(Expenses \$	3,214,760	including grants of \$) (Revenue \$	1,675,054)
CHILDREN'S NUTRITION NETWORK					
(Code)	(Expenses \$	2,717,469	including grants of \$	1,647,850)	(Revenue \$ 470,660)
COMMODITY SUPPLEMENTAL FOOD PROGRAM					

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUG WILHELM BOARD CHAIR	5 00	X		X				0	0	0
JACK PARGEON TREASURER	4 00	X		X				0	0	0
TIFFANY A TODD SECRETARY	4 00	X		X				0	0	0
DAN BALL DIRECTOR	2 00	X						0	0	0
GORDON BANKS DIRECTOR	2 00	X						0	0	0
GARRY BEAULIEU DIRECTOR	2 00	X						0	0	0
DANA BENFIELD DIRECTOR	2 00	X						0	0	0
NICK BENHAM DIRECTOR	2 00	X						0	0	0
CHRISTINA BOWEN DIRECTOR	2 00	X						0	0	0
AMY DIAZ 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			
RANDY HEIN DIRECTOR	2 00	X						0	0	0
REID GALBRAITH DIRECTOR	2 00	X						0	0	0
SUE HOBZA DIRECTOR	2 00	X						0	0	0
KELLI MCGANNON DIRECTOR	2 00	X						0	0	0
NICK MORRIS DIRECTOR	2 00	X						0	0	0
PATRICIA NOVOSEL VICE CHAIR	2 00	X		X				0	0	0
BART A PUGH DIRECTOR	2 00	X						0	0	0
MARGARET ROSSOW DIRECTOR	2 00	X						0	0	0
MICHAEL TOUSIGNANT DIRECTOR	2 00	X						0	0	0
MARSHALL ASTER CFO	50 00			X				130,465	0	33,236

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			
VINCENT ALEXIS COO	50 00			X				135,735	0	32,856
KIM RUOTSALA CDO	50 00			X				116,658	0	22,956
CINDY MITCHELL CPO	50 00			X				88,876	0	13,272
ERIN PULLING CEO (TERM START 01/2019)	50 00			X				0	0	0
MICHELLE BARNES INTERIM CEO	50 00			X				0	0	0
KEVIN SEGELKE PRESIDENT & CEO (END 6/2018)	50 00						X	153,190	0	15,997

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.

▶ Go to www.irs.gov/Form990 for the latest information.

2018

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	80,686,426	90,739,744	95,191,747	98,597,834	102,149,146	467,364,897
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	80,686,426	90,739,744	95,191,747	98,597,834	102,149,146	467,364,897
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)						111,231,652
6	Public support. Subtract line 5 from line 4						356,133,245

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	80,686,426	90,739,744	95,191,747	98,597,834	102,149,146	467,364,897
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,099	11,577	19,078	35,756	96,224	170,734
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.)	29,796	26,001	25,812	56,579	58,137	196,325
11	Total support. Add lines 7 through 10						467,731,956

12 Gross receipts from related activities, etc (see instructions) **12** 31,962,950

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 2018 (line 6, column (f) divided by line 11, column (f))	14	76.140 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	76.470 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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 ►

b 33 1/3% support tests—2017. 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 ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

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

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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 - 2014 AMOUNT \$ 29,796 2015 AMOUNT \$ 26,001 2016 AMOUNT \$ 25,812 2017 AMOUNT \$ 56,579 2018 AMOUNT \$ 58,137

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
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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
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
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

	105,833,637	
	105,833,637	
	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)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -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?

	250,000
	0
	0

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
FOOD BANK OF THE ROCKIES

Employer identification number
84-0772672

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 7/25/06, 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	3,042,275	2,761,276	2,543,659	2,470,689	2,306,046
b Contributions		100,950	3,425	3,600	108,350
c Net investment earnings, gains, and losses	99,547	180,049	214,192	69,370	56,293
d Grants or scholarships					
e Other expenditures for facilities and programs	130,000				
f Administrative expenses					
g End of year balance	3,011,822	3,042,275	2,761,276	2,543,659	2,470,689

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 19 200 %
 - b** Permanent endowment ▶ 80 800 %
 - c** Temporarily restricted endowment ▶
- 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 | | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 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		1,360,830		1,360,830
b Buildings		5,516,512	1,678,140	3,838,372
c Leasehold improvements		6,821,413	1,877,882	4,943,531
d Equipment		3,247,717	2,215,147	1,032,570
e Other		4,266,124	2,856,117	1,410,007
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				12,585,310

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	14,731
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	14,731

