

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

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**

F Name and address of principal officer: **KEVIN SEGELKE**
10700 EAST 45TH AVENUE, DENVER, CO 80239

D Employer identification number: **84-0772672**

E Telephone number: **(303) 371-9250**

G Gross receipts \$: **88,164,529.**

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**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1978**

M State of legal domicile: **CO**

H(c) Group exemption number: _____

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: END HUNGER BY PROCURING AND DISTRIBUTING FOOD AND ESSENTIALS TO THE HUNGRY THROUGHOUT CO. AND WY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	138
	6 Total number of volunteers (estimate if necessary)	6	18150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	77,131,907.	80,686,425.
	9 Program service revenue (Part VIII, line 2g)	6,476,831.	6,688,325.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	847,944.	76,697.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-107,789.	-35,542.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84,348,893.	87,415,905.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,076,969.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,019,451.	6,270,860.
16a Professional fundraising fees (Part IX, column (A), line 11e)		723,524.	833,133.
b Total fundraising expenses (Part IX, column (D), line 25)		1,902,828.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		67,772,238.	72,357,876.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	85,592,182.	88,022,627.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,243,289.	-606,722.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 21,969,370.	End of Year 23,400,912.
	21 Total liabilities (Part X, line 26)	1,063,877.	3,102,141.
	22 Net assets or fund balances. Subtract line 21 from line 20	20,905,493.	20,298,771.

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: *[Signature]* Date: **11/12/15**

PAID Preparer: **DORI J. EGGETT** Preparer's signature: *[Signature]* Date: **11/11/2015** Check if self-employed: PTIN: **P00645252**

Use Only Firm's name: **EKS&H LLLP** Firm's EIN: **46-1497033**

Firm's address: **7979 E. TUFTS AVENUE, SUITE 400 DENVER, CO 80237-2521** Phone no. **303-740-9400**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS TO END HUNGER BY EFFICIENTLY PROCURING AND DISTRIBUTING FOOD AND ESSENTIALS TO THE HUNGRY THROUGH OUR PROGRAMS AND PARTNER AGENCIES IN COLORADO AND WYOMING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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 [X] 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 \$ 27,145,699. including grants of \$) (Revenue \$ 1,808,761.) FIGHTING HUNGER FEEDING HOPE IS THE CENTRAL DISTRIBUTION PROGRAM OF FOOD BANK OF THE ROCKIES, SERVING NEARLY 800 HUNGER-RELIEF PROGRAMS IN 31 COUNTIES INCLUDING METROPOLITAN DENVER, NORTHERN COLORADO AND ALL OF WYOMING. LAST YEAR, THE FOOD BANK DISTRIBUTED 53.9 MILLION POUNDS OF FOOD AND COMMODITIES - ENOUGH FOR OUR AGENCIES TO PROVIDE NEARLY 123,000 MEALS EACH DAY TO NEEDY CHILDREN, SENIORS AND FAMILIES.

4b (Code:) (Expenses \$ 18,267,547. including grants of \$) (Revenue \$ 201.) FOOD BANK OF THE ROCKIES GROCERY RESCUE PROGRAM HAS WORKED TO KEEP NUTRITIOUS SURPLUS FOOD FROM BEING THROWN AWAY. WE PICK UP HIGHLY NUTRITIOUS FOOD SUCH AS MEAT AND DAIRY FROM MORE THAN 295 LOCAL RETAILERS AND CATERERS THROUGH THE STATE AND DISTRIBUTE IT TO OUR PARTNER AGENCIES.

4c (Code:) (Expenses \$ 14,198,736. including grants of \$ 1,943,181.) (Revenue \$ 1,164,613.) WYOMING FOOD BANK OF THE ROCKIES (WFBR) WORKS WITH 161 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 25,636,610. including grants of \$ 6,617,576.) (Revenue \$ 3,714,749.)

4e Total program service expenses 85,248,592.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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>	X	
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
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>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses (e.g., 47, 0, 138).

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] 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 - 303-371-9250 10700 E 45TH AVENUE, DENVER, CO 80239

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) JIM M. BOLT BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) PATRICK FAIRFIELD TREASURER	4.00	X		X				0.	0.	0.
(3) BOB DEUSCHLE SECRETARY	4.00	X		X				0.	0.	0.
(4) GARRY BEAULIEU DIRECTOR	2.00	X						0.	0.	0.
(5) AMY GALES DIRECTOR	2.00	X						0.	0.	0.
(6) DAN BALL DIRECTOR	2.00	X						0.	0.	0.
(7) KATHRYN DAWSON DIRECTOR	2.00	X						0.	0.	0.
(8) GIGI DENNIS DIRECTOR	2.00	X						0.	0.	0.
(9) MICHELLE DRUMM DIRECTOR	2.00	X						0.	0.	0.
(10) JACKSON LAMB DIRECTOR	2.00	X						0.	0.	0.
(11) DAVID PATTERSON DIRECTOR	2.00	X						0.	0.	0.
(12) KEVIN PETERSON DIRECTOR	2.00	X						0.	0.	0.
(13) MARTY SCHECHTER DIRECTOR	2.00	X						0.	0.	0.
(14) JON TANDLER DIRECTOR	2.00	X						0.	0.	0.
(15) KEVIN SEGCELKE PRESIDENT & CEO	55.00	X		X				183,255.	0.	24,968.
(16) MARTY COHN DIRECTOR	2.00	X						0.	0.	0.
(17) SUE HOBZA DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) KARL L SCHOCK DIRECTOR	2.00	X						0.	0.	0.
(19) STEPHANIE MANLEY DIRECTOR	2.00	X						0.	0.	0.
(20) BRUCE ETKIN DIRECTOR	2.00	X						0.	0.	0.
(21) KELLI MCGANNON DIRECTOR	2.00	X						0.	0.	0.
(22) DAN FAIR DIRECTOR	2.00	X						0.	0.	0.
(23) ALLAN FRIES DIRECTOR	2.00	X						0.	0.	0.
(24) MARSHALL ASTER CFO	55.00			X				115,972.	0.	28,676.
(25) VINCENT ALEXIS COO	55.00				X			121,915.	0.	28,894.
(26) KIM RUOTSALA CDO	55.00				X			103,106.	0.	19,497.
1b Sub-total								524,248.	0.	102,035.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								524,248.	0.	102,035.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ROBBINS KERSTEN DIRECT 201 SUMMER ST, HOLLISTON, MA 01746-5838	FUNDRAISING	833,133.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 257,189.					
	b Membership dues	1b					
	c Fundraising events	1c 315,086.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 8,716,360.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 71,397,790.					
	g Noncash contributions included in lines 1a-1f: \$	69,859,523.					
	h Total. Add lines 1a-1f	▶	80,686,425.				
	Program Service Revenue	2 a GOVERNMENT CONTRACTS	Business Code 900099	3,477,199.	3,477,199.		
b PURCHASED FOOD		900099	2,366,457.	2,366,457.			
c AGENCY SUPPORT FEES		900099	844,669.	844,669.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		▶	6,688,325.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	8,099.			8,099.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		557,776.	69,950.				
		b Less: cost or other basis and sales expenses	559,128.	0.			
		c Gain or (loss)	-1,352.	69,950.			
	d Net gain or (loss)	▶	68,598.			68,598.	
	8 a Gross income from fundraising events (not including \$ 315,086. of contributions reported on line 1c). See Part IV, line 18	a 124,158.					
		b Less: direct expenses	b 189,496.				
		c Net income or (loss) from fundraising events	▶	-65,338.			-65,338.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	▶					
10 a 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					
11 a MISCELLANEOUS	900099	29,796.			29,796.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	▶	29,796.					
12 Total revenue. See instructions.	▶	87,415,905.	6,688,325.	0.	41,155.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,169,725.	6,169,725.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,391,033.	2,391,033.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	352,872.	173,257.	127,559.	52,056.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,595,782.	3,604,175.	423,398.	568,209.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	123,958.	97,463.	11,194.	15,301.
9 Other employee benefits	734,020.	573,989.	67,221.	92,810.
10 Payroll taxes	464,228.	355,679.	50,317.	58,232.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	46,999.	35,201.	5,544.	6,254.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	833,133.			833,133.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	349,546.	261,538.	38,176.	49,832.
12 Advertising and promotion	44,428.	33,275.	5,241.	5,912.
13 Office expenses	393,879.	269,804.	46,953.	77,122.
14 Information technology	152,827.	114,461.	18,029.	20,337.
15 Royalties				
16 Occupancy	786,309.	753,841.	20,176.	12,292.
17 Travel	107,522.	73,652.	12,817.	21,053.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	53,034.	39,721.	6,256.	7,057.
20 Interest	21,796.	14,930.	2,598.	4,268.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	871,058.	867,530.	1,980.	1,548.
23 Insurance	124,723.	85,434.	14,868.	24,421.
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	63,080,443.	63,080,443.		
b PURCHASED FOOD DISTRIBU	2,389,471.	2,389,071.	400.	
c PREPARED MEALS & SNACKS	1,923,453.	1,923,453.		
d DISTRIBUTION COSTS	1,841,348.	1,840,205.	954.	189.
e All other expenses	171,040.	100,712.	17,526.	52,802.
25 Total functional expenses. Add lines 1 through 24e	88,022,627.	85,248,592.	871,207.	1,902,828.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,200.	1	1,200.
	2 Savings and temporary cash investments	5,152,523.	2	6,837,669.
	3 Pledges and grants receivable, net	20.	3	369,002.
	4 Accounts receivable, net	611,381.	4	594,132.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,276,283.	8	4,175,039.
	9 Prepaid expenses and deferred charges	277,414.	9	295,702.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,377,582.		
	b Less: accumulated depreciation	10b 5,249,414.	9,650,549.	10c 11,128,168.
	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)		21,969,370.	16	23,400,912.
Liabilities	17 Accounts payable and accrued expenses	937,668.	17	1,339,073.
	18 Grants payable		18	
	19 Deferred revenue	58,430.	19	93,700.
	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	40,946.	23	1,330,491.
	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	26,833.	25	338,877.
	26 Total liabilities. Add lines 17 through 25	1,063,877.	26	3,102,141.
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	14,966,269.	27	16,035,059.
	28 Temporarily restricted net assets	5,939,224.	28	4,263,712.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	20,905,493.	33	20,298,771.	
34 Total liabilities and net assets/fund balances	21,969,370.	34	23,400,912.	

