

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015

Open to Public Inspection

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.

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 **and ending** JUN 30, 2016

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

Part I Summary

| | | | |
|---|---|---------------------------|--------------|
| 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 | 21 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 139 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 23036 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 80,686,425. | 90,739,744. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 6,688,325. | 6,530,581. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 76,697. | 13,104. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -35,542. | -93,652. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 87,415,905. | 97,189,777. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 8,560,758. | 9,458,242. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 6,270,860. | 6,595,904. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,849,515. | 833,133. | 778,032. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g) | 72,357,876. | 78,176,534. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 88,022,627. | 95,008,712. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -606,722. | 2,181,065. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 23,400,912. | 24,793,193. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 3,102,141. | 2,313,357. |
| | | 20,298,771. | 22,479,836. |

Part II Signature Block

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

| | | | |
|-------------------------------|--|--|-----------|
| Sign Here | Signature of officer | Date | |
| | MARSHALL ASTER, CFO | 11-10-16 | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | DORI J. EGGETT | <i>Dori Eggett</i> | 11/9/2016 |
| | Firm's name ▶ EKS&H LLLP | Check <input type="checkbox"/> self-employed | PTIN |
| | Firm's address ▶ 7979 E. TUFTS AVENUE, SUITE 400 | Firm's EIN ▶ 46-1497033 | |
| | 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

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

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

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

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

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

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

4e Total program service expenses 92,255,738.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 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 |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 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 checkboxes, and numerical input fields for various financial and compliance questions.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 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? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 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? | | X |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | a The governing body? | X | |
| 8b | b Each committee with authority to act on behalf of the governing body? | X | |
| 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 | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| 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? | X | |
| 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 | X | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 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 | a The organization's CEO, Executive Director, or top management official | X | |
| 15b | b Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
 MARSHALL ASTER - 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) NICK MORRIS DIRECTOR | 2.00 | 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) MICHELLE DRUMM DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (9) KEVIN PETERSON DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (10) MARTY SCHECHTER DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (11) JON TANDLER BOARD CHAIR | 5.00 | X | | X | | | 0. | 0. | 0. | |
| (12) KEVIN SEGDELKE PRESIDENT & CEO | 55.00 | X | | X | | | 196,787. | 0. | 28,325. | |
| (13) SUE HOBZA DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (14) STEPHANIE MANLEY DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (15) BRUCE ETKIN DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (16) KELLI MCGANNON DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (17) DAN FAIR 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) AMY J. DIAZ DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (19) NICK BENHAM DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (20) DANA BENEFIELD DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (21) DOUG WILHELM DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (22) JACK PARGEON DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (23) MARSHALL ASTER CFO | 55.00 | | | X | | | 121,652. | 0. | 30,671. | |
| (24) VINCENT ALEXIS COO | 55.00 | | | X | | | 126,706. | 0. | 30,305. | |
| (25) KIM RUOTSALA CDO | 55.00 | | | X | | | 110,167. | 0. | 21,362. | |
| (26) LEE BOTELER CPO | 55.00 | | | X | | | 85,022. | 0. | 13,142. | |
| 1b Sub-total | | | | | | | 640,334. | 0. | 123,805. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 640,334. | 0. | 123,805. | |

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

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | 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 | 778,032. |
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 7,399,304. | 7,399,304. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 2,058,938. | 2,058,938. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 764,139. | 485,275. | 91,057. | 187,807. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 4,501,894. | 3,594,524. | 441,509. | 465,861. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 130,587. | 105,874. | 12,581. | 12,132. |
| 9 Other employee benefits | 730,557. | 581,769. | 69,607. | 79,181. |
| 10 Payroll taxes | 468,727. | 364,708. | 47,028. | 56,991. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 5,103. | | 5,103. | |
| c Accounting | 39,075. | 27,432. | 6,858. | 4,785. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 778,032. | | | 778,032. |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 244,636. | 163,524. | 46,037. | 35,075. |
| 12 Advertising and promotion | 72,274. | 50,310. | 13,188. | 8,776. |
| 13 Office expenses | 375,178. | 287,267. | 35,357. | 52,554. |
| 14 Information technology | 170,800. | 118,894. | 31,167. | 20,739. |
| 15 Royalties | | | | |
| 16 Occupancy | 860,655. | 823,232. | 25,239. | 12,184. |
| 17 Travel | 110,600. | 84,684. | 10,423. | 15,493. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 33,172. | 23,091. | 6,053. | 4,028. |
| 20 Interest | 60,189. | 46,086. | 5,672. | 8,431. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,046,662. | 1,042,832. | 2,275. | 1,555. |
| 23 Insurance | 134,516. | 102,996. | 12,677. | 18,843. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a CONTRIBUTED FOOD DISTRI | 68,483,690. | 68,483,690. | | |
| b PURCHASED FOOD DISTRIBU | 2,423,241. | 2,423,241. | | |
| c PREPARED MEALS & SNACKS | 1,877,331. | 1,877,331. | | |
| d DISTRIBUTION COSTS | 1,772,515. | 1,772,515. | | |
| e All other expenses | 466,897. | 338,221. | 41,628. | 87,048. |
| 25 Total functional expenses. Add lines 1 through 24e | 95,008,712. | 92,255,738. | 903,459. | 1,849,515. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 97,189,777. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 95,008,712. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,181,065. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 20,298,771. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 22,479,836. |

Part XII Financial Statements and Reporting

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

| | | 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** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 73.29 % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 | 15 | 73.23 % |
| 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Schedule A (Form 990 or 990-EZ) 2015

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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 in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <i>(see instructions)</i> : | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i> | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | |
| c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i> | | |
| 2 Activities Test. <i>Answer (a) and (b) below.</i> | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| 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 | | (A) Prior Year | 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). | | |

Schedule A (Form 990 or 990-EZ) 2015

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

MISCELLANEOUS

2011 AMOUNT: \$ 41,473.

2012 AMOUNT: \$ 63,130.

2013 AMOUNT: \$ 29,894.

2014 AMOUNT: \$ 29,796.

2015 AMOUNT: \$ 26,001.

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

2015

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) (2015)

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

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/> | \$ 5,113,798. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 2,410,804. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 3,667,554. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 10,916,775. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 2,360,120. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 5,367,382. | 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 |
|---|---|

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 | _____ _____ _____ | \$ _____ 2,461,898. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | _____ _____ _____ | \$ _____ 2,919,628. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | _____ _____ _____ | \$ _____ 1,919,656. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | _____ _____ _____ | \$ _____ 3,580,213. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | _____ _____ _____ | \$ _____ 2,151,851. | 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.) |

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

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 | 7791297 LBS - FOOD _____ _____ _____ | \$ 5,113,798. | 12/31/15 |
| 2 | 1401630 LBS - FOOD _____ _____ _____ | \$ 2,410,804. | 12/31/15 |
| 3 | 2132299 LBS - FOOD _____ _____ _____ | \$ 3,667,554. | 12/31/15 |
| 4 | 6346962 LBS - FOOD _____ _____ _____ | \$ 10,916,775. | 12/31/15 |
| 5 | 1372163 LBS - FOOD _____ _____ _____ | \$ 2,360,120. | 12/31/15 |
| 6 | 3120571 LBS - FOOD _____ _____ _____ | \$ 5,367,382. | 12/31/15 |