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	108,954,177
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	42,215	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	309,807	
e	Add lines 2a through 2d		2e	352,022
3	Subtract line 2e from line 1		3	108,602,155
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	130,000	
c	Add lines 4a and 4b		4c	130,000
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	108,732,155

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	107,976,093
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	42,215	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	210,260	
e	Add lines 2a through 2d		2e	252,475
3	Subtract line 2e from line 1		3	107,723,618
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	107,723,618

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	THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION AND IS EXEMPT FROM TAX UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3)

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FBR ENDOWMENT FUND REVENUES 99,547 SPECIAL EVENTS EXPENSES NETTED WITH INCOME 210,260

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	FBR ENDOWMENT FUND TRANSFER TO FBR 130,000

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES NETTED WITH INCOME 210,260

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

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			
RKD GROUP 35 PARKWOOD DR SUITE 160 HOPKINTON, MA 01748	DIRECT MAIL		No	3,109,240	773,043	2,336,197
Total				3,109,240	773,043	2,336,197

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)
		<u>JOE SAKIC EVENT</u> (event type)	<u>BLACK & WHITE EVENT</u> (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	407,621	21,175		428,796
	2 Less Contributions	314,278	16,175		330,453
	3 Gross income (line 1 minus line 2)	93,343	5,000		98,343
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	8,735	770		9,505
	6 Rent/facility costs	53,462	1,075		54,537
	7 Food and beverages	80,465	6,000		86,465
	8 Entertainment	10,000	1,325		11,325
	9 Other direct expenses	48,098	330		48,428
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				210,260
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-111,917