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	87,415,905.
2	Total expenses (must equal Part IX, column (A), line 25)	2	88,022,627.
3	Revenue less expenses. Subtract line 2 from line 1	3	-606,722.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,905,493.
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	20,298,771.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____	X	
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 _____	X	

Form **990** (2014)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50,820,493.	53,008,001.	69,720,928.	77,131,907.	80,686,426.	331,367,755.
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	50,820,493.	53,008,001.	69,720,928.	77,131,907.	80,686,426.	331,367,755.
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)						88,405,502.
6 Public support. Subtract line 5 from line 4.						242,962,253.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	50,820,493.	53,008,001.	69,720,928.	77,131,907.	80,686,426.	331,367,755.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,465.	15,218.	13,636.	10,206.	8,099.	52,624.
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.)	197,958.	41,473.	63,130.	29,894.	29,796.	362,251.
11 Total support. Add lines 7 through 10						331,782,630.
12 Gross receipts from related activities, etc. (see instructions)					12	32,363,876.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	73.23 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	74.73 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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? If "Yes" to a, b, or c, provide detail in Part VI .		

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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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)? 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).		

Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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? 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.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

REIMBURSEMENT

2010 AMOUNT: \$ 186,028.

MISCELLANEOUS

2010 AMOUNT: \$ 11,930.

2011 AMOUNT: \$ 41,473.

2012 AMOUNT: \$ 63,130.

2013 AMOUNT: \$ 29,894.

2014 AMOUNT: \$ 29,796.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

FOOD BANK OF THE ROCKIES

Employer identification number

84-0772672

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization FOOD BANK OF THE ROCKIES	Employer identification number 84-0772672
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 2,617,956.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 3,795,128.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 2,546,233.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 4,363,091.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/> <hr/>	\$ 2,350,554.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/> <hr/>	\$ 2,644,347.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FOOD BANK OF THE ROCKIES	Employer identification number 84-0772672
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ _____ 3,798,186.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ _____ 1,891,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ _____ 13,001,619.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ _____ 1,866,523.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ _____ 1,774,283.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ _____ 2,678,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FOOD BANK OF THE ROCKIES	Employer identification number 84-0772672
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 1,700,559.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 1,638,223.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FOOD BANK OF THE ROCKIES	Employer identification number 84-0772672
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	3368630 LBS - FOOD _____ _____ _____	\$ 2,617,956.	12/31/14
2	2206470 LBS - FOOD _____ _____ _____	\$ 3,795,128.	12/31/14
3	1480368 LBS - FOOD _____ _____ _____	\$ 2,546,233.	12/31/14
4	2536681 LBS - FOOD _____ _____ _____	\$ 4,363,091.	12/31/14
5	1366601 LBS - FOOD _____ _____ _____	\$ 2,350,554.	12/31/14
6	1537411 LBS - FOOD _____ _____ _____	\$ 2,644,347.	12/31/14

Name of organization FOOD BANK OF THE ROCKIES	Employer identification number 84-0772672
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	6072973 LBS - FOOD _____ _____ _____	\$ 3,798,186.	12/31/14
8	1099817 LBS - FOOD _____ _____ _____	\$ 1,891,685.	12/31/14
9	7559081 LBS - FOOD _____ _____ _____	\$ 13,001,619.	12/31/14
10	1085188 LBS - FOOD _____ _____ _____	\$ 1,866,523.	12/31/14
11	1031560 LBS - FOOD _____ _____ _____	\$ 1,774,283.	12/31/14
12	1557223 LBS - FOOD _____ _____ _____	\$ 2,678,424.	12/31/14

Name of organization FOOD BANK OF THE ROCKIES	Employer identification number 84-0772672
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	988697 LBS - FOOD _____ _____ _____	\$ 1,700,559.	12/31/14
14	952455 LBS - FOOD _____ _____ _____	\$ 1,638,223.	12/31/14
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization FOOD BANK OF THE ROCKIES	Employer identification number 84-0772672
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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" to 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 a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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 in 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 in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,306,046.	1,739,135.	1,420,092.	835,180.	341,883.
b Contributions	108,351.	377,434.	249,596.	542,587.	392,224.
c Net investment earnings, gains, and losses	56,293.	189,477.	69,447.	45,251.	107,271.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses				2,926.	6,198.
g End of year balance	2,470,690.	2,306,046.	1,739,135.	1,420,092.	835,180.