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

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 | 1431336 LBS - FOOD _____ _____ _____ | \$ 2,461,898. | 12/31/15 |
| 8 | 1697458 LBS - FOOD _____ _____ _____ | \$ 2,919,628. | 12/31/15 |
| 9 | 1116079 LBS - FOOD _____ _____ _____ | \$ 1,919,656. | 12/31/15 |
| 10 | 2081519 LBS - FOOD _____ _____ _____ | \$ 3,580,213. | 12/31/15 |
| 11 | 1251076 LBS - FOOD _____ _____ _____ | \$ 2,151,851. | 12/31/15 |
| | _____ _____ _____ | \$ _____ | |

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

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 C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

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

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

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 93,159,197. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 93,159,197. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| 2a Lobbying nontaxable amount | | | | 1,000,000. | 1,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 1,500,000. |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | 250,000. | 250,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 375,000. |
| f Grassroots lobbying expenditures | | | | | |

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

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of 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?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment 23.91 %
- b Permanent endowment 73.36 %
- c Temporarily restricted endowment 2.73 %

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

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

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

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

b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CAPITAL LEASE OBLIGATION | 214,060. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 214,060. |

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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, 2016 AND 2015.

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, 2016 OR 2015. TAX

YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2012 THROUGH THE CURRENT

YEAR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|----------|
| FBR ENDOWMENT FUND REVENUES | 72,970. |
| SPECIAL EVENTS EXPENSES NETTED WITH INCOME | 219,203. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 292,173. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|----------|
| SPECIAL EVENTS EXPENSES NETTED WITH INCOME | 219,203. |
|--|----------|

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
 Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the
 organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|-------------------------------------|-----------------------------------|---|---|
| | | Yes | No | | | |
| ROBBINS KERSTEN DIRECT - 201 SUMMER ST, HOLLISTON, MA | DIRECT MAIL | | <input checked="" type="checkbox"/> | 3,002,385. | 778,032. | 2,224,353. |
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| | | | | | | |
| Total | ▶ | | | 3,002,385. | 778,032. | 2,224,353. |

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

CO, WY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|--|---|---------------------------------|----------------------------|------------------------|--|
| | | JOE SAKIC EVENT (event type) | PANERATHON (event type) | NONE (total number) | |
| Revenue | 1 Gross receipts | 433,404. | 15,049. | | 448,453. |
| | 2 Less: Contributions | 348,854. | 49. | | 348,903. |
| | 3 Gross income (line 1 minus line 2) | 84,550. | 15,000. | | 99,550. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 20,039. | 3,389. | | 23,428. |
| | 6 Rent/facility costs | 114,440. | 4,726. | | 119,166. |
| | 7 Food and beverages | 45,766. | 128. | | 45,894. |
| | 8 Entertainment | 7,741. | | | 7,741. |
| | 9 Other direct expenses | 19,939. | 3,035. | | 22,974. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 219,203. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -119,653. | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

| 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 |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CAMPBELL CSD 1 WYSLP 1000 CAMEL DRIVE GILLETTE, WY 82717 | | 501 (C) 3 | 0. | 109,416. | FMV | FOOD | FOOD DISTRIBUTION |
| SWEETWATER CSD1 WYSLP 350 MONROE AVE. GREEN RIVER, WY 82935 | | 501 (C) 3 | 0. | 103,481. | FMV | FOOD | FOOD DISTRIBUTION |
| SHERIDAN CSD 2 WYSLP 744 CARRINGTON ST. SHERIDAN, WY 82801 | | 501 (C) 3 | 0. | 87,882. | FMV | FOOD | FOOD DISTRIBUTION |
| UINTA CSD 1 WYSLP 216 2ND STREET MOUNTAIN VIEW, WY 82939 | | 501 (C) 3 | 0. | 80,617. | FMV | FOOD | FOOD DISTRIBUTION |
| SWEETWATER CSD 2 WYSLP 1375 JAMES DR. ROCK SPRINGS, WY 82901 | | 501 (C) 3 | 0. | 62,981. | FMV | FOOD | FOOD DISTRIBUTION |
| CONVERSE CSD 1 WYSLP 1703 HAMILTON ST. DOUGLAS, WY 82633 | | 501 (C) 3 | 0. | 56,879. | FMV | FOOD | FOOD DISTRIBUTION |

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

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

Schedule I (Form 990) (2015)