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 provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 150
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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FOOD FOR ELIGIBLE LOW-INCOME INDIVIDUALS	79635		1,647,850	FMV	FOOD
(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
ST JOSEPHS CHURCH USDA 206 VAN LENNEN AVENUE CHEYENNE, WY 82007		501 (C) 3		175,749	FMV	FOOD	FOOD DISTRIBUTION
NEEDS INC USDA 900 CENTRAL AVE CHEYENNE, WY 82007		501 (C) 3		130,425	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
LANDER CARE AND SHARE FOOD BANK USDA 281 GARFIELD STREET LANDER, WY 82520		501 (C) 3		96,501	FMV	FOOD	FOOD DISTRIBUTION
INTERFAITH GOOD SAMARITAN USDA 712 E CANBY ST LARAMIE, WY 82070		501 (C) 3		103,476	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
JOSHUAS STOREHOUSE 334 S WOLCOTT CASPER, WY 82601		501 (C) 3		110,000	FMV	FOOD	FOOD DISTRIBUTION
HOLY CROSS CENTER INC USDA 1030 N LINCOLN CASPER, WY 82601		501 (C) 3		107,770	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		46,288	FMV	FOOD	FOOD DISTRIBUTION
THE SALVATION ARMY A CA CORP SHERIDAN USDA 150 SOUTH TSCHIRGI SHERIDAN, WY 82801		501 (C) 3		32,773	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 CASPER USDA 441 S CENTER STREET CASPER, WY 82601		501 (C) 3		103,722	FMV	FOOD	FOOD DISTRIBUTION
COUNCIL OF COMMUNITY SERVICES GILLETTE USDA 114 SOUTH 4J ROAD GILLETTE, WY 82716		501 (C) 3		101,416	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
FOOD BANK OF SWEETWATER COUNTY ROCK SPRINGS USDA 90 CENTER STREET ROCK SPRINGS, WY 82901		501 (C) 3		84,953	FMV	FOOD	FOOD DISTRIBUTION
LAND OF GOSHEN MINISTRIES USDA 801 W VALLEY ROAD TORRINGTON, WY 82240		501 (C) 3		45,591	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LORDS STOREHOUSE THE USDA 50 YELLOW CREEK RD EVANSTON, WY 82931		501 (C) 3		46,534	FMV	FOOD	FOOD DISTRIBUTION
FREMONT COUNTY SAMARITAN USDA 921 E WASHINGTON AVE RIVERTON, WY 82501		501 (C) 3		36,176	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
BAPTIST YOUTH MISSION USDA 400 LINCOLN AVE SINCLAIR, WY 82334		501 (C) 3		33,824	FMV	FOOD	FOOD DISTRIBUTION
FOOD BANK OF SWEETWATER COUNTY GREEN RIVER USDA 550 UINTA SUITE F GREEN RIVER, WY 82935		501 (C) 3		29,167	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		19,306	FMV	FOOD	FOOD DISTRIBUTION
PLATTE COUNTY COMMODITIES USDA 1357 SOUTH ST WHEATLAND, WY 82201		501 (C) 3		29,547	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		22,210	FMV	FOOD	FOOD DISTRIBUTION
STAR VALLEY SENIOR CENTER USDA 540 WASHINGTON STREET AFTON, WY 83110		501 (C) 3		15,170	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
FROM THE HEART MINISTRIES USDA 2705 WY HWY 414 MOUNTAIN VIEW, WY 82939		501 (C) 3		17,114	FMV	FOOD	FOOD DISTRIBUTION
RIVER OF LIFE CHURCH USDA 319 BROADWAY THERMOPOLIS, WY 82443		501 (C) 3		15,222	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
BUFFALO SENIOR CENTER USDA 671 W FETTERMAN BUFFALO, WY 82834		501 (C) 3		9,084	FMV	FOOD	FOOD DISTRIBUTION
CROOK COUNTY COUNCIL OF COUNTY SERVICES USDA SUNDA 108 N 8TH ST SUNDANCE, WY 82729		501 (C) 3		17,093	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
BREAD USDA 627 PINE NEWCASTLE, WY 82701		501 (C) 3		21,490	FMV	FOOD	FOOD DISTRIBUTION
HELPING HEARTS INC USDA 115 S 4TH GLENROCK, WY 82637		501 (C) 3		17,497	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOOD CLOSET 111 RAKESTRAW BIG PINEY, WY 83113		501 (C) 3		11,531	FMV	FOOD	FOOD DISTRIBUTION
GOOD SAMARITAN MISSION USDA 285 W PEARL JACKSON, WY 83001		501 (C) 3		17,408	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
NIOBRARA SENIOR CENTER USDA 611 E 6TH STREET LUSK, WY 82225		501 (C) 3		12,093	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY BASIN UNIT USDA 407 W C ST BASIN, WY 82410		501 (C) 3		14,988	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
SOUTH LINCOLN HRC 506 CEDAR AVENUE KEMMERER, WY 83101		501 (C) 3		8,199	FMV	FOOD	FOOD DISTRIBUTION
UPTON COMMUNITY FOOD BANK USDA 821 HOLLY ST UPTON, WY 82730		501 (C) 3		10,498	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
WRIGHT COMMUNITY ASSISTANCE USDA 265 ROCHELLE DR WRIGHT, WY 82732		501 (C) 3		5,613	FMV	FOOD	FOOD DISTRIBUTION
THE KINGS PORTION 1954 E RICHARDS ST STE 8 DOUGLAS, WY 82633		501 (C) 3		14,613	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
ADAMS COUNTY EMERGENCY FOOD BANK - TEFAP 7111 E 56TH AVE COMMERCE CITY, CO 80022		501 (C) 3		717,631	FMV	FOOD	FOOD DISTRIBUTION
METRO CARING - TEFAP 1100 E 18TH AVE DENVER, CO 80218		501 (C) 3		432,532	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
COMMUNITY TABLE - TEFAP 8555 W 57TH AVE ARVADA, CO 80002		501 (C) 3		225,334	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY GRAND JUNCTION-TEFAP 1235 N 4TH ST GRAND JUNCTION, CO 81502		501 (C) 3		205,176	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 ACTION CENTER - TEFAP 8035 W COLFAX AVE LAKEWOOD, CO 80215		501 (C) 3		185,283	FMV	FOOD	FOOD DISTRIBUTION
JEWISH FAMILY SERVICE COL - TEFAP 3201 S TAMARAC DR DENVER, CO 80231		501 (C) 3		171,828	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
SHARING MINISTRIES INCORPORATED-TEFAP 49 N 1ST ST MONTROSE, CO 81401		501 (C) 3		150,944	FMV	FOOD	FOOD DISTRIBUTION
TWIN PARISHES - TEFAP 3663 HUMBOLDT ST DENVER, CO 80205		501 (C) 3		147,829	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
COMMUNITY MINISTRY SW - TEFAP 1755 S ZUNI ST DENVER, CO 80223		501 (C) 3		128,551	FMV	FOOD	FOOD DISTRIBUTION
DENVER RESCUE MISSION - TEFAP 5725 E 39TH AVENUE DENVER, CO 80207		501 (C) 3		127,929	FMV	FOOD	FOOD DISTRIBUTION

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SECOR- TEFAP 16965 PINE LANE SUITE 100 PARKER, CO 80134		501 (C) 3		127,869	FMV	FOOD	FOOD DISTRIBUTION
FISH OF WESTMINSTER WUMC - TEFAP 3585 W 76TH AVE WESTMINSTER, CO 80030		501 (C) 3		121,093	FMV	FOOD	FOOD DISTRIBUTION