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

- a Board designated or quasi-endowment 24.50 %
- b Permanent endowment 75.50 %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,238,830.		1,238,830.
b Buildings		4,319,128.	1,225,795.	3,093,333.
c Leasehold improvements		3,468,281.	834,889.	2,633,392.
d Equipment		5,600,609.	3,089,071.	2,511,538.
e Other		1,750,734.	99,659.	1,651,075.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,128,168.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	338,877.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	338,877.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	87,818,432.
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	48,389.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	354,138.
e	Add lines 2a through 2d	2e	402,527.
3	Subtract line 2e from line 1	3	87,415,905.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	87,415,905.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	88,260,511.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	48,389.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	189,496.
e	Add lines 2a through 2d	2e	237,885.
3	Subtract line 2e from line 1	3	88,022,626.
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	88,022,626.

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.

PART V, LINE 4:

THE ENDOWMENT FUND IS ESTABLISHED FOR SUPPORT OF THE PROGRAM SERVICES OF

THE FOOD BANK OF THE ROCKIES.

PART X, LINE 2:

FOOD BANK OF THE ROCKIES, INC. ("FBR") AND FOOD BANK OF THE ROCKIES

ENDOWMENT FUND ("FBREF") ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"). FBR AND FBREF

ARE NOT PRIVATE FOUNDATIONS WITHIN THE MEANING OF SECTION 509(A) OF THE

CODE.

THE ORGANIZATION APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT METHODOLOGY TO

Part XIII Supplemental Information (continued)

REFLECT THE CONSOLIDATED FINANCIAL STATEMENT IMPACT OF CERTAIN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. AFTER EVALUATING

THE TAX POSITIONS TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN; THEREFORE,

NO AMOUNTS HAVE BEEN RECOGNIZED AS OF JUNE 30, 2015 AND 2014.

IF INCURRED, INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS ARE

RECORDED IN THE PERIOD ASSESSED AS GENERAL AND ADMINISTRATIVE EXPENSE. NO

INTEREST OR PENALTIES HAVE BEEN ASSESSED AS OF JUNE 30, 2015 OR 2014. TAX

YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2012 THROUGH THE CURRENT

YEAR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FBR ENDOWMENT FUND REVENUES	164,642.
SPECIAL EVENTS EXPENSES NETTED WITH INCOME	189,496.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	354,138.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED WITH INCOME	189,496.
--	----------

Part II Fundraising Events. Complete if the organization answered "Yes" to 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) Total events (add col. (a) through col. (c))
		JOE SAKIC EVENT (event type)	PANERATHON (event type)	NONE (total number)	
1	Gross receipts	417,531.	21,713.		439,244.
2	Less: Contributions	307,893.	7,193.		315,086.
3	Gross income (line 1 minus line 2)	109,638.	14,520.		124,158.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	28,583.	3,341.	31,924.
	6	Rent/facility costs	105,958.	7,946.	113,904.
	7	Food and beverages	31,846.	46.	31,892.
	8	Entertainment	5,366.		5,366.
	9	Other direct expenses	5,015.	1,395.	6,410.
10	Direct expense summary. Add lines 4 through 9 in column (d)				189,496.
11	Net income summary. Subtract line 10 from line 3, column (d)				-65,338.

Part III Gaming. Complete if the organization answered "Yes" to 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 to be 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).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ROBBINS KERSTEN DIRECT

(I) ADDRESS OF FUNDRAISER: 201 SUMMER ST, HOLLISTON, MA 01746-5838

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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.