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 |
|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| LINCOLN CSD 2 STAR WYSLP 444 W SWIFT CREEK LANE AFTON, WY 83110 | | 501 (C) 3 | 0. | 55,157. | FMV | FOOD | FOOD DISTRIBUTION |
| FREMONT CSD 25 WYSLP 851 COLLEGE DRIVE RIVERTON, WY 82501 | | 501 (C) 3 | 0. | 54,483. | FMV | FOOD | FOOD DISTRIBUTION |
| TETON CSD 1 WYSLP 1830 HIGH SCHOOL RD JACKSON, WY 83001 | | 501 (C) 3 | 0. | 52,736. | FMV | FOOD | FOOD DISTRIBUTION |
| PARK CSD 1WYSLP 245 N EVARTS ST. POWELL, WY 82435 | | 501 (C) 3 | 0. | 50,469. | FMV | FOOD | FOOD DISTRIBUTION |
| ALBANY CSD 1 WYSLP 419 S. 8TH ST. LARAMIE, WY 82070 | | 501 (C) 3 | 0. | 50,277. | FMV | FOOD | FOOD DISTRIBUTION |
| WASHAKIE CSD 1 WYSLP 1900 HOWELL AVENUE WORLAND, WY 82401 | | 501 (C) 3 | 0. | 44,697. | FMV | FOOD | FOOD DISTRIBUTION |
| SUBLETTE CSD 1 WYSLP 690 NORTH TYLER PINEDALE, WY 82941 | | 501 (C) 3 | 0. | 37,719. | FMV | FOOD | FOOD DISTRIBUTION |
| PLATTE CSD 1 WYSLP 201 20TH ST. WHEATLAND, WY 82201 | | 501 (C) 3 | 0. | 33,576. | FMV | FOOD | FOOD DISTRIBUTION |
| FREMONT CSD 1 WYSLP 1795 W. MAIN LANDER, WY 82520 | | 501 (C) 3 | 0. | 33,497. | 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 |
|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| JOHNSON CSD 1 WYSLP 550 S. BURRITT AVE. BUFFALO, WY 82834 | | 501 (C) 3 | 0. | 32,160. | FMV | FOOD | FOOD DISTRIBUTION |
| CARBON CSD 1 RAWLINS WYSLP 1401 COLORADO BAGGS, WY 82321 | | 501 (C) 3 | 0. | 31,959. | FMV | FOOD | FOOD DISTRIBUTION |
| UINTA CSD 4 WYSLP 116 N. MAIN ST. LYMAN, WY 82937 | | 501 (C) 3 | 0. | 28,699. | FMV | FOOD | FOOD DISTRIBUTION |
| FREMONT CSD 14 WYSLP 636 BLUE SKY HIGHWAY ETHLETE, WY 82520 | | 501 (C) 3 | 0. | 28,686. | FMV | FOOD | FOOD DISTRIBUTION |
| SUBLETTE CSD 9 WYSLP 225 S. NICHOLS ST. BIG PINEY, WY 83113 | | 501 (C) 3 | 0. | 26,112. | FMV | FOOD | FOOD DISTRIBUTION |
| PARK CSD 6 WYSLP 919 CODY AVE. CODY, WY 82414 | | 501 (C) 3 | 0. | 25,695. | FMV | FOOD | FOOD DISTRIBUTION |
| UINTA CSD1 WYSLP 325 KIRLIN DR EVANSTON, WY 82931 | | 501 (C) 3 | 0. | 25,016. | FMV | FOOD | FOOD DISTRIBUTION |
| WESTON CSD 1 WYSLP 808 BIRCH STREET NEWCASTLE, WY 82701 | | 501 (C) 3 | 0. | 23,052. | FMV | FOOD | FOOD DISTRIBUTION |
| HOT SPRINGS CSD 1 WYSLP 231 PARK ST. THERMOPOLIS, WY 82443 | | 501 (C) 3 | 0. | 21,634. | 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 |
|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BIG HORN CSD 2 WYSLP 600 SHOSHONE AVE. LOVELL, WY 82431 | | 501 (C) 3 | 0. | 21,548. | FMV | FOOD | FOOD DISTRIBUTION |
| FREMONT CSD 21-WYSLP 90 ETHLETE ROAD FORT WASHAKIE, WY 82514 | | 501 (C) 3 | 0. | 20,514. | FMV | FOOD | FOOD DISTRIBUTION |
| GOSHEN CSD 1 TORRINGTON WYSLP 2742 WEST E ST TORRINGTON, WY 82240 | | 501 (C) 3 | 0. | 19,068. | FMV | FOOD | FOOD DISTRIBUTION |
| FREMONT CSD 38 WYSLP 445 LWRB RD. ARAPAHOE, WY 82510 | | 501 (C) 3 | 0. | 17,511. | FMV | FOOD | FOOD DISTRIBUTION |
| LARAMIE CSD 1 WYSLP 3320 MAXWELL AVENUE CHEYENNE, WY 82001 | | 501 (C) 3 | 0. | 17,012. | FMV | FOOD | FOOD DISTRIBUTION |
| BIG HORN CSD 3 WYSLP 600 8TH AVENUE NORTH GREYBULL, WY 82426 | | 501 (C) 3 | 0. | 16,242. | FMV | FOOD | FOOD DISTRIBUTION |
| SHERIDAN CSD 1 WYSLP 1127 DAYTON ST. RANCHESTER, WY 82839 | | 501 (C) 3 | 0. | 16,072. | FMV | FOOD | FOOD DISTRIBUTION |
| FREMONT CSD 24 WYSLP 112 W. 3RD STREET SHOSHONI, WY 82649 | | 501 (C) 3 | 0. | 15,137. | FMV | FOOD | FOOD DISTRIBUTION |
| LARAMIE CSD 2 BURNS WYSLP 630 E. 4TH STREET BURNS, WY 82053 | | 501 (C) 3 | 0. | 13,570. | 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. | 13,473. | FMV | FOOD | FOOD DISTRIBUTION |
| FREMONT CSD 6 WYSLP 12994 N. COUGAR DRIVER PAVILLION, WY 82523 | | 501 (C) 3 | 0. | 11,543. | FMV | FOOD | FOOD DISTRIBUTION |
| BIG HORN CSD 4 WYSLP 919 WEST B STREET BASIN, WY 82410 | | 501 (C) 3 | 0. | 11,441. | FMV | FOOD | FOOD DISTRIBUTION |
| LINCOLN CSD 1 WYSLP 1310 ANTELOPE KEMMERER, WY 83101 | | 501 (C) 3 | 0. | 10,760. | FMV | FOOD | FOOD DISTRIBUTION |
| NATRONA CSD 1 WYSLP 770 NORTH GLENN RD. CASPER, WY 82601 | | 501 (C) 3 | 0. | 10,750. | FMV | FOOD | FOOD DISTRIBUTION |
| WESTON CSD 7 WYSLP 802 JUNIPER UPTON, WY 82730 | | 501 (C) 3 | 0. | 10,540. | FMV | FOOD | FOOD DISTRIBUTION |
| BIG HORN CSD 1 ROCKY MTN M HS WYSLP - 404 S. 4TH EAST - COWLEY, WY 82420 | | 501 (C) 3 | 0. | 10,461. | FMV | FOOD | FOOD DISTRIBUTION |
| NORMATIVE SERVICES INC WYSLP 13 LANE LANE SHERIDAN, WY 82801 | | 501 (C) 3 | 0. | 9,878. | FMV | FOOD | FOOD DISTRIBUTION |
| BIG HORN CSD 1 ROCKY MTN ELEM WYSLP - 101 S. DIVISION - COWLEY, WY 82420 | | 501 (C) 3 | 0. | 9,714. | 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 |
|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BIG HORN CSD 1 BURLINGTON WYSLP 109 NORTH ST BURLINGTON, WY 82411 | | 501 (C) 3 | 0. | 9,623. | FMV | FOOD | FOOD DISTRIBUTION |
| UINTA CSD 6 WYSLP 325 KIRLIN DRIVE EVANSTON, WY 82931 | | 501 (C) 3 | 0. | 8,334. | FMV | FOOD | FOOD DISTRIBUTION |
| CROOK CSD 1 SUNDANCE WYSLP 700 PARK ST. SUNDANCE, WY 82729 | | 501 (C) 3 | 0. | 8,254. | FMV | FOOD | FOOD DISTRIBUTION |
| PLATTE CSD 2 WYSLP 555 S. WYOMING GUERNSEY, WY 82214 | | 501 (C) 3 | 0. | 8,197. | FMV | FOOD | FOOD DISTRIBUTION |
| CARBON CSD 1 LITTLE SNAKE WYSLP 100 MEEKER ST BAGGS, WY 82321 | | 501 (C) 3 | 0. | 8,196. | FMV | FOOD | FOOD DISTRIBUTION |
| FREMONT CSD 2 WYSLP 700 N. FIRST ST. DUBOIS, WY 82513 | | 501 (C) 3 | 0. | 8,022. | FMV | FOOD | FOOD DISTRIBUTION |
| LARAMIE CSD 2 PINE BLUFFS WYSLP 603 ELM ST. PINE BLUFFS, WY 82082 | | 501 (C) 3 | 0. | 7,501. | FMV | FOOD | FOOD DISTRIBUTION |
| ST ANTHONY SCHOOL WYSLP 1145 WEST 20TH STREET CASPER, WY 82604 | | 501 (C) 3 | 0. | 6,535. | FMV | FOOD | FOOD DISTRIBUTION |
| CARBON CSD 2 SARATOGA WYSLP 801 WEST ELM AVE. SARATOGA, WY 82331 | | 501 (C) 3 | 0. | 6,118. | 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 MARYS SCHOOL WYSLP 112 E 24TH ST CHEYENNE, WY 82001 | | 501 (C) 3 | 0. | 5,538. | FMV | FOOD | FOOD DISTRIBUTION |
| GOSHEN CSD 1 SOUTHEAST WYSLP 1 LACEY ST. YODER, WY 82444 | | 501 (C) 3 | 0. | 5,443. | FMV | FOOD | FOOD DISTRIBUTION |
| CROOK CSD 1 HULETT WYSLP 429 SAGER STREET HULETT, WY 82720 | | 501 (C) 3 | 0. | 5,274. | FMV | FOOD | FOOD DISTRIBUTION |
| ST JOSEPHS CHILDRENS HOME WYSLP 1419 MAIN STREET TORRINGTON, WY 82240 | | 501 (C) 3 | 0. | 5,072. | FMV | FOOD | FOOD DISTRIBUTION |
| ST STEPHENS INDIAN SCHOOL 128 MISSION ROAD ST. STEPHENS, WY 82524 | | 501 (C) 3 | 0. | 5,030. | FMV | FOOD | FOOD DISTRIBUTION |
| ST JOSEPHS CHURCH USDA 321 EAST 6TH STREET CHEYENNE, WY 82007 | | 501 (C) 3 | 0. | 86,419. | FMV | FOOD | FOOD DISTRIBUTION |
| NEEDS INC USDA 900 CENTRAL AVE CHEYENNE, WY 82007 | | 501 (C) 3 | 0. | 75,852. | FMV | FOOD | FOOD DISTRIBUTION |
| LANDER CARE AND SHARE FOOD BANK USDA - 281 GARFIELD STREET - LANDER, WY 82520 | | 501 (C) 3 | 0. | 54,667. | FMV | FOOD | FOOD DISTRIBUTION |
| HOLY CROSS CENTER INC USDA 1030 N LINCOLN CASPER, WY 82601 | | 501 (C) 3 | 0. | 46,079. | 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 |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| INTERFAITH GOOD SAMARITAN USDA 710 E. GARFIELD ST. ROOM 127 LARAMIE, WY 82070 | | 501 (C) 3 | 0. | 45,477. | FMV | FOOD | FOOD DISTRIBUTION |
| THE SALVATION ARMY A CA CORP SHERIDAN USDA - 150 SOUTH TSCHIRGI - SHERIDAN, WY 82801 | | 501 (C) 3 | 0. | 43,377. | FMV | FOOD | FOOD DISTRIBUTION |
| SET FREE MINISTRY CASPER USDA 636 EAST "A" STREET CASPER, WY 82604 | | 501 (C) 3 | 0. | 40,990. | FMV | FOOD | FOOD DISTRIBUTION |
| THE SALVATION ARMY A CA CORP CASPER USDA - 441 S CENTER STREET - CASPER, WY 82601 | | 501 (C) 3 | 0. | 38,907. | FMV | FOOD | FOOD DISTRIBUTION |
| COUNCIL OF COMMUNITY SERVICES GILLETTE USDA - 114 SOUTH 4J ROAD - GILLETTE, WY 82716 | | 501 (C) 3 | 0. | 34,709. | FMV | FOOD | FOOD DISTRIBUTION |
| LAND OF GOSHEN MINISTRIES USDA 801 W VALLEY ROAD TORRINGTON, WY 82240 | | 501 (C) 3 | 0. | 30,117. | FMV | FOOD | FOOD DISTRIBUTION |
| LORDS STOREHOUSE THE USDA 50 YELLOW CREEK RD. EVANSTON, WY 82931 | | 501 (C) 3 | 0. | 28,216. | FMV | FOOD | FOOD DISTRIBUTION |
| FOOD BANK OF SWEETWATER COUNTY ROCK SPRINGS USDA - 90 CENTER STREET - ROCK SPRINGS, WY 82901 | | 501 (C) 3 | 0. | 26,701. | FMV | FOOD | FOOD DISTRIBUTION |
| FREMONT COUNTY SAMARITAN USDA 921 E. WASHINGTON AVE. RIVERTON, WY 82501 | | 501 (C) 3 | 0. | 26,678. | 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 |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BAPTIST YOUTH MISSION USDA 400 LINCOLN AVE SINCLAIR, WY 82334 | | 501 (C) 3 | 0. | 26,113. | FMV | FOOD | FOOD DISTRIBUTION |
| POWELL AMERICAN LEGION USDA 143 S. CLARK STREET POWELL, WY 82435 | | 501 (C) 3 | 0. | 23,664. | FMV | FOOD | FOOD DISTRIBUTION |