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FBR-TEFAP PEOPLE SHARE - DENVER CTY 10700 E 47TH AVE DENVER, CO 80239		501 (C) 3		113,950	FMV	FOOD	FOOD DISTRIBUTION
LIFT UP OF RIFLE GARFIELD COUNTY-TEFAP 800 RAILROAD AVE RIFLE, CO 81650		501 (C) 3		105,358	FMV	FOOD	FOOD DISTRIBUTION

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DICK'S SPORTING GOODS PARK MP TEFAP 6000 VICTORY WAY COMMERCE CITY, CO 80022		501 (C) 3		101,815	FMV	FOOD	FOOD DISTRIBUTION
ST AUGUSTINE FOOD PANTRY - TEFAP 129 S 6TH AVE BRIGHTON, CO 80601		501 (C) 3		101,037	FMV	FOOD	FOOD DISTRIBUTION

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HINKLEY HIGH SCHOOL MP TEFAP 1250 CHAMBERS ROAD AURORA, CO 80011		501 (C) 3		97,559	FMV	FOOD	FOOD DISTRIBUTION
JEFFERSON AVE UNITED METHODIST - MP TEFAP 4425 KIPLING ST WHEAT RIDGE, CO 80033		501 (C) 3		94,606	FMV	FOOD	FOOD DISTRIBUTION

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UNITED CHURCH OF MONTBELLO - MP TEFAP 4879 CROWN BLVD DENVER, CO 80239		501 (C) 3		86,380	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY DELTA-TEFAP 117 MEEKER ST STE 1 DELTA, CO 81416		501 (C) 3		78,871	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 ANTHONYS FOOD BANK - TEFAP 3801 W OHIO AVE DENVER, CO 80219		501 (C) 3		76,175	FMV	FOOD	FOOD DISTRIBUTION
COLORADO COMMUNITY CHURCH - MP TEFAP 2220 S CHAMBERS RD AURORA, CO 80014		501 (C) 3		75,738	FMV	FOOD	FOOD DISTRIBUTION

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NORTHWEST FAMILY ASSISTANCE - TEFAP 3810 PECOS STREET DENVER, CO 80207		501 (C) 3		75,440	FMV	FOOD	FOOD DISTRIBUTION
COOPERATING MINISTRY OF LOGAN COUNTY - MP TEFAP 1120 PAWNEE AVE STERLING, CO 80751		501 (C) 3		74,431	FMV	FOOD	FOOD DISTRIBUTION

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

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PIONEER VILLAGE MOBILE HOME PARK MP TEFAP 2901 W 63RD AVE DENVER, CO 80221		501 (C) 3		73,630	FMV	FOOD	FOOD DISTRIBUTION
LIFT UP OF ROUTT COUNTY STEAMBOAT - TEFAP 2095 CURVE COURT STEAMBOAT SPRINGS, CO 80487		501 (C) 3		68,520	FMV	FOOD	FOOD DISTRIBUTION

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BURLINGTON COMMUNITY CENTER - MP TEFAP 340 SOUTH 14TH ST BURLINGTON, CO 80807		501 (C) 3		64,372	FMV	FOOD	FOOD DISTRIBUTION
ROSE OF SHARON FOOD BANK - TEFAP 5306 N LINCOLN ST DENVER, CO 80216		501 (C) 3		63,809	FMV	FOOD	FOOD DISTRIBUTION

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JACKSON COUNTY FAIRGROUNDS - MP TEFAP 686 CO RD 42 WALDEN, CO 80480		501 (C) 3		63,672	FMV	FOOD	FOOD DISTRIBUTION
IMMACULATE HEART MARY - TEFAP 11426 PEARL ST NORTHGLENN, CO 80233		501 (C) 3		63,376	FMV	FOOD	FOOD DISTRIBUTION

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HELP & HOPE CENTER - TEFAP 1638 PARK ST CASTLE ROCK, CO 80109		501 (C) 3		62,305	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY-HARBOR LIGHT - TEFAP 2136 CHAMPA ST DENVER, CO 80205		501 (C) 3		62,137	FMV	FOOD	FOOD DISTRIBUTION

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BELMAR GROVES APARTMENTS - MP TEFAP 5800 WEST ALAMEDA PARKWAY LAKEWOOD, CO 80226		501 (C) 3		59,993	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY AURORA - TEFAP 802 QUARI CT AURORA, CO 80011		501 (C) 3		57,488	FMV	FOOD	FOOD DISTRIBUTION