1 (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 JOSEPH'S CHURCH-USDA 321 EAST 6TH STREET CHEYENNE, WY 82007-1431		501 (C) 3	0.	73,036.	FMV	FOOD	FOOD DISTRIBUTION
NEEDS INC-USDA 900 CENTRAL AVE CHEYENNE, WY 82007-1372		501 (C) 3	0.	46,329.	FMV	FOOD	FOOD DISTRIBUTION
LANDER CARE & SHARE FB-USDA 281 GARFIELD STREET LANDER, WY 82520-3121		501 (C) 3	0.	45,474.	FMV	FOOD	FOOD DISTRIBUTION
HOLY CROSS CENTER INC-USDA 1030 N LINCOLN CASPER, WY 82601-1219		501 (C) 3	0.	40,461.	FMV	FOOD	FOOD DISTRIBUTION
INTERFAITH GOOD SAMARITAN-USDA 710 E. GARFIELD ST. ROOM 127 LARAMIE, WY 82070-3916		501 (C) 3	0.	39,204.	FMV	FOOD	FOOD DISTRIBUTION
THE SALVATION ARMY, A CA CORP-(SHERIDAN)-USDA - 150 SOUTH TSCHIRGI - SHERIDAN, WY 82801-4227		501 (C) 3	0.	36,325.	FMV	FOOD	FOOD DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **173.**
- 3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 82601-2855		501 (C) 3	0.	35,632.	FMV	FOOD	FOOD DISTRIBUTION
SET FREE MINISTRY - CASPER 636 EAST "A" STREET CASPER, WY 82604-0072		501 (C) 3	0.	31,111.	FMV	FOOD	FOOD DISTRIBUTION
LORD'S STOREHOUSE-USDA 50 YELLOW CREEK RD. EVANSTON, WY 82931-5348		501 (C) 3	0.	30,252.	FMV	FOOD	FOOD DISTRIBUTION
COUNCIL OF COMM GILLETTE-USDA 114 SOUTH 4J ROAD GILLETTE, WY 82716-3621		501 (C) 3	0.	29,367.	FMV	FOOD	FOOD DISTRIBUTION
F.B. SWEETWATER ROCK SPRI-USDA 90 CENTER STREET ROCK SPRINGS, WY 82901-5122		501 (C) 3	0.	28,834.	FMV	FOOD	FOOD DISTRIBUTION
LAND OF GOSHEN MINISTRIES-USDA 801 W VALLEY ROAD TORRINGTON, WY 82240-2814		501 (C) 3	0.	25,118.	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CNTY SAMARITAN-USDA 921 E. WASHINGTON AVE. RIVERTON, WY 82501-1186		501 (C) 3	0.	22,541.	FMV	FOOD	FOOD DISTRIBUTION
BAPTIST YOUTH MISSION-USDA 400 LINCOLN AVE SINCLAIR, WY 82334-0004		501 (C) 3	0.	21,703.	FMV	FOOD	FOOD DISTRIBUTION
POWELL AMERICAN LEGION-USDA 143 S. CLARK STREET POWELL, WY 82435-2717		501 (C) 3	0.	19,584.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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(CHEYENNE)-USDA - 1401 E LINCOLNWAY - CHEYENNE, WY 82003-4871		501 (C) 3	0.	18,103.	FMV	FOOD	FOOD DISTRIBUTION
GRACE BAPT CHURCH CODY-USDA 4 SOUTH FORK ROAD CODY, WY 82414-9478		501 (C) 3	0.	15,480.	FMV	FOOD	FOOD DISTRIBUTION
F.B. SWEETWATR-GRN RVR-USDA 550 UINTA, SUITE F GREEN RIVER, WY 82935-5005		501 (C) 3	0.	15,224.	FMV	FOOD	FOOD DISTRIBUTION
BETHANY FELLOWSHIP CHURCH-USDA 160 PLEASANT VIEW LANE WORLAND, WY 82401		501 (C) 3	0.	13,271.	FMV	FOOD	FOOD DISTRIBUTION
PLATTE COUNTY COMMODITIES-USDA 95 19TH ST. WHEATLAND, WY 82201		501 (C) 3	0.	10,856.	FMV	FOOD	FOOD DISTRIBUTION
DOUGLAS SNR CITIZEN CNTR-USDA 340 1ST STREET WEST DOUGLAS, WY 82633-2157		501 (C) 3	0.	9,681.	FMV	FOOD	FOOD DISTRIBUTION
STAR VALLEY SENIOR CENTER-USDA 540 WASHINGTON STREET AFTON, WY 83110-9780		501 (C) 3	0.	8,331.	FMV	FOOD	FOOD DISTRIBUTION
FROM THE HEART MINISTRIES-USDA 2507 N. STREET HWY 414 URIE, WY 82939-0000		501 (C) 3	0.	8,269.	FMV	FOOD	FOOD DISTRIBUTION
RIVER OF LIFE CHURCH - USDA 319 BROADWAY THERMOPOLIS, WY 82443		501 (C) 3	0.	7,332.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 THOMAS CHURCH-USDA 9 SOUTH FIRST STREET DUBOIS, WY 82513-0735		501 (C) 3	0.	7,326.	FMV	FOOD	FOOD DISTRIBUTION
GOOD SAMARITAN MISSION-USDA 285 W. PEARL JACKSON, WY 83001-0000		501 (C) 3	0.	5,723.	FMV	FOOD	FOOD DISTRIBUTION
B.R.E.A.D. - USDA 627 PINE NEWCASTLE, WY 82701-2132		501 (C) 3	0.	5,628.	FMV	FOOD	FOOD DISTRIBUTION
BUFFALO SENIOR CENTER-USDA 671 W. FETTERMAN BUFFALO, WY 82834-0941		501 (C) 3	0.	5,163.	FMV	FOOD	FOOD DISTRIBUTION
GLENROCK SENIOR CITIZENS, INC.-USDA - 615 W. DEER ST. - GLENROCK, WY 82637-0783		501 (C) 3	0.	5,032.	FMV	FOOD	FOOD DISTRIBUTION
SHERIDAN CSD #2 -WYSLP 744 CARRINGTON ST. SHERIDAN, WY 82801		501 (C) 3	0.	95,180.	FMV	FOOD	FOOD DISTRIBUTION
CAMPBELL CSD #1 -WYSLP 1000 CAMEL DRIVE GILLETTE, WY 82717		501 (C) 3	0.	89,796.	FMV	FOOD	FOOD DISTRIBUTION
SWEETWATER CSD#1 -WYSLP 1375 JAMES DR. ROCK SPRINGS, WY 82901		501 (C) 3	0.	88,239.	FMV	FOOD	FOOD DISTRIBUTION
UINTA CSD#1 -WYSLP 325 KIRLIN DRIVE EVANSTON, WY 82931		501 (C) 3	0.	79,435.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SWEETWATER CSD#2 -WYSLP 350 MONROE AVE. GREEN RIVER, WY 82935		501 (C) 3	0.	49,458.	FMV	FOOD	FOOD DISTRIBUTION
ALBANY CSD#1 -WYSLP 419 S. 8TH ST. LARAMIE, WY 82070		501 (C) 3	0.	47,930.	FMV	FOOD	FOOD DISTRIBUTION
LINCOLN CSD #2 SWIFT -WYSLP 444 W SWIFT CREEK LANE AFTON, WY 83110		501 (C) 3	0.	45,299.	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD #25 -WYSLP 851 COLLEGE DRIVE RIVERTON, WY 82501		501 (C) 3	0.	44,387.	FMV	FOOD	FOOD DISTRIBUTION
WASHAKIE CSD #1 -WYSLP 1900 HOWELL AVENUE WORLAND, WY 82401		501 (C) 3	0.	42,178.	FMV	FOOD	FOOD DISTRIBUTION
CONVERSE CSD #1 -WYSLP 1703 HAMILTON ST. DOUGLAS, WY 82633		501 (C) 3	0.	42,040.	FMV	FOOD	FOOD DISTRIBUTION
PARK CSD #1 -WYSLP 245 N EVARTS ST. POWELL, WY 82435		501 (C) 3	0.	37,772.	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD #1 -WYSLP 1795 W. MAIN LANDER, WY 82520		501 (C) 3	0.	31,046.	FMV	FOOD	FOOD DISTRIBUTION
TETON CSD #1 -WYSLP 1830 HIGH SCHOOL RD JACKSON, WY 83001		501 (C) 3	0.	30,993.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARBON CSD #1 (RAWLINS) -WYSLP 1401 COLORADO BAGGS, WY 82321		501 (C) 3	0.	28,407.	FMV	FOOD	FOOD DISTRIBUTION
UINTA CSD #4 -WYSLP 216 2ND STREET MOUNTAIN VIEW, WY 82939		501 (C) 3	0.	26,147.	FMV	FOOD	FOOD DISTRIBUTION
JOHNSON CSD #1 -WYSLP 550 S. BURRITT AVE. BUFFALO, WY 82834		501 (C) 3	0.	25,233.	FMV	FOOD	FOOD DISTRIBUTION