| GRACE BAPTIST CHURCH CODY USDA 4 SOUTH FORK ROAD CODY, WY 82414 | | 501 (C) 3 | 0. | 18,364. | FMV | FOOD | FOOD DISTRIBUTION |
| BETHANY FELLOWSHIP CHURCH USDA 160 PLEASANT VIEW LANE WORLAND, WY 82401 | | 501 (C) 3 | 0. | 15,702. | FMV | FOOD | FOOD DISTRIBUTION |
| FOOD BANK OF SWEETWATER COUNTY GREEN RIVER USDA - 550 UINTA, SUITE F - GREEN RIVER, WY 82935 | | 501 (C) 3 | 0. | 14,270. | FMV | FOOD | FOOD DISTRIBUTION |
| PLATTE COUNTY COMMODITIES USDA 95 19TH ST. WHEATLAND, WY 82201 | | 501 (C) 3 | 0. | 12,889. | FMV | FOOD | FOOD DISTRIBUTION |
| DOUGLAS SENIOR CITIZENS CENTER USDA - 340 1ST STREET WEST - DOUGLAS, WY 82633 | | 501 (C) 3 | 0. | 11,474. | FMV | FOOD | FOOD DISTRIBUTION |
| ST THOMAS CHURCH USDA 9 SOUTH FIRST STREET DUBOIS, WY 82513 | | 501 (C) 3 | 0. | 8,590. | FMV | FOOD | FOOD DISTRIBUTION |
| RIVER OF LIFE CHURCH USDA 319 BROADWAY THERMOPOLIS, WY 82443 | | 501 (C) 3 | 0. | 7,974. | 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 |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BUFFALO SENIOR CENTER USDA 671 W. FETTERMAN BUFFALO, WY 82834 | | 501 (C) 3 | 0. | 7,822. | FMV | FOOD | FOOD DISTRIBUTION |
| STAR VALLEY SENIOR CENTER USDA 540 WASHINGTON STREET AFTON, WY 83110 | | 501 (C) 3 | 0. | 7,815. | FMV | FOOD | FOOD DISTRIBUTION |
| FROM THE HEART MINISTRIES USDA 2507 N. STREET HWY 414 URIE, WY 82939 | | 501 (C) 3 | 0. | 7,748. | FMV | FOOD | FOOD DISTRIBUTION |
| BREAD USDA 627 PINE NEWCASTLE, WY 82701 | | 501 (C) 3 | 0. | 6,598. | FMV | FOOD | FOOD DISTRIBUTION |
| CROOK COUNTY COUNCIL OF COUNTY SERVICES USDA SUNDA - 108 N. 8TH ST. - SUNDANCE, WY 82729 | | 501 (C) 3 | 0. | 5,850. | FMV | FOOD | FOOD DISTRIBUTION |
| NIOBRARA SENIOR CENTER USDA 611 E 6TH STREET LUSK, WY 82225 | | 501 (C) 3 | 0. | 5,840. | FMV | FOOD | FOOD DISTRIBUTION |
| SALVATION ARMY BASIN UNIT USDA 407 W. C ST. BASIN, WY 82410 | | 501 (C) 3 | 0. | 5,472. | FMV | FOOD | FOOD DISTRIBUTION |
| GOOD SAMARITAN MISSION USDA 285 W. PEARL JACKSON, WY 83001 | | 501 (C) 3 | 0. | 5,187. | FMV | FOOD | FOOD DISTRIBUTION |
| HELPING HEARTS INC USDA 115 S 4TH GLENROCK, WY 82637 | | 501 (C) 3 | 0. | 5,168. | 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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|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ADAMS COUNTY EMERGENCY FOOD BANK - TEFAP - 7111 E. 56TH AVENUE - COMMERCE CITY, CO 80022 | | 501 (C) 3 | 0. | 624,191. | FMV | FOOD | FOOD DISTRIBUTION |
| THE ACTION CENTER - TEFAP 8755 W 14TH AVE. LAKEWOOD, CO 80215 | | 501 (C) 3 | 0. | 312,443. | FMV | FOOD | FOOD DISTRIBUTION |
| METRO CARERING - TEFAP 1615 OGDEN ST. DENVER, CO 80218 | | 501 (C) 3 | 0. | 281,354. | FMV | FOOD | FOOD DISTRIBUTION |
| SALVATION ARMY-GRAND JCT TEFAP PO BOX 578 GRAND JUCTION, CO 81502 | | 501 (C) 3 | 0. | 277,101. | FMV | FOOD | FOOD DISTRIBUTION |
| ARVADA COMM. FOOD BANK - TEFAP 8555 W. 57TH AVENUE ARVADA, CO 80002 | | 501 (C) 3 | 0. | 154,233. | FMV | FOOD | FOOD DISTRIBUTION |
| DENVER URBAN MINISTRIES - TEFAP 1717 E COLFAX AVE DENVER, CO 80218 | | 501 (C) 3 | 0. | 139,839. | FMV | FOOD | FOOD DISTRIBUTION |
| ACS COMMUNITY L.I.F.T. - TEFAP 5045 W 1ST AVE DENVER, CO 80219 | | 501 (C) 3 | 0. | 127,013. | FMV | FOOD | FOOD DISTRIBUTION |
| TWIN PARISHES - TEFAP 3663 HUMBOLDT STREET DENVER, CO 80205 | | 501 (C) 3 | 0. | 124,475. | FMV | FOOD | FOOD DISTRIBUTION |
| SHARING MINISTRIES, INC.- TEFAP 121 NORTH RIO GRAND AVENUE MONTROSE, CO 81401 | | 501 (C) 3 | 0. | 122,278. | 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 | | 501 (C) 3 | 0. | 107,097. | FMV | FOOD | FOOD DISTRIBUTION |
| JEWISH FAMILY SERVICE COL - TEFAP 3201 S TAMARAC DR DENVER, CO 80231 | | 501 (C) 3 | 0. | 98,273. | FMV | FOOD | FOOD DISTRIBUTION |
| FISH OF WESTMINSTER-WUMC - TEFAP 3585 W 76TH AVE WESTMINSTER, CO 80030 | | 501 (C) 3 | 0. | 96,101. | FMV | FOOD | FOOD DISTRIBUTION |
| SALVATION ARMY-DELTA TEFAP 302 MEEKER STREET DELTA, CO 81416 | | 501 (C) 3 | 0. | 93,570. | FMV | FOOD | FOOD DISTRIBUTION |
| COMMUNITY MINISTRY SW - TEFAP 1755 S ZUNI ST DENVER, CO 80223 | | 501 (C) 3 | 0. | 82,105. | FMV | FOOD | FOOD DISTRIBUTION |
| SALVATION ARMY HARBOR LIGHT - TEFAP - 2136 CHAMPA STREET - DENVER, CO 80205 | | 501 (C) 3 | 0. | 80,694. | FMV | FOOD | FOOD DISTRIBUTION |
| CANYON VIEW VINEYARD - TEFAP 736-24 1/2 ROAD GRAND JUCTION, CO 81505 | | 501 (C) 3 | 0. | 76,798. | FMV | FOOD | FOOD DISTRIBUTION |
| ST AUGUSTINE FOOD PANTRY - TEFAP 129 S. 6TH AVENUE BRIGHTON, CO 80601 | | 501 (C) 3 | 0. | 72,075. | FMV | FOOD | FOOD DISTRIBUTION |
| DOUGLAS ELBERT TASK FORCE - TEFAP 1638 PARK ST. CASTLE ROCK, CO 80109 | | 501 (C) 3 | 0. | 56,185. | 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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|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NORTHWEST FAMILY ASSISTNT - TEFAP 2224 W 32ND AVE DENVER, CO 80211 | | 501 (C) 3 | 0. | 54,504. | FMV | FOOD | FOOD DISTRIBUTION |
| IMMACULATE HEART MARY - TEFAP 11426 PEARL STREET NORTHGLENN, CO 80233 | | 501 (C) 3 | 0. | 52,904. | FMV | FOOD | FOOD DISTRIBUTION |
| GRANT AVE ST REACH - TEFAP 1600 GRANT ST DENVER, CO 80203 | | 501 (C) 3 | 0. | 49,324. | FMV | FOOD | FOOD DISTRIBUTION |
| SALVATION ARMY ENGLEWOOD - TEFAP 3460 S SHERMAN ST. AURORA, CO 80113 | | 501 (C) 3 | 0. | 46,820. | FMV | FOOD | FOOD DISTRIBUTION |
| COVENANT CUPBOARD YOSEMITE - TEFAP 5400 S. YOSEMITE STREET GREENWOOD VILLAGE, CO 80111 | | 501 (C) 3 | 0. | 46,556. | FMV | FOOD | FOOD DISTRIBUTION |
| ROSE OF SHARON FOOD BANK - TEFAP 5306 N LINCOLN ST DENVER, CO 80216 | | 501 (C) 3 | 0. | 44,990. | FMV | FOOD | FOOD DISTRIBUTION |
| RESTORATION CHRISTIAN FELLOWSHIP - MP TEFAP - 15640 E. 6TH AVE. - AURORA, CO 80011 | | 501 (C) 3 | 0. | 44,921. | FMV | FOOD | FOOD DISTRIBUTION |
| SALVATION ARMY AURORA - TEFAP 802 QUARI COURT AURORA, CO 80011 | | 501 (C) 3 | 0. | 44,833. | FMV | FOOD | FOOD DISTRIBUTION |
| THORNTON COMM FOOD BANK - TEFAP 8990 YORK STREET THORNTON, CO 80229 | | 501 (C) 3 | 0. | 44,644. | 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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|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COLORADO AIDS PROJECT - TEFAP 2490 W 26TH AVE DENVER, CO 80211 | | 501 (C) 3 | 0. | 44,396. | FMV | FOOD | FOOD DISTRIBUTION |
| VOA SHELTERS - TEFAP 2660 LARIMER STREET DENVER, CO 80205 | | 501 (C) 3 | 0. | 44,319. | FMV | FOOD | FOOD DISTRIBUTION |
| CARING MINISTRY MORGAN CTY - TEFAP 216 STATE STREET FORT MORGAN, CO 80701 | | 501 (C) 3 | 0. | 41,404. | FMV | FOOD | FOOD DISTRIBUTION |
| METROPOLITAN COMMUNITY -TEFAP 980 CLARKSON ST DENVER, CO 80218 | | 501 (C) 3 | 0. | 39,889. | FMV | FOOD | FOOD DISTRIBUTION |
| ST ANTHONYS FOOD BANK - TEFAP 3801 W OHIO AVE DENVER, CO 80219 | | 501 (C) 3 | 0. | 39,659. | FMV | FOOD | FOOD DISTRIBUTION |
| UNIVERSITY CHRCH OF CHRST - TEFAP 2000 S MILWAUKEE ST DENVER, CO 80210 | | 501 (C) 3 | 0. | 39,079. | FMV | FOOD | FOOD DISTRIBUTION |
| CHURCH OF THE NAZARENE-TEFAP 3595 HIGHWAY 6 FRONTAGE PALISADE, CO 81526 | | 501 (C) 3 | 0. | 38,823. | FMV | FOOD | FOOD DISTRIBUTION |
| COLORADO COMMUNITY CHURCH 220 S. CHAMBERS AURORA, CO 80014 | | 501 (C) 3 | 0. | 38,405. | FMV | FOOD | FOOD DISTRIBUTION |
| ORCHARD ROAD CHRISTIAN CENTER - TEFAP - 8081 E. ORCHARD ROAD - GREENWOOD VILLAGE, CO 80111 | | 501 (C) 3 | 0. | 37,753. | 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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|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| AGAPE LIFE CHURCH (PANTRY)-TEFAP 5970 W 60TH AVE ARVADA, CO 80003 | | 501 (C) 3 | 0. | 37,492. | FMV | FOOD | FOOD DISTRIBUTION |
| MONTBELLO COOP MINISTRY - TEFAP 4685 PEORIA ST, STE 221A DENVER, CO 80239 | | 501 (C) 3 | 0. | 36,532. | FMV | FOOD | FOOD DISTRIBUTION |
| FBR MP - RISEN CHRIST - TEFAP 3060 S. MONACO PARKWAY DENVER, CO 80222 | | 501 (C) 3 | 0. | 34,245. | FMV | FOOD | FOOD DISTRIBUTION |
| AURORA INTER CHURCH TASK FORCE - TEFAP - 1553 CLINTON STREET - AURORA, CO 80010 | | 501 (C) 3 | 0. | 34,012. | FMV | FOOD | FOOD DISTRIBUTION |
| COOPERATING MINISTRY LOGAN - TEFAP - 230 N. 10TH AVENUE - STERLING, CO 80751 | | 501 (C) 3 | 0. | 33,647. | FMV | FOOD | FOOD DISTRIBUTION |
| STRASBURG COMMUNITY CHURCH - TEFAP 56155 SUNSET AVE STRASBURG, CO 80136 | | 501 (C) 3 | 0. | 33,602. | FMV | FOOD | FOOD DISTRIBUTION |
| LOVE INC OF YAMPA VALLEY - TEFAP 595 BREEZE ST CRAIG, CO 81625 | | 501 (C) 3 | 0. | 32,586. | FMV | FOOD | FOOD DISTRIBUTION |
| BROADWAY ASSISTANCE CENTER - TEFAP - 1449 W. LITTLETON BLVD #100 - LITTLETON, CO 80120 | | 501 (C) 3 | 0. | 31,787. | FMV | FOOD | FOOD DISTRIBUTION |
| RURAL COMMUNITY RESOURCE CENTER - MP TEFAP - 410 WEST HOAG AVE. - YUMA, CO 80759 | | 501 (C) 3 | 0. | 30,591. | FMV | FOOD | FOOD DISTRIBUTION |

Schedule I (Form 990)

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|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| WASHINGTON COUNTY CONNECTIONS - MP TEFAP - 551 W. 2ND STREET - AKRON, CO 80720 | | 501 (C) 3 | 0. | 29,937. | FMV | FOOD | FOOD DISTRIBUTION |
| WASHINGTON COUNTY CONNECTIONS - MP TEFAP - 551 W. 2ND STREET - AKRON, CO 80720 | | 501 (C) 3 | 0. | 29,937. | FMV | FOOD | FOOD DISTRIBUTION |
| NEW GENESIS - TEFAP 1680 SHERMAN STREET DENVER, CO 80203 | | 501 (C) 3 | 0. | 27,810. | FMV | FOOD | FOOD DISTRIBUTION |
| GOOD SHEPHERD FOOD BANK - TEFAP 650 KENNEDY STREET NORTHGLENN, CO 80234 | | 501 (C) 3 | 0. | 26,774. | FMV | FOOD | FOOD DISTRIBUTION |
| LIFT-UP ROUTT CNTY-TEFAP 2125 CURVE CT. STEAMBOAT SPRINGS, CO 80487 | | 501 (C) 3 | 0. | 26,296. | FMV | FOOD | FOOD DISTRIBUTION |
| MOUNTAIN FAMILY CENTER - TEFAP 480 E. AGATE GRANBY, CO 80446 | | 501 (C) 3 | 0. | 26,153. | FMV | FOOD | FOOD DISTRIBUTION |
| FBR MP - RIO BLANCO - TEFAP 734 SCARLET DRIVE GRAND JUCTION, CO 81505 | | 501 (C) 3 | 0. | 25,627. | FMV | FOOD | FOOD DISTRIBUTION |
| ST GEORGE EPISCOPAL CHURCH - MP TEFAP - 200 W. 4TH STREET - LEADVILLE, CO 80461 | | 501 (C) 3 | 0. | 24,984. | FMV | FOOD | FOOD DISTRIBUTION |
| OPEN ARMS FOOD BANK - TEFAP 6500 W COALMINE AVE LITTLETON, CO 80123 | | 501 (C) 3 | 0. | 24,898. | FMV | FOOD | FOOD DISTRIBUTION |

Schedule I (Form 990)

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|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ST. ANTHONY'S CATHOLIC CHURCH - MP TEFAP - 606 W 3RD STREET - JULESBURG, CO 80737 | | 501 (C) 3 | 0. | 23,830. | FMV | FOOD | FOOD DISTRIBUTION |
| THE GATHERING PLACE (PANTRY)- TEFAP - 1535 HIGH STREET - DENVER, CO 80218 | | 501 (C) 3 | 0. | 23,174. | FMV | FOOD | FOOD DISTRIBUTION |
| SCOTT UNITED METHODIST - TEFAP 2880 GARFIELD ST DENVER, CO 80205 | | 501 (C) 3 | 0. | 22,632. | FMV | FOOD | FOOD DISTRIBUTION |
| PLATEAU VALLEY ASSEMBLY - TEFAP 51228 HWY 330 COLBRAN, CO 81624 | | 501 (C) 3 | 0. | 22,452. | FMV | FOOD | FOOD DISTRIBUTION |
| PEACE WITH CHRIST LUTHERAN - MP TEFAP - 3290 S. TOWER ROAD - AURORA, CO 80001 | | 501 (C) 3 | 0. | 22,258. | FMV | FOOD | FOOD DISTRIBUTION |
| JACKSON COUNTY FAIRGROUNDS - MP TEFAP - 686 CO ROAD 42 - WALDEN, CO 80480 | | 501 (C) 3 | 0. | 22,015. | FMV | FOOD | FOOD DISTRIBUTION |
| PHILLIPS UNITED METHODIST CHURCH - MP TEFAP - 1450 S. PIERCE STREET - LAKEWOOD, CO 80232 | | 501 (C) 3 | 0. | 21,196. | FMV | FOOD | FOOD DISTRIBUTION |
| BURLINGTON COMMUNITY CENTER - MP TEFAP - 340 S 14TH STREET - BURLINGTON, CO 80807 | | 501 (C) 3 | 0. | 21,057. | FMV | FOOD | FOOD DISTRIBUTION |
| LIGHT OF THE WORLD CATHOLIC CHURCH - MP TEFAP - 10316 W. BOWELS AVE. - LITTLETON, CO 80127 | | 501 (C) 3 | 0. | 21,045. | FMV | FOOD | FOOD DISTRIBUTION |