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COOPERATING MINISTRY LOGAN - TEFAP 230 N 10TH AVE STERLING, CO 80751		501 (C) 3		57,121	FMV	FOOD	FOOD DISTRIBUTION
CANYON VIEW VINEYARD CHURCH- TEFAP 736 24 1/2 RD GRAND JUNCTION, CO 81505		501 (C) 3		57,024	FMV	FOOD	FOOD DISTRIBUTION

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STRASBURG COMMUNITY CHURCH - TEFAP 56155 SUNSET AVE STRASBURG, CO 80136		501 (C) 3		56,437	FMV	FOOD	FOOD DISTRIBUTION
RISEN CHRIST CATHOLIC PARISH - MP TEFAP 3060 S MONACO PKWY DENVER, CO 80222		501 (C) 3		53,661	FMV	FOOD	FOOD DISTRIBUTION

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WASHINGTON COUNTY CONNECTIONS - MP TEFAP 551 W 2ND ST AKRON, CO 80720		501 (C) 3		52,286	FMV	FOOD	FOOD DISTRIBUTION
PHILLIPS UNITED METHODIST CHURCH - MP TEFAP 1450 S PIERCE ST LAKEWOOD, CO 80232		501 (C) 3		51,159	FMV	FOOD	FOOD DISTRIBUTION

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RIO BLANCO FAIRGROUNDS - MP TEFAP 779 SULPHUR CREEK RD MEEKER, CO 81641		501 (C) 3		50,951	FMV	FOOD	FOOD DISTRIBUTION
COVENANT CUPBOARD YOSEMITE - TEFAP 5400 S YOSEMITE ST GREENWOOD VILLAGE, CO 80111		501 (C) 3		50,147	FMV	FOOD	FOOD DISTRIBUTION

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THORNTON COMMUNITY FOOD BANK - TEFAP 8990 YORK ST THORNTON, CO 80229		501 (C) 3		48,383	FMV	FOOD	FOOD DISTRIBUTION
MONTBELLO COOP MINISTRY - TEFAP 4685 PEORIA ST STE 225A DENVER, CO 80239		501 (C) 3		47,411	FMV	FOOD	FOOD DISTRIBUTION

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BRUSH UNITED METHODIST CHURCH-TEFAP 1701 EDMUNDS ST BRUSH, CO 80723		501 (C) 3		47,018	FMV	FOOD	FOOD DISTRIBUTION
SENIOR HUB SENIOR SOLUTIONS - TEFAP 9025 GRANT STREET SUITE 150 THORNTON, CO 80229		501 (C) 3		46,556	FMV	FOOD	FOOD DISTRIBUTION

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UNIVERSITY CHURCH OF CHRIST - TEFAP 2000 S MILWAUKEE ST DENVER, CO 80210		501 (C) 3		46,284	FMV	FOOD	FOOD DISTRIBUTION
RURAL COMMUNITY RESOURCE CENTER - MP TEFAP 410 WEST HOAG YUMA, CO 80759		501 (C) 3		46,107	FMV	FOOD	FOOD DISTRIBUTION

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COLORADO HEALTH NETWORK - TEFAP 6260 EAST COLFAX AVE DENVER, CO 80220		501 (C) 3		44,511	FMV	FOOD	FOOD DISTRIBUTION
AURORA INTER CHURCH TASK FORCE - TEFAP 1553 CLINTON ST AURORA, CO 80010		501 (C) 3		43,749	FMV	FOOD	FOOD DISTRIBUTION

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MORGAN COUNTYDHS - MP TEFAP 718 ELLSWORTH ST BRUSH, CO 80723		501 (C) 3		43,579	FMV	FOOD	FOOD DISTRIBUTION
PEACE WITH CHRIST - MP TEFAP 3290 S TOWER RD AURORA, CO 80013		501 (C) 3		43,321	FMV	FOOD	FOOD DISTRIBUTION

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HEALING WATERS FAMILY CENTER - MP TEFAP 6475 W 29TH AVE WHEAT RIDGE, CO 80214		501 (C) 3		42,775	FMV	FOOD	FOOD DISTRIBUTION
OPEN ARMS FOOD BANK - TEFAP 6500 W COALMINE AVE LITTLETON, CO 80123		501 (C) 3		42,721	FMV	FOOD	FOOD DISTRIBUTION

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FBR-PEOPLE SHARE DENVER 10700 E 47TH AVE DENVER, CO 80239		501 (C) 3		40,818	FMV	FOOD	FOOD DISTRIBUTION
MISSION HILLS BAPTIST CHURCH - MP TEFAP 620 SOUTHPARK DR LITTLETON, CO 80120		501 (C) 3		40,792	FMV	FOOD	FOOD DISTRIBUTION