SUBLETTE CSD #1 -WYSLP 690 NORTH TYLER PINEDALE, WY 82941		501 (C) 3	0.	23,307.	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD #14 -WYSLP 636 BLUE SKY HIGHWAY ETHLETE, WY 82520		501 (C) 3	0.	22,515.	FMV	FOOD	FOOD DISTRIBUTION
WESTON CSD #1 -WYSLP 808 BIRCH STREET NEWCASTLE, WY 82701		501 (C) 3	0.	21,262.	FMV	FOOD	FOOD DISTRIBUTION
BIG HORN CSD #2 -WYSLP 600 SHOSHONE AVE. LOVELL, WY 82431		501 (C) 3	0.	20,258.	FMV	FOOD	FOOD DISTRIBUTION
PARK CSD #6 -WYSLP 919 CODY AVE. CODY, WY 82414		501 (C) 3	0.	18,927.	FMV	FOOD	FOOD DISTRIBUTION
LARAMIE CSD #2 (BURNS) -WYSLP 630 E. 4TH STREET BURNS, WY 82053		501 (C) 3	0.	16,961.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOT SPRINGS CSD #1 -WYSLP 231 PARK ST. THERMOPOLIS, WY 82443		501 (C) 3	0.	16,723.	FMV	FOOD	FOOD DISTRIBUTION
PLATTE CSD #1 -WYSLP 201 20TH ST. WHEATLAND, WY 82201		501 (C) 3	0.	16,168.	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD #21 -WYSLP 90 ETHLETE ROAD FORT WASHAKIE, WY 82514		501 (C) 3	0.	15,935.	FMV	FOOD	FOOD DISTRIBUTION
SUBLETTE CSD #9 -WYSLP 225 S. NICHOLS ST. BIG PINEY, WY 83113		501 (C) 3	0.	15,814.	FMV	FOOD	FOOD DISTRIBUTION
LINCOLN CSD #1 -WYSLP 1310 ANTELOPE KEMMERER, WY 83101		501 (C) 3	0.	12,484.	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD #38 -WYSLP 445 LWRB RD. ARAPAHOE, WY 82510		501 (C) 3	0.	12,237.	FMV	FOOD	FOOD DISTRIBUTION
LARAMIE CSD #1 -WYSLP 3320 MAXWELL AVENUE CHEYENNE, WY -82001		501 (C) 3	0.	11,196.	FMV	FOOD	FOOD DISTRIBUTION
NATRONA COUNTY SD #1 -WYSLP 770 NORTH GLENN RD. CASPER, WY 82601		501 (C) 3	0.	10,800.	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD #24 -WYSLP 112 W. 3RD STREET SHOSHONI, WY 82649		501 (C) 3	0.	10,570.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROOK CSD #1 MOORCROFT -WYSLP 101 S. BELLE FOURCHE MOORCROFT, WY 82721		501 (C) 3	0.	9,828.	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD #6 -WYSLP 12994 N. COUGAR DRIVER PAVILLION, WY 82523		501 (C) 3	0.	9,768.	FMV	FOOD	FOOD DISTRIBUTION
SHERIDAN CSD #1 -WYSLP 1127 DAYTON ST. RANCHESTER, WY 82839		501 (C) 3	0.	9,750.	FMV	FOOD	FOOD DISTRIBUTION
GOSHEN CSD #1 (TORRINGTON) -WYSLP 2742 WEST E ST TORRINGTON, WY 82240		501 (C) 3	0.	9,173.	FMV	FOOD	FOOD DISTRIBUTION
BIG HORN CSD #4 -WYSLP 919 WEST B STREET BASIN, WY 82410		501 (C) 3	0.	8,983.	FMV	FOOD	FOOD DISTRIBUTION
BIG HORN CSD #1(ROCKY MTN M/HS) -WYSLP - 404 S. 4TH EAST - COWLEY, WY 82420		501 (C) 3	0.	8,723.	FMV	FOOD	FOOD DISTRIBUTION
WESTON CSD #7 -WYSLP 802 JUNIPER UPTON, WY 82730		501 (C) 3	0.	8,061.	FMV	FOOD	FOOD DISTRIBUTION
ST. STEPHEN'S INDIAN SCHOOL -WYSLP 128 MISSION ROAD SAINT STEPHENS, WY 82524		501 (C) 3	0.	7,896.	FMV	FOOD	FOOD DISTRIBUTION
BIG HORN CSD #1(ROCKY MTN ELEM) -WYSLP - 101 S. DIVISION - COWLEY, WY 82420		501 (C) 3	0.	7,756.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LARAMIE CSD #2 (PINE BLUFFS) -WYSLP - 603 ELM ST. - PINE BLUFFS, WY 82082		501 (C) 3	0.	7,736.	FMV	FOOD	FOOD DISTRIBUTION
CROOK CSD #1 SUNDANCE -WYSLP 700 PARK ST. SUNDANCE, WY 82729		501 (C) 3	0.	7,661.	FMV	FOOD	FOOD DISTRIBUTION
ST. ANTHONY SCHOOL -WYSLP 1145 WEST 20TH STREET CASPER, WY 82604		501 (C) 3	0.	7,256.	FMV	FOOD	FOOD DISTRIBUTION
CARBON CSD #2 SARATOGA -WYSLP 801 WEST ELM AVE. SARATOGA, WY 82331		501 (C) 3	0.	7,044.	FMV	FOOD	FOOD DISTRIBUTION
BIG HORN CSD #1(BURLINGTON) -WYSLP 109 NORTH ST BURLINGTON, WY 82411		501 (C) 3	0.	6,543.	FMV	FOOD	FOOD DISTRIBUTION
FREMONT CSD #2 -WYSLP 700 N. FIRST ST. DUBOIS, WY 82513		501 (C) 3	0.	6,429.	FMV	FOOD	FOOD DISTRIBUTION
PLATTE CSD #2 -WYSLP 555 S. WYOMING GUERNSEY, WY 82214		501 (C) 3	0.	6,185.	FMV	FOOD	FOOD DISTRIBUTION
CARBON CSD #1 (LITTLE SNAKE) -WYSLP - 100 MEEKER ST - BAGGS, WY 82321		501 (C) 3	0.	5,922.	FMV	FOOD	FOOD DISTRIBUTION
NORMATIVE SERVICES INC. -WYSLP 13 LANE LANE SHERIDAN, WY 82801		501 (C) 3	0.	5,664.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UINTA CSD #6 -WYSLP 116 N. MAIN ST. LYMAN, WY 82937		501 (C) 3	0.	5,192.	FMV	FOOD	FOOD DISTRIBUTION
ADAMS COUNTY EMERGENCY FOOD BANK - TEFAP - 7111 E. 56TH AVENUE - COMMERCE CITY, CO 80022-4811		501 (C) 3	0.	600,445.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY-GRAND JCT TEFAP PO BOX 578 GRAND JUCTION, CO 81502-0578		501 (C) 3	0.	255,779.	FMV	FOOD	FOOD DISTRIBUTION
THE ACTION CENTER - TEFAP 8755 W 14TH AVE. LAKEWOOD, CO 80215-0609		501 (C) 3	0.	229,223.	FMV	FOOD	FOOD DISTRIBUTION
DENVER URBAN MINISTRIES - TEFAP 1717 E COLFAX AVE DENVER, CO 80218-2508		501 (C) 3	0.	133,433.	FMV	FOOD	FOOD DISTRIBUTION
ARVADA COMM. FOOD BANK - TEFAP 8555 W. 57TH AVENUE ARVADA, CO 80002-2326		501 (C) 3	0.	110,857.	FMV	FOOD	FOOD DISTRIBUTION
SHARING MINISTRIES, INC.- TEFAP 121 NORTH RIO GRAND AVENUE MONTROSE, CO 81401-3414		501 (C) 3	0.	109,142.	FMV	FOOD	FOOD DISTRIBUTION
METRO CARERING - TEFAP 1615 OGDEN ST. DENVER, CO 80218-1111		501 (C) 3	0.	102,481.	FMV	FOOD	FOOD DISTRIBUTION
TWIN PARISHES - TEFAP 3663 HUMBOLDT STREET DENVER, CO 80205-3330		501 (C) 3	0.	96,919.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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LIFT-UP GARFIELD-TEFAP 800 RAILROAD AVE RIFLE, CO 81650-1928		501 (C) 3	0.	88,603.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY-DELTA TEFAP 302 MEEKER STREET DELTA, CO 81416-1950		501 (C) 3	0.	83,642.	FMV	FOOD	FOOD DISTRIBUTION
JEWISH FAMILY SERVICE COL - TEFAP 3201 S TAMARAC DR DENVER, CO 80231-4394		501 (C) 3	0.	83,148.	FMV	FOOD	FOOD DISTRIBUTION
CANYON VIEW VINEYARD - TEFAP 736-24 1/2 ROAD GRAND JUCTION, CO 81505-9628		501 (C) 3	0.	77,581.	FMV	FOOD	FOOD DISTRIBUTION
ACS COMMUNITY L.I.F.T. - TEFAP 5045 W 1ST AVE DENVER, CO 80219-1005		501 (C) 3	0.	75,244.	FMV	FOOD	FOOD DISTRIBUTION
COMMUNITY MINISTRY SW - TEFAP 1755 S ZUNI ST DENVER, CO 80223-3717		501 (C) 3	0.	72,685.	FMV	FOOD	FOOD DISTRIBUTION
FISH OF WESTMINSTER-WUMC - TEFAP 3585 W 76TH AVE WESTMINSTER, CO 80030-4854		501 (C) 3	0.	72,111.	FMV	FOOD	FOOD DISTRIBUTION
ST AUGUSTINE FOOD PANTRY - TEFAP 129 S. 6TH AVENUE BRIGHTON, CO 80601-2149		501 (C) 3	0.	58,050.	FMV	FOOD	FOOD DISTRIBUTION
SMOKEY HILL VINEYARD -TEFAP 20050 E SMOKEY HILL ROAD AURORA, CO 80015-3134		501 (C) 3	0.	57,301.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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VOA SHELTERS - TEFAP 2660 LARIMER STREET DENVER, CO 80205-2219		501 (C) 3	0.	52,605.	FMV	FOOD	FOOD DISTRIBUTION
GRANT AVE ST REACH - TEFAP 1600 GRANT ST DENVER, CO 80203-0000		501 (C) 3	0.	50,806.	FMV	FOOD	FOOD DISTRIBUTION
COVENANT CUPBOARD YOSEMITE - TEFAP 5400 S. YOSEMITE STREET GREENWOOD VILLAGE, CO 80111-3301		501 (C) 3	0.	49,800.	FMV	FOOD	FOOD DISTRIBUTION
IMMACULATE HEART MARY - TEFAP 11426 PEARL STREET NORTHGLENN, CO 80233-1931		501 (C) 3	0.	47,445.	FMV	FOOD	FOOD DISTRIBUTION
NORTHWEST FAMILY ASSISTNT - TEFAP 2224 W 32ND AVE DENVER, CO 80211-3318		501 (C) 3	0.	46,703.	FMV	FOOD	FOOD DISTRIBUTION
COLORADO AIDS PROJECT - TEFAP 2490 W 26TH AVE DENVER, CO 80211-5314		501 (C) 3	0.	46,123.	FMV	FOOD	FOOD DISTRIBUTION
DOUGLAS CNTY-TEFAP 1638 PARK ST CASTLE ROCK, CO 80104-0000		501 (C) 3	0.	45,696.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY HARBOR LIGHT - TEFAP - 2136 CHAMPA STREET - DENVER, CO 80205-		501 (C) 3	0.	44,691.	FMV	FOOD	FOOD DISTRIBUTION
ORCHARD ROAD CHRISTIAN CENTER - TEFAP - 8081 E. ORCHARD ROAD - GREENWOOD VILLAGE, CO 80111-2501		501 (C) 3	0.	42,672.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
METROPOLITAN COMMUNITY -TEFAP 980 CLARKSON ST DENVER, CO 80218-2703		501 (C) 3	0.	42,323.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY ENGLEWOOD - TEFAP 3460 S SHERMAN ST. AURORA, CO 80113-		501 (C) 3	0.	40,708.	FMV	FOOD	FOOD DISTRIBUTION
MONTBELLO COOP MINISTRY - TEFAP 4685 PEORIA ST, STE 221A DENVER, CO 80239-4819		501 (C) 3	0.	40,012.	FMV	FOOD	FOOD DISTRIBUTION
WASHINGTON COUNTY CONNECTIONS - MP TEFAP - 551 W. 2ND STREET - AKRON, CO 80720-1404		501 (C) 3	0.	39,392.	FMV	FOOD	FOOD DISTRIBUTION
ROSE OF SHARON FOOD BANK - TEFAP 5306 N LINCOLN ST DENVER, CO 80216-1933		501 (C) 3	0.	38,022.	FMV	FOOD	FOOD DISTRIBUTION
ST ANTHONYS FOOD BANK - TEFAP 3801 W OHIO AVE DENVER, CO 80219-3226		501 (C) 3	0.	37,295.	FMV	FOOD	FOOD DISTRIBUTION
STRASBURG COMMUNITY CHURCH - TEFAP 56155 SUNSET AVE STRASBURG, CO 80136-7832		501 (C) 3	0.	36,732.	FMV	FOOD	FOOD DISTRIBUTION
UNIVERSITY CHRCH OF CHRST - TEFAP 2000 S MILWAUKEE ST DENVER, CO 80210-3521		501 (C) 3	0.	36,621.	FMV	FOOD	FOOD DISTRIBUTION
RESTORATION CHRISTIAN FELLOWSHIP - MP TEFAP - 15640 E. 6TH AVE. - AURORA, CO 80011-9048		501 (C) 3	0.	36,378.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SALVATION ARMY AURORA - TEFAP 802 QUARI COURT AURORA, CO 80011		501 (C) 3	0.	34,509.	FMV	FOOD	FOOD DISTRIBUTION
AGAPE LIFE CHURCH (PANTRY)-TEFAP 5970 W 60TH AVE ARVADA, CO 80003-5702		501 (C) 3	0.	33,953.	FMV	FOOD	FOOD DISTRIBUTION
THORNTON COMM FOOD BANK - TEFAP 8990 YORK STREET THORNTON, CO 80229-4659		501 (C) 3	0.	33,648.	FMV	FOOD	FOOD DISTRIBUTION
CARING MINISTRY MORGAN CTY - TEFAP 216 STATE STREET FORT MORGAN, CO 80701-2116		501 (C) 3	0.	33,119.	FMV	FOOD	FOOD DISTRIBUTION
COOPERATING MINISTRY LOGAN - TEFAP - 230 N. 10TH AVENUE - STERLING, CO 80751-2856		501 (C) 3	0.	33,100.	FMV	FOOD	FOOD DISTRIBUTION
AURORA INTER CHURCH TASK FORCE - TEFAP - 1553 CLINTON STREET - AURORA, CO 80010-2004		501 (C) 3	0.	32,598.	FMV	FOOD	FOOD DISTRIBUTION
CHURCH OF THE NAZARENE-TEFAP 3595 HIGHWAY 6 FRONTAGE PALISADE, CO 81526-0327		501 (C) 3	0.	32,372.	FMV	FOOD	FOOD DISTRIBUTION
NEW GENESIS - TEFAP 1680 SHERMAN STREET DENVER, CO 80203-1604		501 (C) 3	0.	31,034.	FMV	FOOD	FOOD DISTRIBUTION
OPEN ARMS FOOD BANK - TEFAP 6500 W COALMINE AVE LITTLETON, CO 80123-3894		501 (C) 3	0.	30,299.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
COLORADO COMMUNITY CHURCH 220 S. CHAMBERS AURORA, CO 80014-4528		501 (C) 3	0.	29,515.	FMV	FOOD	FOOD DISTRIBUTION
LOVE INC OF YAMPA VALLEY - TEFAP 595 BREEZE ST CRAIG, CO 81625-2103		501 (C) 3	0.	29,315.	FMV	FOOD	FOOD DISTRIBUTION
FEEDING MINDS ENRICH LIVE - TEFAP 6000 W. 9TH AVENUE LAKEWOOD, CO 80214-2301		501 (C) 3	0.	28,666.	FMV	FOOD	FOOD DISTRIBUTION
FBR MP - RISEN CHRIST - TEFAP 3060 S. MONACO PARKWAY DENVER, CO 80222-7012		501 (C) 3	0.	28,375.	FMV	FOOD	FOOD DISTRIBUTION
GOOD SHEPHERD FOOD BANK - TEFAP 650 KENNEDY STREET NORTHGLENN, CO 80234-4004		501 (C) 3	0.	28,270.	FMV	FOOD	FOOD DISTRIBUTION
ST GEORGE EPISCOPAL CHURCH - MP TEFAP - 200 W. 4TH STREET - LEADVILLE, CO 80461-3218		501 (C) 3	0.	28,138.	FMV	FOOD	FOOD DISTRIBUTION
WASHINGTON COUNTY CONNECTIONS - MP TEFAP - 551 W. 2ND STREET - AKRON, CO 80720-1404		501 (C) 3	0.	27,785.	FMV	FOOD	FOOD DISTRIBUTION
ST. ANTHONY'S CATHOLIC CHURCH - MP TEFAP - 606 W 3RD STREET - JULESBURG, CO 80737-0000		501 (C) 3	0.	26,776.	FMV	FOOD	FOOD DISTRIBUTION
EPWORTH UNITED METHODIST - TEFAP 3401 HIGH ST DENVER, CO 80205-4041		501 (C) 3	0.	26,406.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FBR MP - RIO BLANCO - TEFAP 734 SCARLET DRIVE GRAND JUCTION, CO 81505-9430		501 (C) 3	0.	25,644.	FMV	FOOD	FOOD DISTRIBUTION
WALDEN CHURCH OF CHRIST - MP TEFAP 636 MAIN STREET WALDEN, CO 80480-0000		501 (C) 3	0.	21,413.	FMV	FOOD	FOOD DISTRIBUTION
FBR MP - LOTW - TEFAP 10306 W. BOWLES LITTLETON, CO 80127		501 (C) 3	0.	20,980.	FMV	FOOD	FOOD DISTRIBUTION
INTER-FAITH COMMUNITY SERVICES - TEFAP - 3370 S. IRVING STREET - ENGLEWOOD, CO 80110-1816		501 (C) 3	0.	20,803.	FMV	FOOD	FOOD DISTRIBUTION
HOMEWARD BOUND-GRAND VALLEY-TEFAP 2853 NORTH AVENUE GRAND JUCTION, CO 81501-5040		501 (C) 3	0.	20,765.	FMV	FOOD	FOOD DISTRIBUTION
ARAPAHOE HOUSE - TEFAP 8801 LIPAN STREET THORNTON, CO 80260-4912		501 (C) 3	0.	20,682.	FMV	FOOD	FOOD DISTRIBUTION
LIFT-UP ROUTT CNTY-TEFAP 2125 CURVE CT. STEAMBOAT SPRINGS, CO 80487-4913		501 (C) 3	0.	20,666.	FMV	FOOD	FOOD DISTRIBUTION
MOUNTAIN FAMILY CENTER - TEFAP 480 E. AGATE GRANBY, CO 80446-		501 (C) 3	0.	20,138.	FMV	FOOD	FOOD DISTRIBUTION
PLATEAU VALLEY ASSEMBLY - TEFAP 51228 HWY 330 COLBRAN, CO 81624-0257		501 (C) 3	0.	19,508.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SCOTT UNITED METHODIST - TEFAP 2880 GARFIELD ST DENVER, CO 80205-5045		501 (C) 3	0.	19,136.	FMV	FOOD	FOOD DISTRIBUTION
SERVICIOS DE LA RAZA, INC. - TEFAP - 4055 TEJON ST - DENVER, CO 80211-2214		501 (C) 3	0.	18,814.	FMV	FOOD	FOOD DISTRIBUTION
LOAVES & FISHES IDAHO SPRGS - TEFAP - 545 HIGHWAY 103 - IDAHO SPRINGS, CO 80452-9626		501 (C) 3	0.	17,594.	FMV	FOOD	FOOD DISTRIBUTION
BROADWAY ASSISTANCE CENTER - TEFAP - 1449 W. LITTLETON BLVD #100 - LITTLETON, CO 80120		501 (C) 3	0.	16,761.	FMV	FOOD	FOOD DISTRIBUTION
PEACE WITH CHRIST LUTHERAN - MP TEFAP - 3290 S. TOWER ROAD - AURORA, CO 800013-236		501 (C) 3	0.	16,693.	FMV	FOOD	FOOD DISTRIBUTION
EL JEBEL HEALTH AND HUMAN SERVICES - MP TEFAP - 0020 EAGLE COUNTY DRIVE - CARBONDALE, CO 81623		501 (C) 3	0.	16,397.	FMV	FOOD	FOOD DISTRIBUTION
THE GATHERING PLACE (PANTRY)- TEFAP - 1535 HIGH STREET - DENVER, CO 80218-1470		501 (C) 3	0.	15,611.	FMV	FOOD	FOOD DISTRIBUTION
INTERFAITH CHAPEL - MP TEFAP 0090 LARIAT LOOP EDWARDS, CO 81632		501 (C) 3	0.	15,529.	FMV	FOOD	FOOD DISTRIBUTION
ARAPAHOE COUNTY HS AURORA - TEFAP - 14980 E. ALAMEDA DR. - AURORA, CO 80012-1542		501 (C) 3	0.	14,848.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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LIBERTY PLAINS CHURCH FB - TEFAP 604 SUMMIT SIMLA, CO 80835-0012		501 (C) 3	0.	14,453.	FMV	FOOD	FOOD DISTRIBUTION
SENIOR HUB-SNR SOLUTIONS - TEFAP 2360 W. 90TH AVENUE FEDERAL HEIGHTS, CO 80260-6700		501 (C) 3	0.	14,392.	FMV	FOOD	FOOD DISTRIBUTION
CAPITOL HILL COMM SERV - TEFAP 4000 E QUINCY AVENUE ENGLEWOOD, CO 80113-0000		501 (C) 3	0.	14,110.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY CENTENNIAL CORPS - TEFAP - 3900 E.ARAPAHOE RD. - CENTENNIAL, CO 80122-2078		501 (C) 3	0.	13,426.	FMV	FOOD	FOOD DISTRIBUTION
ARAPAHOE COUNTY HS LITTLETON - TEFAP - 1690 W. LITTLETON BLVD - LITTLETON, CO 80120-5707		501 (C) 3	0.	12,979.	FMV	FOOD	FOOD DISTRIBUTION
PROJECT ANGEL HEART - TEFAP 4950 WASHINGTON STREET DENVER, CO 80216-2026		501 (C) 3	0.	11,566.	FMV	FOOD	FOOD DISTRIBUTION
ASPEN HEALTH & HUMAN SERVICE MP TEFAP - 0405 CASTLE CREEK RD - ASPEN, CO 81611		501 (C) 3	0.	10,371.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY-W ADAMS - TEFAP 2821 W. 65TH PLACE DENVER, CO 80221-2234		501 (C) 3	0.	10,203.	FMV	FOOD	FOOD DISTRIBUTION
AGAPE LIFE CHURCH (SK)-TEFAP 5970 W 60TH AVE ARVADA, CO 80003-5702		501 (C) 3	0.	9,794.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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WIDOW'S OIL PANTRY - TEFAP 2257 SHELTON DRIVE BAILEY, CO 80421-1450		501 (C) 3	0.	9,255.	FMV	FOOD	FOOD DISTRIBUTION
MISSISSIPPI AVE BAPTIST CHURCH - TEFAP - 13231 E. MISSISSIPPI AVENUE - AURORA, CO 800012-342		501 (C) 3	0.	9,092.	FMV	FOOD	FOOD DISTRIBUTION
HIS PROVISION INC - TEFAP 705 ULYSSES ST GOLDEN, CO 80401-3684		501 (C) 3	0.	9,090.	FMV	FOOD	FOOD DISTRIBUTION
THE GATHERING PLACE (SK)- TEFAP 1535 HIGH STREET DENVER, CO 80218-1470		501 (C) 3	0.	8,764.	FMV	FOOD	FOOD DISTRIBUTION
LIGHT & LIFE COMMUNITY - TEFAP 220 S YARROW LAKEWOOD, CO 80226-1528		501 (C) 3	0.	8,458.	FMV	FOOD	FOOD DISTRIBUTION
DAHLIA STREET CHURCH - TEFAP 1100 DAHLIA STREET DENVER, CO 80220-4201		501 (C) 3	0.	8,298.	FMV	FOOD	FOOD DISTRIBUTION
WARREN VILLAGE INC. - TEFAP 1323 GILPIN ST DENVER, CO 80218-2552		501 (C) 3	0.	8,120.	FMV	FOOD	FOOD DISTRIBUTION
CARING MINISTRY MORGAN BRUSH - TEFAP - 216 STATE STREET - FORT MORGAN, CO 80701-2116		501 (C) 3	0.	8,072.	FMV	FOOD	FOOD DISTRIBUTION
DEPT OF HUMAN SER GILPIN - TEFAP 2960 DORY HILL RD STE 100 BLACK HAWK, CO 80422-8771		501 (C) 3	0.	7,776.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FBR MP - PAX CHRISTI - TEFAP 5761 MCARTHUR RANCH ROAD LITTLETON, CO 80124-9575		501 (C) 3	0.	7,296.	FMV	FOOD	FOOD DISTRIBUTION
BENNETT COMM FOOD BANK - TEFAP 1100 W. COLFAX AVENUE BENNETT, CO 80102-7806		501 (C) 3	0.	7,073.	FMV	FOOD	FOOD DISTRIBUTION
CALVARY TEMPLE CHRISTIAN - TEFAP 7390 W. 38TH AVENUE WHEAT RIDGE, CO 80033-4839		501 (C) 3	0.	6,253.	FMV	FOOD	FOOD DISTRIBUTION
SENIORS' RESOURCE CNTR - TEFAP 5120 HWY 73 EVERGREEN, CO 80439-7301		501 (C) 3	0.	6,176.	FMV	FOOD	FOOD DISTRIBUTION
DENVER INDIAN CENTER - TEFAP 4407 MORRISON RD DENVER, CO 80219-0000		501 (C) 3	0.	5,831.	FMV	FOOD	FOOD DISTRIBUTION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD FOR ELIGIBLE LOW-INCOME INDIVIDUALS	102503	0.	2,391,033.	FMV	FOOD