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|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| KIDS AT THEIR BEST - TEFAP 414 SOUTHRIDGE ROAD FORT MORGAN, CO 80701 | | 501 (C) 3 | 0. | 20,376. | FMV | FOOD | FOOD DISTRIBUTION |
| ARAPAHOE COUNTY HS AURORA - TEFAP - 14980 E. ALAMEDA DR. - AURORA, CO 80012 | | 501 (C) 3 | 0. | 19,494. | FMV | FOOD | FOOD DISTRIBUTION |
| EPWORTH UNITED METHODIST - TEFAP 3401 HIGH ST DENVER, CO 80205 | | 501 (C) 3 | 0. | 18,752. | FMV | FOOD | FOOD DISTRIBUTION |
| SENIOR HUB-SNR SOLUTIONS - TEFAP 2360 W. 90TH AVENUE FEDERAL HEIGHTS, CO 80260 | | 501 (C) 3 | 0. | 18,678. | FMV | FOOD | FOOD DISTRIBUTION |
| LOAVES & FISHES IDAHO SPRGS - TEFAP - 545 HIGHWAY 103 - IDAHO SPRINGS, CO 80452 | | 501 (C) 3 | 0. | 18,378. | FMV | FOOD | FOOD DISTRIBUTION |
| ARAPAHOE HOUSE - TEFAP 8801 LIPAN STREET THORNTON, CO 80260 | | 501 (C) 3 | 0. | 18,230. | FMV | FOOD | FOOD DISTRIBUTION |
| SALVATION ARMY VAIL VALLEY - TEFAP 322 E BEAVER CREEK BLVD AVON, CO 81620 | | 501 (C) 3 | 0. | 16,991. | FMV | FOOD | FOOD DISTRIBUTION |
| DENVER INDIAN CENTER - TEFAP 4407 MORRISON RD DENVER, CO 80219 | | 501 (C) 3 | 0. | 16,954. | FMV | FOOD | FOOD DISTRIBUTION |
| INTERFAITH CHAPEL - MP TEFAP 0090 LARIAT LOOP EDWARDS, CO 81632 | | 501 (C) 3 | 0. | 15,557. | FMV | FOOD | FOOD DISTRIBUTION |

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| SERVICIOS DE LA RAZA, INC. - TEFAP - 4055 TEJON ST - DENVER, CO 80211 | | 501 (C) 3 | 0. | 15,556. | FMV | FOOD | FOOD DISTRIBUTION |
| DEPT OF HUMAN SER GILPIN - TEFAP 2960 DORY HILL RD STE 100 BLACK HAWK, CO 80422 | | 501 (C) 3 | 0. | 15,492. | FMV | FOOD | FOOD DISTRIBUTION |
| JEFFERSON AVENUE UNITED METHODIST - MP TEFAP - 4425 KIPLING STREET - WHEAT RIDGE, CO 80033 | | 501 (C) 3 | 0. | 15,457. | FMV | FOOD | FOOD DISTRIBUTION |
| CAPITOL HILL COMM SERV - TEFAP 4000 E QUINCY AVENUE ENGLEWOOD, CO 80113 | | 501 (C) 3 | 0. | 15,406. | FMV | FOOD | FOOD DISTRIBUTION |
| EL JEBEL HEALTH AND HUMAN SERVICES - MP TEFAP - 0020 EAGLE COUNTY DRIVE - CARBONDALE, CO 81623 | | 501 (C) 3 | 0. | 14,703. | FMV | FOOD | FOOD DISTRIBUTION |
| THE GATHERING PLACE (SK)- TEFAP 1535 HIGH STREET DENVER, CO 80218 | | 501 (C) 3 | 0. | 13,940. | FMV | FOOD | FOOD DISTRIBUTION |
| SALVATION ARMY-W ADAMS - TEFAP 2821 W. 65TH PLACE DENVER, CO 80221 | | 501 (C) 3 | 0. | 13,135. | FMV | FOOD | FOOD DISTRIBUTION |
| ARAPAHOE COUNTY HS LITTLETON - TEFAP - 1690 W. LITTLETON BLVD - LITTLETON, CO 80120 | | 501 (C) 3 | 0. | 13,009. | FMV | FOOD | FOOD DISTRIBUTION |
| PIONEER VILLAGE MOBILE HOME PARK MP TEFAP - 2901 W. 63RD AVE. - DENVER, CO 80221 | | 501 (C) 3 | 0. | 13,004. | FMV | FOOD | FOOD DISTRIBUTION |

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| PROJECT ANGEL HEART - TEFAP 4950 WASHINGTON STREET DENVER, CO 80216 | | 501 (C) 3 | 0. | 12,047. | FMV | FOOD | FOOD DISTRIBUTION |
| PHILLIPS COUNTY EVENT CENTER - MP TEFAP - 22505 US HWY 385 - HOLYOKE, CO 80743 | | 501 (C) 3 | 0. | 11,870. | FMV | FOOD | FOOD DISTRIBUTION |
| BRIGHTON TOWN HALL - MP TEFAP 22 S. 4TH STREET BRIGHTON, CO 80601 | | 501 (C) 3 | 0. | 11,266. | FMV | FOOD | FOOD DISTRIBUTION |
| CARING MINISTRY MORGAN BRUSH - TEFAP - 216 STATE STREET - FORT MORGAN, CO 80701 | | 501 (C) 3 | 0. | 11,031. | FMV | FOOD | FOOD DISTRIBUTION |
| SUMMIT STAGE BUS BARN - MP TEFAP 0222 COUNTY SHOPS ROAD FRISCO, CO 80443 | | 501 (C) 3 | 0. | 9,732. | FMV | FOOD | FOOD DISTRIBUTION |
| FAIRPLAY ADVENTIST COMM - TEFAP 801 CASTELLO AVE FAIRPLAY, CO 80440 | | 501 (C) 3 | 0. | 9,661. | FMV | FOOD | FOOD DISTRIBUTION |
| DAHLIA STREET CHURCH - TEFAP 1100 DAHLIA STREET DENVER, CO 80220 | | 501 (C) 3 | 0. | 9,335. | FMV | FOOD | FOOD DISTRIBUTION |
| MISSISSIPPI AVE BAPTIST CHURCH - TEFAP - 13231 E. MISSISSIPPI AVENUE - AURORA, CO 80001 | | 501 (C) 3 | 0. | 9,050. | FMV | FOOD | FOOD DISTRIBUTION |
| HIS PROVISION INC - TEFAP 705 ULYSSES ST GOLDEN, CO 80401 | | 501 (C) 3 | 0. | 8,652. | FMV | FOOD | FOOD DISTRIBUTION |

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| SALVATION ARMY CENTENNIAL CORPS - TEFAP - 3900 E.ARAPAHOE RD. - CENTENNIAL, CO 80122 | | 501 (C) 3 | 0. | 8,574. | FMV | FOOD | FOOD DISTRIBUTION |
| HOMEWARD BOUND-GRAND VALLEY-TEFAP 2853 NORTH AVENUE GRAND JUCTION, CO 81501 | | 501 (C) 3 | 0. | 8,487. | FMV | FOOD | FOOD DISTRIBUTION |
| WARREN VILLAGE INC. - TEFAP 1323 GILPIN ST DENVER, CO 80218 | | 501 (C) 3 | 0. | 8,405. | FMV | FOOD | FOOD DISTRIBUTION |
| LIGHT & LIFE COMMUNITY - TEFAP 220 S YARROW LAKEWOOD, CO 80226 | | 501 (C) 3 | 0. | 8,217. | FMV | FOOD | FOOD DISTRIBUTION |
| FBR MP - PAX CHRISTI - TEFAP 5761 MCARTHUR RANCH ROAD LITTLETON, CO 80124 | | 501 (C) 3 | 0. | 8,164. | FMV | FOOD | FOOD DISTRIBUTION |
| KREMMLING COMM CHURCH - TEFAP 204 S. 4TH STREET KREMMLING, CO 80459 | | 501 (C) 3 | 0. | 7,831. | FMV | FOOD | FOOD DISTRIBUTION |
| CALVARY TEMPLE CHRISTIAN - TEFAP 7390 W. 38TH AVENUE WHEAT RIDGE, CO 80033 | | 501 (C) 3 | 0. | 6,871. | FMV | FOOD | FOOD DISTRIBUTION |
| PRAIRIE FAMILY CENTER - TEFAP 372 14TH BURLINGTON, CO 80807 | | 501 (C) 3 | 0. | 6,864. | FMV | FOOD | FOOD DISTRIBUTION |
| SENIORS' RESOURCE CNTR - TEFAP 5120 HWY 73 EVERGREEN, CO 80439 | | 501 (C) 3 | 0. | 6,817. | 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 |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| AGAPE LIFE CHURCH (SK)-TEFAP 5970 W 60TH AVE ARVADA, CO 80003 | | 501 (C) 3 | 0. | 6,809. | FMV | FOOD | FOOD DISTRIBUTION |
| BENNETT COMM FOOD BANK - TEFAP 1100 W. COLFAX AVENUE BENNETT, CO 80102 | | 501 (C) 3 | 0. | 6,702. | FMV | FOOD | FOOD DISTRIBUTION |
| SALVATION ARMY DENVER CITADEL - TEFAP - 4505 W ALAMEDA AVE - DENVER, CO 80219 | | 501 (C) 3 | 0. | 6,418. | FMV | FOOD | FOOD DISTRIBUTION |
| ASPEN HEALTH & HUMAN SERVICE MP TEFAP - 0405 CASTLE CREEK RD - ASPEN, CO 81611 | | 501 (C) 3 | 0. | 5,980. | FMV | FOOD | FOOD DISTRIBUTION |
| RESTORATION CHRISTIAN FELLOWSHIP - MP TEFAP - 15640 E. 6TH AVE. - AURORA, CO 80011 | | 501 (C) 3 | 0. | 5,918. | FMV | FOOD | FOOD DISTRIBUTION |
| FEEDING MINDS ENRICH LIVE - TEFAP 6000 W. 9TH AVENUE LAKEWOOD, CO 80214 | | 501 (C) 3 | 0. | 5,620. | FMV | FOOD | FOOD DISTRIBUTION |
| SACRED HEART HOUSE - TEFAP 2844 LAWRENCE STREET DENVER, CO 80205 | | 501 (C) 3 | 0. | 5,038. | FMV | FOOD | FOOD DISTRIBUTION |
| | | | | | | | |

Schedule I (Form 990)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| FOOD FOR ELIGIBLE LOW-INCOME INDIVIDUALS | 95842 | 0. | 2,058,938. | FMV | FOOD |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

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

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2015

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

FOOD BANK OF THE ROCKIES

Employer identification number

84-0772672

Part I Questions Regarding Compensation

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

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

b If any of the boxes 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

9 If "Yes" 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) 2015

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

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

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

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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 | X | 1 | 5,000 | FMV |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 16 | 78,015 | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 55,203,769 | 80,156,985 | FMV |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (SIGNAGE) | X | 1 | 11,880 | FMV |
| 26 Other (GIFT CARDS) | X | 1 | 2,340 | FMV |
| 27 Other (VEHICLE PARTS) | X | 1 | 1,200 | FMV |
| 28 Other (GUARD RAIL) | X | 1 | 768 | 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) (2015)

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.

PART I, OTHER TYPES OF PROPERTY:

STAMPS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 720.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION RECEIVED MULTIPLE CONTRIBUTIONS OF FOOD INVENTORY FROM

MULTIPLE CONTRIBUTORS. IN TOTAL, 55,203,769 POUNDS OF FOOD INVENTORY

WERE DONATED.

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

2015

Open to Public
Inspection

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WESTERN SLOPE - GRAND JUNCTION

EXPENSES \$ 7,214,447. INCLUDING GRANTS OF \$ 0. REVENUE \$ 718,542.

MOBILE PANTRY

EXPENSES \$ 6,154,938. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE EMERGENCY FOOD ASSISTANCE PROGRAM

EXPENSES \$ 5,712,742. INCL GRANTS OF \$ 5,050,463. REVENUE \$ 617,835.

COMMODITY SUPPLEMENTAL FOOD PROGRAM

EXPENSES \$ 2,952,135. INCL GRANTS OF \$ 2,058,938. REVENUE \$ 638,342.

CHILDREN'S NUTRITION NETWORK

EXPENSES \$ 2,715,907. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,702,913.

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.
532211
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

| | |
|--|--|
| 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 |
|--|--|

CHAIRPERSON.

THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO:

(1) REVIEW THE OPERATIONS OF FBR AND RECEIVE THE REPORTS AND

RECOMMENDATIONS OF THE PRESIDENT AND CEO;

(2) ESTABLISH DIRECTION, GOALS, PRIORITIES, AND ASSIGNMENTS FOR THE

OTHER COMMITTEES, IF ANY;

(3) COORDINATE THE ACTIVITIES OF THOSE OTHER COMMITTEES;

(4) EXPLORE MAJOR POLICY MATTERS AND MAKE RECOMMENDATIONS TO THE BOARD

WITH RESPECT TO SUCH MATTERS;

(5) EVALUATE THE PERFORMANCE OF THE PRESIDENT AND CEO AT LEAST

ANNUALLY; AND

(6) REPORT TO THE BOARD WITH RESPECT TO ITS ACTIONS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

Part I 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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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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 7 | N/A | | X |
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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 | |
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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 |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

| | Yes | No |
|--|--------------------------|-------------------------------------|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Gift, grant, or capital contribution to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Gift, grant, or capital contribution from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Loans or loan guarantees to or for related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Loans or loan guarantees by related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f Dividends from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g Sale of assets to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h Purchase of assets from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i Exchange of assets with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j Lease of facilities, equipment, or other assets to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| k Lease of facilities, equipment, or other assets from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| l Performance of services or membership or fundraising solicitations for related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| m Performance of services or membership or fundraising solicitations by related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| o Sharing of paid employees with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| p Reimbursement paid to related organization(s) for expenses | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| q Reimbursement paid by related organization(s) for expenses | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| r Other transfer of cash or property to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| s Other transfer of cash or property from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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) | | | |