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INTEGRATED FAMILY COMMUNITY SERVICES - TEFAP 3370 S IRVING ST ENGLEWOOD, CO 80110		501 (C) 3		40,182	FMV	FOOD	FOOD DISTRIBUTION
BRIGHTON TOWN HALL - MP TEFAP 22 S 4TH ST BRIGHTON, CO 80601		501 (C) 3		39,133	FMV	FOOD	FOOD DISTRIBUTION

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ST GEORGE EPISCOPAL CHURCH - MP TEFAP 200 W 4TH ST LEADVILLE, CO 80461		501 (C) 3		38,934	FMV	FOOD	FOOD DISTRIBUTION
CATHOLIC CHARITIES SAMARITAN HOUSE- TEFAP 2301 LAWRENCE ST DENVER, CO 80205		501 (C) 3		37,292	FMV	FOOD	FOOD DISTRIBUTION

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RESTORATION CHRISTIAN FELLOWSHIP - MP TEFAP 15640 E 6TH AVE AURORA, CO 80011		501 (C) 3		35,814	FMV	FOOD	FOOD DISTRIBUTION
PAX CHRISTI CATHOLIC CHURCH - MP TEFAP 5761 MCARTHUR RANCH RD LITTLETON, CO 80124		501 (C) 3		34,450	FMV	FOOD	FOOD DISTRIBUTION

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PHILLIPS COUNTY EVENT CENTER - MP TEFAP 22505 US HWY 385 HOLYOKE, CO 80743		501 (C) 3		34,406	FMV	FOOD	FOOD DISTRIBUTION
MOUNTAIN FAMILY CENTER - GRANBY TEFAP 480 E AGATE AVE 1C GRANBY, CO 80446		501 (C) 3		31,849	FMV	FOOD	FOOD DISTRIBUTION

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METROPOLITAN COMMUNITY CHURCH -TEFAP 980 CLARKSON ST DENVER, CO 80218		501 (C) 3		31,669	FMV	FOOD	FOOD DISTRIBUTION
LOVE INC OF YAMPA VALLEY-TEFAP 595 BREEZE STREET CRAIG, CO 81625		501 (C) 3		30,709	FMV	FOOD	FOOD DISTRIBUTION

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WEST END FAMILY LINK CENTER - TEFAP 853 MAIN ST NUCLA, CO 81424		501 (C) 3		29,817	FMV	FOOD	FOOD DISTRIBUTION
RED ROCKS COMMUNITY COLLEGE - MP TEFAP 13300 W 6TH AVE LAKEWOOD, CO 80228		501 (C) 3		29,782	FMV	FOOD	FOOD DISTRIBUTION

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SUMMIT STAGE BUS BARN - MP TEFAP 0222 COUNTY SHOPS RD FRISCO, CO 80443		501 (C) 3		29,446	FMV	FOOD	FOOD DISTRIBUTION
AGAPE LIFE CHURCH (PANTRY) -TEFAP 5970 W 60TH AVE ARVADA, CO 80003		501 (C) 3		28,460	FMV	FOOD	FOOD DISTRIBUTION

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SALVATION ARMY-CENTENNIAL CORPS - TEFAP 3900 E ARAPAHOE RD CENTENNIAL, CO 80122		501 (C) 3		27,823	FMV	FOOD	FOOD DISTRIBUTION
GOOD SHEPHERD FOOD BANK - TEFAP 10785 MELODY DRIVE NORTHGLENN, CO 80234		501 (C) 3		27,820	FMV	FOOD	FOOD DISTRIBUTION

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SERVICIOS DE LA RAZA INC - TEFAP 3131 W 14TH AVE DENVER, CO 80204		501 (C) 3		27,154	FMV	FOOD	FOOD DISTRIBUTION
ARAPAHOE COUNTY HS AURORA - TEFAP 14980 E ALAMEDA DR AURORA, CO 80012		501 (C) 3		27,063	FMV	FOOD	FOOD DISTRIBUTION

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CLIFTON CHRISTIAN CHURCH - MP TEFAP 615 I70 BUSINESS LOOP CLIFTON, CO 81520		501 (C) 3		26,012	FMV	FOOD	FOOD DISTRIBUTION
DENVER INDIAN CENTER INC - TEFAP 4407 MORRISON RD DENVER, CO 80219		501 (C) 3		25,358	FMV	FOOD	FOOD DISTRIBUTION

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CHURCH OF THE NAZARENE-TEFAP 3595 HWY 6 FRONTAGE RD PALISADE, CO 81526		501 (C) 3		24,373	FMV	FOOD	FOOD DISTRIBUTION
VOA SHELTERS - TEFAP 2660 LARIMER ST DENVER, CO 80205		501 (C) 3		23,350	FMV	FOOD	FOOD DISTRIBUTION