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

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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

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.

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

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 Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

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 in 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KEVIN SEGDELKE PRESIDENT & CEO	(i)	169,544.	13,711.	0.	5,498.	19,470.	208,223.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VINCENT ALEXIS COO	(i)	109,840.	12,075.	0.	3,657.	25,237.	150,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	14	42,430.	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	47,200,988	69,791,471.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SOFTWARE WPS)	X	1	9,234.	FMV
26 Other (PANELING F&F)	X	1	7,500.	FMV
27 Other (EVENT ITEMS)	X	1	5,288.	FMV
28 Other (SIGNAGE)	X	1	3,600.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2014)

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.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION RECEIVED MULTIPLE CONTRIBUTIONS OF FOOD INVENTORY FROM MULTIPLE CONTRIBUTORS. IN TOTAL, 47,200,988 POUNDS OF FOOD INVENTORY WERE DONATED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization FOOD BANK OF THE ROCKIES	Employer identification number 84-0772672
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WESTERN SLOPE - GRAND JUNCTION

EXPENSES \$ 7,282,019. INCLUDING GRANTS OF \$ 0. REVENUE \$ 799,319.

MOBILE PANTRY

EXPENSES \$ 7,573,547. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE EMERGENCY FOOD ASSISTANCE PROGRAM

EXPENSES \$ 4,894,740. INCL GRANTS OF \$ 4,226,543. REVENUE \$ 629,704.

COMMODITY SUPPLEMENTAL FOOD PROGRAM

EXPENSES \$ 3,119,370. INCL GRANTS OF \$ 2,391,033. REVENUE \$ 563,698.

CHILDREN'S NUTRITION NETWORK

EXPENSES \$ 2,766,934. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,722,028.

FORM 990, PART VI, SECTION B, LINE 11:

THE AUDIT COMMITTEE REVIEWS THE RETURN IN DETAIL BEFORE THE RETURN IS
FILED. AFTER THE REVIEW BY THE AUDIT COMMITTEE, THE BOARD OF DIRECTORS
RECEIVES A COPY OF THE FORM 990 PRIOR TO IT BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE ON AN ANNUAL
BASIS. IF ANY CONFLICTS OF INTEREST EXIST, THE BOARD MEMBERS RECUSE
THEMSELVES FROM VOTING ON ANY MATTERS PERTAINING TO THE CONFLICT. THE

ORGANIZATION INQUIRES ABOUT ADDITIONAL CONFLICTS OF INTEREST AT BOARD

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
432211
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

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

MEETINGS TO IDENTIFY ANY NEW CONFLICTS OF INTEREST THAT MAY HAVE ARISEN

SINCE THE ANNUAL DISCLOSURE WAS SIGNED.

FORM 990, PART VI, SECTION B, LINE 15:

EVERY TWO YEARS, THE CEO GATHERS SALARY COMPENSATION DATA FROM SALARY

SURVEY COMPARISONS FOR EACH POSITION WITHIN THE ORGANIZATION. THE EXECUTIVE

COMMITTEE USES THIS INFORMATION TO SET THE SALARY FOR THE CEO. BASED UPON

EMPLOYEE PERFORMANCE REVIEWS AND THE SALARY SURVEY DATA, A SALARY INCREASE

IS PROPOSED FOR ALL EMPLOYEES, INCLUDING THE CEO AND OTHER OFFICERS AND KEY

EMPLOYEES. THE SALARY INCREASES ARE PRESENTED TO THE EXECUTIVE COMMITTEE,

WHO REVIEWS AND APPROVES THE PROPOSED SALARY LEVELS. THE ORGANIZATION

MAINTAINS THE NECESSARY DOCUMENTATION OF HOW THE SALARY LEVELS ARE

DETERMINED. EMPLOYEE REVIEWS ARE DONE EACH YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE

ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY ARE NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART VI, SECTION A, LINE 1A

THE EXECUTIVE COMMITTEE CONSISTS OF THOSE MEMBERS OF THE BOARD WHO ARE

FROM TIME TO TIME SERVING AS OFFICERS OF FBR, AND THE CHAIRPERSONS OF

THE DEVELOPMENT COMMITTEE AND OPERATIONS COMMITTEE. IN ADDITION, THE

CHAIRPERSON OF THE BOARD SERVES AS THE CHAIRPERSON OF THE EXECUTIVE

COMMITTEE, AND THE PRESIDENT AND CEO IS A NON-VOTING EX OFFICIO MEMBER

OF THE EXECUTIVE COMMITTEE. THE OUTGOING CHAIRPERSON OF THE EXECUTIVE

COMMITTEE IS A NON-VOTING EX OFFICIO MEMBER OF THE EXECUTIVE COMMITTEE

FOR UP TO ONE YEAR FOLLOWING HIS/HER DEPARTURE FROM THE POST OF

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

Related Organizations and Unrelated Partnerships

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

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

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
FOOD BANK OF THE ROCKIES ENDOWMENT FUND - 26-0211983, 10700 EAST 45TH AVENUE, DENVER, CO 80239	INVESTMENTS	COLORADO	501(C)(3)	LINE 11C	N/A		X

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	