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HAXTUN COMMUNITY CENTER MP - TEFAP 125 E WILSON HAXTUN, CO 80731		501 (C) 3		21,927	FMV	FOOD	FOOD DISTRIBUTION
PROJECT ANGEL HEART - TEFAP 4950 WASHINGTON ST DENVER, CO 80216		501 (C) 3		20,010	FMV	FOOD	FOOD DISTRIBUTION

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EL JEBEL HEALTH AND HUMAN SERVICES -MP TEFAP 20 EAGLE COUNTY DR EL JEBEL, CO 81623		501 (C) 3		19,995	FMV	FOOD	FOOD DISTRIBUTION
EVERGREEN CHRISTIAN OUTREACH - TEFAP 27640 HIGHWAY 74 EVERGREEN, CO 80437		501 (C) 3		19,337	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
DEPT OF HUMAN SER GILPIN - TEFAP 2960 DORY HILL RD BLACK HAWK, CO 80422		501 (C) 3		19,180	FMV	FOOD	FOOD DISTRIBUTION
INTERFAITH CHAPEL - MP TEFAP 32138 US-6 EDWARDS, CO 81632		501 (C) 3		18,810	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLD MOUNTAIN VILLAGE - MP TEFAP 440 POWDER RUN DR CENTRAL CITY, CO 80427		501 (C) 3		18,224	FMV	FOOD	FOOD DISTRIBUTION
ST FRANCIS DE ASSISSI - MP TEFAP 2746 5TH ST CASTLE ROCK, CO 80104		501 (C) 3		17,877	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
FRANKTOWN SDA CHURCH - MP TEFAP 905 N STATE HIGHWAY 83 FRANKTOWN, CO 80116		501 (C) 3		17,556	FMV	FOOD	FOOD DISTRIBUTION
LOAVES AND FISHES IDAHO SPRINGS - TEFAP 545 HIGHWAY 103 IDAHO SPRINGS, CO 80452		501 (C) 3		17,379	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY VAIL VALLEY-TEFAP 322 E BEAVER CREEK BLVD AVON, CO 81620		501 (C) 3		16,793	FMV	FOOD	FOOD DISTRIBUTION
DENVER RESCUE MISSION - TEFAP 5725 E 39TH AVE DENVER, CO 80207		501 (C) 3		16,123	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 JAMES PRESBYTERIAN CHURCH - MP TEFAP 3601 W BELLEVIEW AVE LITTLETON, CO 80123		501 (C) 3		14,922	FMV	FOOD	FOOD DISTRIBUTION
PLATEAU VALLEY ASSEMBLY-TEFAP 57228 HWY 330 COLLBRAN, CO 81624		501 (C) 3		12,812	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAHLIA STREET CHURCH - TEFAP 1100 DAHLIA ST DENVER, CO 80220		501 (C) 3		12,646	FMV	FOOD	FOOD DISTRIBUTION
MISSISSIPPI AVE BAPTIST CHURCH - TEFAP 13231 E MISSISSIPPI AVE AURORA, CO 80012		501 (C) 3		11,702	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FBR MOBILE PANTRY ONE PLACE TEFAP 6090 GREENWOOD PLAZA BLVD GREENWOOD VILLAGE, CO 80111		501 (C) 3		11,617	FMV	FOOD	FOOD DISTRIBUTION
SCOTT UNITED METHODIST - TEFAP 2880 GARFIELD ST DENVER, CO 80205		501 (C) 3		11,395	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITOL HILL COMM SERVICES - TEFAP 1820 BROADWAY DENVER, CO 80202		501 (C) 3		11,319	FMV	FOOD	FOOD DISTRIBUTION
SOUTH PARK SENIOR INC - TEFAP 298 6TH STREET FAIRPLAY, CO 80440		501 (C) 3		11,087	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
HIS PROVISION INC - TEFAP 705 ULYSSES ST GOLDEN, CO 80401		501 (C) 3		11,013	FMV	FOOD	FOOD DISTRIBUTION
BENNETT COMM FOOD BANK - TEFAP 2057 S COUNTY ROAD 149 BENNETT, CO 80136		501 (C) 3		10,995	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
JULESBURG CHRISTIAN CHURCH - TEFAP 510 PINE STREET JULESBERG, CO 80737		501 (C) 3		10,797	FMV	FOOD	FOOD DISTRIBUTION
US FOREST SERVICE MP-TEFAP 806 W HALLAM ST ASPEN, CO 81611		501 (C) 3		10,324	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
HOMEWARD BOUND GRAND VALLEY-TEFAP 2853 N AVE GRAND JUNCTION, CO 81501		501 (C) 3		10,306	FMV	FOOD	FOOD DISTRIBUTION
ARAPAHOE COUNTY HS LITTLETON - TEFAP 1690 W LITTLETON BLVD LITTLETON, CO 80120		501 (C) 3		10,195	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
HARVEST BIBLE CHURCH- ELIZABETH - TEFAP 826 S ELBERT STREET ELIZABETH, CO 80107		501 (C) 3		9,541	FMV	FOOD	FOOD DISTRIBUTION
LIGHT & LIFE COMMUNITY - TEFAP 220 S YARROW LAKEWOOD, CO 80226		501 (C) 3		8,893	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
OUR LADY OF LORETO MP TEFAP 18000 E ARAPAHOE RD AURORA, CO 80016		501 (C) 3		8,692	FMV	FOOD	FOOD DISTRIBUTION
FRIENDS OF ST ANDREW - TEFAP 1525 DALLAS ST AURORA, CO 80010		501 (C) 3		7,986	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
COMITIS CRISIS CENTER - TEFAP 2178 VICTOR STREET AURORA, CO 80045		501 (C) 3		7,787	FMV	FOOD	FOOD DISTRIBUTION
THE GATHERING PLACE (SK) - TEFAP 1535 HIGH ST DENVER, CO 80218		501 (C) 3		7,778	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
FAMILY AND INTERCULTURAL RESOURCE SILVETHORN-TEFAP 251 W 4TH ST SILVERTHORNE, CO 80498		501 (C) 3		6,747	FMV	FOOD	FOOD DISTRIBUTION
KIOWA CREEK COMMUNITY - TEFAP 231 CHEYENNE ST KIOWA, CO 80117		501 (C) 3		6,680	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 SHEPHERDS HAND INC - TEFAP 931 NORTH PARK MONTROSE, CO 81401		501 (C) 3		6,450	FMV	FOOD	FOOD DISTRIBUTION
REDEEMING LOVE FELLOW - TEFAP 1201 W 41ST AVE DENVER, CO 80211		501 (C) 3		5,985	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FBR MP N SUBURBAN MEDICAL CTR - TEFAP 9065 GRANT STREET THORNTON, CO 80229		501 (C) 3		5,595	FMV	FOOD	FOOD DISTRIBUTION
AGAPE LIFE CHURCH (SK) - TEFAP 5970 W 60TH AVE ARVADA, CO 80003		501 (C) 3		5,438	FMV	FOOD	FOOD DISTRIBUTION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <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>	4a	No		
	4b	No		
	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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No		
	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No		
	6b	No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 MARSHALL ASTER CFO	(i)	118,810	11,655	0	5,346	27,890	163,701	0
	(ii)	0	0	0	0	0	0	0
2 VINCENT ALEXIS COO	(i)	123,789	11,946	0	4,952	27,904	168,591	0
	(ii)	0	0	0	0	0	0	0
3 KEVIN SEGSELKE PRESIDENT & CEO (END 6/2018)	(i)	118,669	34,521	0	5,340	10,657	169,187	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.

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.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

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
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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

1	(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

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

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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 SEGGELE	SON OF FORMER CEO	33,746	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)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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 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	15	73,985	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	62,009,781	89,935,572	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (INTERIOR SIGNAGE)	X	2	1,105	FMV
26 Other ▶ (GIFT CARDS)	X	4	520	FMV
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

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?

	Yes	No
30a		No
31	Yes	
32a		No

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

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

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

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

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, 62,009,781 POUNDS OF FOOD INVENTORY WERE DONATED

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

Department of the Treasury

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 A, LINE 3	MICHELLE BARNES SERVED AS INTERIM CEO, SHE WAS PAID \$126,000 THROUGH INTERIM LEADERSHIP SOLUTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE AND AUDIT COMMITTEE REVIEWS THE RETURN IN DETAIL BEFORE THE RETURN IS FILED. AFTER THE REVIEW BY THE FINANCE AND 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 GOVERNANCE/NOMINATING COMMITTEE, FINANCE/AUDIT COMMITTEE, DEVELOPMENT COMMITTEE, AND OPERATIONS/PROGRAMS 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 IMMEDIATE PAST OUTGOING CHAIRPERSON OF THE BOARD 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

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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	FOOD BANK OF THE ROCKIES	Yes	

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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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
(1)FOOD BANK OF THE ROCKIES ENDOWMENT FUND	C	130,000	CASH

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation