

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2019

Open to Public Inspection

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</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	<b>C</b> Name of organization FOOD BANK OF THE ROCKIES		<b>D</b> Employer identification number 84-0772672
	Doing business as		<b>E</b> Telephone number (303) 371-9250
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	10700 EAST 45TH AVENUE		<b>G</b> Gross receipts \$ 154,205,913.
City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80239		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: ERIN PULLING 10700 EAST 45TH AVENUE, DENVER, CO 80239		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> 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		If "No," attach a list. (see instructions)	
<b>J</b> Website: WWW.FOODBANKROCKIES.ORG		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1978	<b>M</b> State of legal domicile: CO

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>DISTRIBUTE FOOD AND ESSENTIALS TO PEOPLE EXPERIENCING FOOD INSECURITY IN CO AND WY</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	139
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	20411
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	102,149,146.	135,178,051.
	<b>9</b> Program service revenue (Part VIII, line 2g)	6,277,101.	7,957,366.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	359,688.	112,445.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-53,780.	-43,768.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	108,732,155.	143,204,094.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,128,644.	18,716,922.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,179,307.	8,396,780.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	773,043.	838,042.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	2,366,098.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	89,642,624.	99,155,812.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	107,723,618.	127,107,556.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,008,537.	16,096,538.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 27,855,979.	<b>End of Year</b> 45,324,091.
	<b>21</b> Total liabilities (Part X, line 26)	4,566,803.	5,938,377.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	23,289,176.	39,385,714.

<b>Part II Signature Block</b>			
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.			
<b>Sign Here</b>	Signature of officer	Date	
	HEATHER MACKENDRICK COSTA, CFO Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DORI J. EGGETT	Preparer's signature DORI J. EGGETT	Date 05/14/21
	Firm's name PLANTE & MORAN, PLLC	Firm's EIN 38-1357951	Check if self-employed <input type="checkbox"/> PTIN P00645252
	Firm's address 8181 E TUFTS AVE, SUITE 600 DENVER, CO 80237	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: WE HELP FAMILIES THRIVE BY EFFICIENTLY PROCURING AND DISTRIBUTING FOOD AND ESSENTIALS TO THE HUNGRY THROUGH OUR PROGRAMS AND PARTNER AGENCIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 41,364,782. including grants of \$ ) (Revenue \$ 12,482. ) FOOD BANK OF THE ROCKIES GROCERY RESCUE PROGRAM HAS WORKED TO KEEP NUTRITIOUS SURPLUS FOOD FROM BEING THROWN AWAY. WE PICK UP HIGHLY NUTRITIOUS FOOD SUCH AS MEAT, DAIRY AND PRODUCE FROM 646 LOCAL RETAILERS AND CATERERS THROUGH THE STATE AND DISTRIBUTE IT TO OUR PARTNER AGENCIES.

4b (Code: ) (Expenses \$ 36,827,019. including grants of \$ 125,000. ) (Revenue \$ 3,445,835. ) THE CENTRAL DISTRIBUTION PROGRAM OF FOOD BANK OF THE ROCKIES SERVES APPROXIMATELY 690 HUNGER-RELIEF PROGRAMS IN 53 COUNTIES INCLUDING METROPOLITAN DENVER, NORTHERN COLORADO AND ALL OF WYOMING. LAST YEAR, THE FOOD BANK DISTRIBUTED 82 MILLION POUNDS OF FOOD AND COMMODITIES - ENOUGH FOR OUR AGENCIES TO PROVIDE OVER 186,000 MEALS EACH DAY TO NEEDY CHILDREN, OLDER ADULTS, AND FAMILIES.

4c (Code: ) (Expenses \$ 18,158,973. including grants of \$ 3,814,052. ) (Revenue \$ 789,782. ) WYOMING FOOD BANK OF THE ROCKIES (WFBR) WORKS WITH APPROXIMATELY 180 NONPROFIT HUNGER-RELIEF PROGRAMS THAT PROVIDE FOOD TO PEOPLE EXPERIENCING FOOD INSECURITY 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 on Schedule O.) (Expenses \$ 26,499,905. including grants of \$ 14,777,870. ) (Revenue \$ 3,709,267. )

4e Total program service expenses 122,850,679.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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	
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, FL, GA, IL, KS, MN, NC, NJ, NM, NY, OR, PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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
HEATHER MACKENDRICK COSTA - 303-375-5825
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. See instructions for the order in which to list the persons above.

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) PATRICIA (NOVOSEL) PERSON BOARD CHAIR	4.00	X		X				0.	0.	0.
(2) DOUG WILHELM IMMEDIATE PAST CHAIR	3.00	X						0.	0.	0.
(3) JACK PARGEON TREASURER	3.00	X		X				0.	0.	0.
(4) TIFFANY A. TODD SECRETARY	3.00	X		X				0.	0.	0.
(5) DAN BALL DIRECTOR	2.00	X						0.	0.	0.
(6) GORDON BANKS DIRECTOR	2.00	X						0.	0.	0.
(7) GARRY BEAULIEU DIRECTOR	2.00	X						0.	0.	0.
(8) DANA BENFIELD DIRECTOR	2.00	X						0.	0.	0.
(9) CHRISTINA BOWEN DIRECTOR	2.00	X						0.	0.	0.
(10) AMY DIAZ DIRECTOR	2.00	X						0.	0.	0.
(11) KATIE O'CONNOR DIRECTOR	2.00	X						0.	0.	0.
(12) REID GALBRAITH DIRECTOR	2.00	X						0.	0.	0.
(13) NICK MORRIS DIRECTOR	2.00	X						0.	0.	0.
(14) NICK BENHAM VICE CHAIR	3.00	X		X				0.	0.	0.
(15) BART A. PUGH DIRECTOR	2.00	X						0.	0.	0.
(16) MICHAEL TOUSIGNANT DIRECTOR	2.00	X						0.	0.	0.
(17) KELLI MCGANNON 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) MARGARET ROSSOW DIRECTOR	2.00	X						0.	0.	0.
(19) RANDY HEIN DIRECTOR	2.00	X						0.	0.	0.
(20) SUE HOBZA DIRECTOR	2.00	X						0.	0.	0.
(21) JALIMA HERNANDEZ DIRECTOR	2.00	X						0.	0.	0.
(22) ERIN PULLING CHIEF EXECUTIVE OFFICER	50.00			X				201,094.	0.	20,017.
(23) VINCENT ALEXIS CHIEF OPERATING OFFICER TERM END 1/2	50.00			X				166,650.	0.	27,270.
(24) MARSHALL ASTER CHIEF FINANCIAL OFFICER TERM END 1/2	50.00			X				134,961.	0.	32,054.
(25) KIM RUOTSALA CHIEF DEVELOPMENT OFFICER TERM END 1	50.00			X				114,811.	0.	18,771.
(26) CINDY MITCHELL VICE PRESIDENT OF PROGRAMS	50.00			X				108,084.	0.	13,029.
<b>1b Subtotal</b>								725,600.	0.	111,141.
<b>c Total from continuation sheets to Part VII, Section A</b>								187,394.	0.	25,575.
<b>d Total (add lines 1b and 1c)</b>								912,994.	0.	136,716.

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 6

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	5	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
ROBBINSKERSTEN DIRECT, 35 PARKWOOD DRIVE, #160, HOPKINTON, MA 01748	DIRECT MAIL	790,323.
SETHMAR TRANSPORTATION, INC. PO BOX 23770, OVERLAND PARK, KS 66283	FREIGHT	259,295.
VOLVO OF DENVER PO BOX 418050, KANSAS CITY, MO 64141	REPAIRS & MAINTENANCE	205,656.
STOUT STREET FOUNDATION, 7251 E. 49TH AVENUE, COMMERCE CITY, CO 80022	CONTRACT LABOR	196,221.
ECHO GLOBAL LOGISTICS INC. 22168 NETWORK PLACE, CHICAGO, IL 60673-1221	FREIGHT	142,735.

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 6

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	172,285.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events	327,113.				
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)	19,640,348.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	115,038,305.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 104,406,755.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f		135,178,051.			
	Program Service Revenue	<b>2 a</b>	GOVERNMENT CONTRACTS	900099	4,025,145.	4,025,145.	
<b>2 b</b>		PURCHASED FOOD	900099	3,163,942.	3,163,942.		
<b>2 c</b>		AGENCY SUPPORT FEES	900099	768,279.	768,279.		
<b>2 d</b>							
<b>2 e</b>							
<b>2 f</b>		All other program service revenue					
<b>2 g</b>		<b>Total.</b> Add lines 2a-2f		7,957,366.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		81,756.		81,756.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>6 d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	10,770,000.	55,000.		
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses	10,770,810.	23,501.			
	<b>7 c</b>	Gain or (loss)	-810.	31,499.			
<b>7 d</b>	Net gain or (loss)		30,689.		30,689.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 327,113. of contributions reported on line 1c). See Part IV, line 18		90,443.				
			207,508.				
<b>8 b</b>	Less: direct expenses						
<b>8 c</b>	Net income or (loss) from fundraising events		-117,065.		-117,065.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>9 c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>10 c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS	900099	73,297.		73,297.	
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d		73,297.			
<b>12</b>	<b>Total revenue.</b> See instructions		143,204,094.	7,957,366.	0.	68,677.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	16,700,577.	16,700,577.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	2,016,345.	2,016,345.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	836,741.	414,533.	233,348.	188,860.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	5,864,807.	4,529,882.	765,824.	569,101.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	149,576.	116,333.	19,080.	14,163.
<b>9</b> Other employee benefits .....	975,556.	752,618.	123,153.	99,785.
<b>10</b> Payroll taxes .....	570,100.	423,449.	83,141.	63,510.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	1,405.		1,405.	
<b>c</b> Accounting .....	48,000.	28,579.	13,124.	6,297.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	838,042.			838,042.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	832,363.	488,148.	223,885.	120,330.
<b>12</b> Advertising and promotion .....	237,170.	139,153.	67,355.	30,662.
<b>13</b> Office expenses .....	687,993.	494,234.	59,302.	134,457.
<b>14</b> Information technology .....	406,606.	238,565.	115,475.	52,566.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,081,997.	1,039,525.	34,452.	8,020.
<b>17</b> Travel .....	148,994.	107,033.	12,843.	29,118.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	46,999.	27,575.	13,348.	6,076.
<b>20</b> Interest .....	113,354.	81,430.	9,771.	22,153.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,181,733.	1,129,726.	40,072.	11,935.
<b>23</b> Insurance .....	153,487.	110,261.	13,230.	29,996.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CONTRIBUTED FOOD DISTRI	85,835,845.	85,835,845.		
<b>b</b> PURCHASED FOOD DISTRIBU	4,415,945.	4,415,945.		
<b>c</b> DISTRIBUTION COSTS	1,641,484.	1,639,392.	481.	1,611.
<b>d</b> PREPARED MEALS & SNACKS	1,609,065.	1,609,065.		
<b>e</b> All other expenses	713,372.	512,466.	61,490.	139,416.
<b>25</b> Total functional expenses. Add lines 1 through 24e	127,107,556.	122,850,679.	1,890,779.	2,366,098.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,200.	<b>1</b>	1,200.
	<b>2</b> Savings and temporary cash investments .....	6,832,544.	<b>2</b>	21,842,350.
	<b>3</b> Pledges and grants receivable, net .....	107,142.	<b>3</b>	418,331.
	<b>4</b> Accounts receivable, net .....	642,948.	<b>4</b>	783,314.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	7,425,358.	<b>8</b>	8,075,570.
	<b>9</b> Prepaid expenses and deferred charges .....	261,477.	<b>9</b>	940,048.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 22,674,888.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 9,411,610.		
		12,585,310.	<b>10c</b>	13,263,278.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	27,855,979.	<b>16</b>	45,324,091.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,257,098.	<b>17</b>	2,533,099.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	101,126.	<b>19</b>	79,300.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	3,193,848.	<b>23</b>	3,324,818.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	14,731.	<b>25</b>	1,160.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,566,803.	<b>26</b>	5,938,377.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	16,109,801.	<b>27</b>	31,565,186.
	<b>28</b> Net assets with donor restrictions .....	7,179,375.	<b>28</b>	7,820,528.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	23,289,176.	<b>32</b>	39,385,714.
<b>33</b> Total liabilities and net assets/fund balances .....	27,855,979.	<b>33</b>	45,324,091.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	143,204,094.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	127,107,556.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	16,096,538.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	23,289,176.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	39,385,714.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2019)



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	90,739,744.	95,191,747.	98,597,834.	102,149,146.	135,192,226.	521,870,697.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	90,739,744.	95,191,747.	98,597,834.	102,149,146.	135,192,226.	521,870,697.
<b>5</b> 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) .....						119,259,056.
<b>6 Public support.</b> Subtract line 5 from line 4.						402,611,641.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	90,739,744.	95,191,747.	98,597,834.	102,149,146.	135,192,226.	521,870,697.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	11,577.	19,078.	35,756.	96,224.	81,756.	244,391.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	26,001.	25,812.	56,579.	58,137.	73,298.	239,827.
<b>11 Total support.</b> Add lines 7 through 10						522,354,915.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	33,231,991.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	77.08 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	76.14 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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) 2019

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**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

2015 AMOUNT: \$ 26,001.

2016 AMOUNT: \$ 25,812.

2017 AMOUNT: \$ 56,579.

2018 AMOUNT: \$ 58,137.

2019 AMOUNT: \$ 73,298.

# 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 13,352,923.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,122,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 14,933,607.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 10,062,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 5,245,867.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 4,304,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 3,196,470.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 3,707,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 3,816,617.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	12,346,537 LBS - FOOD _____ _____ _____	\$ 13,352,923.	12/31/19
2	3,576,549 LBS - FOOD _____ _____ _____	\$ 4,122,600.	12/31/19
3	8,582,533 LBS - FOOD _____ _____ _____	\$ 14,933,607.	12/31/19
4	5,782,931 LBS - FOOD _____ _____ _____	\$ 10,062,300.	12/31/19
5	3,014,866 LBS - FOOD _____ _____ _____	\$ 5,245,867.	12/31/19
6	2,473,710 LBS - FOOD _____ _____ _____	\$ 4,304,255.	12/31/19

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	1,837,052 LBS - FOOD _____ _____ _____	\$ 3,196,470.	12/31/19
8	2,130,843 LBS - FOOD _____ _____ _____	\$ 3,707,667.	12/31/19
9	2,193,458 LBS - FOOD _____ _____ _____	\$ 3,816,617.	12/31/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

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.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

**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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures	124,870,677.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	124,870,677.													
<b>f</b>	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> 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? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>

**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.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

**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 make 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 program
  - 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	3,011,822.	3,042,275.	2,761,276.	2,543,659.	2,470,689.
b Contributions	367,327.		100,950.	3,425.	3,600.
c Net investment earnings, gains, and losses	145,755.	99,547.	180,049.	214,192.	69,370.
d Grants or scholarships					
e Other expenditures for facilities and programs		130,000.			
f Administrative expenses					
g End of year balance	3,524,904.	3,011,822.	3,042,275.	2,761,276.	2,543,659.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  19.95 %
  - b Permanent endowment  80.05 %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  | X   |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X   |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,360,830.		1,360,830.
b Buildings		5,516,512.	1,892,813.	3,623,699.
c Leasehold improvements		7,025,051.	2,157,895.	4,867,156.
d Equipment		3,942,766.	2,511,197.	1,431,569.
e Other		4,829,729.	2,849,705.	1,980,024.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,263,278.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	1,160.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,160.

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	144,088,533.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	288,848.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	595,591.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	884,439.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	143,204,094.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	143,204,094.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	127,478,913.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	288,848.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	207,509.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	496,357.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	126,982,556.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	125,000.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	125,000.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	127,107,556.

**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 XI, LINE 2D - OTHER ADJUSTMENTS:

FBR ENDOWMENT FUND REVENUES	388,082.
SPECIAL EVENTS EXPENSES NETTED WITH INCOME	207,509.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	595,591.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED WITH INCOME	207,509.
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**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TRANSFER OF FUNDS TO FBR ENDOWMENT FUND 125,000.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RKD GROUP - 35 PARKWOOD DR., SUITE 160, HOPKINTON, MA	DIRECT MAIL		X	2,264,118.	793,741.	1,470,377.
GATEWAY COMMUNICATIONS, INC - 16805 NE MASON CT, PORTLAND,	DIRECT MAIL		X	72,562.	44,301.	28,261.
<b>Total</b>				2,336,680.	838,042.	1,498,638.

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.

CA, CO, FL, GA, IL, KS, MN, NC, NJ, NM, NY, OR, PA, UT, VA, WA, WI, 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)	BLACK & WHITE EVENT (event type)	NONE (total number)	
Revenue	1	Gross receipts	405,765.	11,791.	417,556.
	2	Less: Contributions	319,072.	8,041.	327,113.
	3	Gross income (line 1 minus line 2)	86,693.	3,750.	90,443.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	18,498.	68.	18,566.
	6	Rent/facility costs	100,430.	1,083.	101,513.
	7	Food and beverages	31,790.	6,668.	38,458.
	8	Entertainment	7,554.	4,535.	12,089.
	9	Other direct expenses	35,283.	1,599.	36,882.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			207,508.
11	Net income summary. Subtract line 10 from line 3, column (d)			-117,065.	

**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			
	2	Cash prizes			
Direct Expenses	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: RKD GROUP

(I) ADDRESS OF FUNDRAISER: 35 PARKWOOD DR., SUITE 160, HOPKINTON, MA 01748

(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS, INC

(I) ADDRESS OF FUNDRAISER: 16805 NE MASON CT, PORTLAND, OR 97230



**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
MESA COUNTY VALLEY SCHOOL DISTRICT 51- EMP - TEFAP - 2280 E MAIN ST - GRAND JUNCTION, CO 81501-8007		501 (C) 3	0.	5,059.	FMV	FOOD	FOOD DISTRIBUTION
WE DON'T WASTE - NORTH MIDDLE SCHOOL TEFAP - 12095 E MONTVIEW BLVD - AURORA, CO 80010-1608		501 (C) 3	0.	5,335.	FMV	FOOD	FOOD DISTRIBUTION
DAHLIA STREET CHURCH - TEFAP 1100 DAHLIA ST DENVER, CO 80220-4201		501 (C) 3	0.	6,673.	FMV	FOOD	FOOD DISTRIBUTION
ST GEORGE EPISCOPAL PANTRY - TEFAP - MAIN - 200 W 4TH ST - LEADVILLE, CO 80461-3218		501 (C) 3	0.	6,680.	FMV	FOOD	FOOD DISTRIBUTION
WE DON'T WASTE - GARDEN PLACE ACADEMY TEFAP - 4425 LINCOLN ST - DENVER, CO 80216-3520		501 (C) 3	0.	6,722.	FMV	FOOD	FOOD DISTRIBUTION
COMITIS CRISIS CENTER - TEFAP 2178 VICTOR ST AURORA, CO 80045-7440		501 (C) 3	0.	6,749.	FMV	FOOD	FOOD DISTRIBUTION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 199.
- 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) (2019)

**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
CHAIN OF LOVE, CO - TEFAP 1402 S MAIN ST DELTA, CO 81418-0000		501 (C) 3	0.	6,921.	FMV	FOOD	FOOD DISTRIBUTION
AGAPE LIFE CHURCH (SK) - TEFAP 5970 W 60TH AVE ARVADA, CO 80003-5702		501 (C) 3	0.	6,948.	FMV	FOOD	FOOD DISTRIBUTION
FOOD BANK OF KIOWA CREEK - TEFAP 231 CHEYENNE ST KIOWA, CO 80117-0778		501 (C) 3	0.	7,937.	FMV	FOOD	FOOD DISTRIBUTION
WE DON'T WASTE - FOCUS POINTS TEFAP - 2501 EAST 48TH AVE - DENVER, CO 80216-2949		501 (C) 3	0.	8,796.	FMV	FOOD	FOOD DISTRIBUTION
THE GATHERING PLACE (SK) - TEFAP 1535 HIGH ST DENVER, CO 80218-1470		501 (C) 3	0.	8,860.	FMV	FOOD	FOOD DISTRIBUTION
FRIENDS OF ST ANDREW - TEFAP 1525 DALLAS ST AURORA, CO 80010-1996		501 (C) 3	0.	9,670.	FMV	FOOD	FOOD DISTRIBUTION
HIS PROVISION INC - TEFAP 705 ULYSSES ST GOLDEN, CO 80401-3684		501 (C) 3	0.	9,702.	FMV	FOOD	FOOD DISTRIBUTION
HARVEST BIBLE CHURCH-ELIZABETH - TEFAP - 826 S ELBERT ST - ELIZABETH, CO 80107-1598		501 (C) 3	0.	9,802.	FMV	FOOD	FOOD DISTRIBUTION
MISSISSIPPI AVE BAPTIST CHURCH - TEFAP - 13231 E MISSISSIPPI AVE - AURORA, CO 80012-3428		501 (C) 3	0.	10,607.	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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CAPITOL HILL COMM SERVICES - TEFAP 1820 BROADWAY DENVER, CO 80202-3815		501 (C) 3	0.	12,972.	FMV	FOOD	FOOD DISTRIBUTION
FRUITA COMMUNITY CENTER - TEFAP 324 N COULSON ST FRUITA, CO 81521-9712		501 (C) 3	0.	13,553.	FMV	FOOD	FOOD DISTRIBUTION
LIGHT & LIFE COMMUNITY - TEFAP 220 S YARROW ST LAKEWOOD, CO 80226-1528		501 (C) 3	0.	14,055.	FMV	FOOD	FOOD DISTRIBUTION
ARAPAHOE COUNTY DHS LITTLETON - TEFAP - 1690 W LITTLETON BLVD - LITTLETON, CO 80120-5707		501 (C) 3	0.	14,313.	FMV	FOOD	FOOD DISTRIBUTION
JULESBURG CHRISTIAN CHURCH - TEFAP 510 PINE ST JULESBURG, CO 80737-0226		501 (C) 3	0.	14,661.	FMV	FOOD	FOOD DISTRIBUTION
FAMILY AND INTERCULTURAL RESOURCE BRECKENRID-TEFAP - 1745 AIRPORT RD - BRECKENRIDGE, CO 80498-1636		501 (C) 3	0.	16,832.	FMV	FOOD	FOOD DISTRIBUTION
DENVER INNER CITY PARISH - TEFAP 1212 MARIPOSA ST DENVER, CO 80204-3941		501 (C) 3	0.	18,136.	FMV	FOOD	FOOD DISTRIBUTION
PROJECT ANGEL HEART - TEFAP 4950 WASHINGTON ST DENVER, CO 80216-2026		501 (C) 3	0.	19,646.	FMV	FOOD	FOOD DISTRIBUTION
FBR-TEFAP PEOPLE SHARE -JEFFERSON COUNTY - 10700 E 45TH AVE - DENVER, CO 80239		501 (C) 3	0.	19,928.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

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OUR LADY OF LORETO MP TEFAP 18000 E ARAPAHOE RD AURORA, CO 80016-1575		501 (C) 3	0.	20,143.	FMV	FOOD	FOOD DISTRIBUTION
BENNETT COMM FOOD BANK - TEFAP 2057 S CO RD 149 STRASBURG, CO 80136-7806		501 (C) 3	0.	21,704.	FMV	FOOD	FOOD DISTRIBUTION
HAXTUN COMMUNITY CENTER MP - TEFAP - 125 E WILSON ST - HAXTUN, CO 80731-0000		501 (C) 3	0.	21,993.	FMV	FOOD	FOOD DISTRIBUTION
RANGELY FOOD BANK - TEFAP 204 E RIO BLANCO AVE RANGELY, CO 81648		501 (C) 3	0.	22,337.	FMV	FOOD	FOOD DISTRIBUTION
FRANKTOWN SEVENTH DAY ADVENTIST CHURCH - MP TEFAP - 905 N STATE HIGHWAY 83 - FRANKTOWN, CO 80116-9040		501 (C) 3	0.	23,722.	FMV	FOOD	FOOD DISTRIBUTION
SOUTH PARK SENIOR INC - TEFAP 298 6TH ST FAIRPLAY, CO 80440-0000		501 (C) 3	0.	25,396.	FMV	FOOD	FOOD DISTRIBUTION
GOLD MOUNTAIN VILLAGE - MP TEFAP 440 POWDER RUN DR CENTRAL CITY, CO 80427-0000		501 (C) 3	0.	27,218.	FMV	FOOD	FOOD DISTRIBUTION
WESTERN SLOPE FBR - TEFAP 268 N RIVER RD PALISADE, CO 81526		501 (C) 3	0.	28,185.	FMV	FOOD	FOOD DISTRIBUTION
LOAVES AND FISHES IDAHO SPRINGS - TEFAP - 545 HWY 103 - IDAHO SPRINGS, CO 80452-9626		501 (C) 3	0.	28,715.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

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AGAPE LIFE CHURCH (PANTRY)-TEFAP 5970 W 60TH AVE ARVADA, CO 80003-5702		501 (C) 3	0.	29,155.	FMV	FOOD	FOOD DISTRIBUTION
GOOD SHEPHERD FOOD BANK - TEFAP 10785 MELODY DR NORTHGLENN, CO 80234-4004		501 (C) 3	0.	29,418.	FMV	FOOD	FOOD DISTRIBUTION
THE SALVATION ARMY VAIL VALLEY SERVICE EXT-TEFAP - 322 E BEAVER CREEK BLVD - AVON, CO 81620-0000		501 (C) 3	0.	29,771.	FMV	FOOD	FOOD DISTRIBUTION
THE SHEPHERDS HAND, INC - TEFAP 505 SOUTH 2ND AVE MONTROSE, CO 81402		501 (C) 3	0.	30,237.	FMV	FOOD	FOOD DISTRIBUTION
EVERGREEN CHRISTIAN OUTREACH - TEFAP - 27640 HWY 74 - EVERGREEN, CO 80437-1515		501 (C) 3	0.	31,183.	FMV	FOOD	FOOD DISTRIBUTION
VOA SHELTERS - TEFAP 2660 LARIMER ST DENVER, CO 80205-2219		501 (C) 3	0.	34,173.	FMV	FOOD	FOOD DISTRIBUTION
SENIOR HUB SENIOR SOLUTIONS - TEFAP - 10190 BANNOCK ST - THORNTON, CO 80260-6052		501 (C) 3	0.	35,063.	FMV	FOOD	FOOD DISTRIBUTION
ST. FRANCIS DE ASSISSI - MP TEFAP 2746 5TH ST CASTLE ROCK, CO 80104-1824		501 (C) 3	0.	37,602.	FMV	FOOD	FOOD DISTRIBUTION
RED ROCKS COMMUNITY COLLEGE - MP TEFAP - 13300 W 6TH AVE - LAKEWOOD, CO 80228-1213		501 (C) 3	0.	37,863.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

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HOMEWARD BOUND GRAND VALLEY-TEFAP 2853 N AVE GRAND JUNCTION, CO 81501-5040		501 (C) 3	0.	38,039.	FMV	FOOD	FOOD DISTRIBUTION
ARAPAHOE COUNTY DHS AURORA - TEFAP - 14980 E ALAMEDA DR - AURORA, CO 80012-1542		501 (C) 3	0.	38,932.	FMV	FOOD	FOOD DISTRIBUTION
STRASBURG COMMUNITY CHURCH - TEFAP 56155 SUNSET AVE STRASBURG, CO 80136-7832		501 (C) 3	0.	39,566.	FMV	FOOD	FOOD DISTRIBUTION
DHS ARIE P. TAYLOR OFFICE - MP TEFAP - 4685 PEORIA ST - DENVER, CO 80239-4811		501 (C) 3	0.	41,022.	FMV	FOOD	FOOD DISTRIBUTION
DEPT OF HUMAN SER GILPIN - TEFAP 2960 DORY HILL RD BLACK HAWK, CO 80422-8771		501 (C) 3	0.	41,304.	FMV	FOOD	FOOD DISTRIBUTION
ST. JAMES PRESBYTERIAN CHURCH - MP TEFAP - 3601 W BELLEVIEW AVE - LITTLETON, CO 80123-1757		501 (C) 3	0.	41,360.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY-CENTENNIAL CORPS - TEFAP - 3900 E ARAPAHOE RD - CENTENNIAL, CO 80122-2078		501 (C) 3	0.	41,402.	FMV	FOOD	FOOD DISTRIBUTION
DENVER INDIAN CENTER INC - TEFAP 4407 MORRISON RD DENVER, CO 80219-2464		501 (C) 3	0.	42,393.	FMV	FOOD	FOOD DISTRIBUTION
REDEEMING LOVE FELLOW - TEFAP 1201 W 41ST AVE DENVER, CO 80211-2565		501 (C) 3	0.	44,556.	FMV	FOOD	FOOD DISTRIBUTION

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SUMMIT STAGE BUS BARN - MP TEFAP 0222 COUNTY SHOPS RD FRISCO, CO 80443-0000		501 (C) 3	0.	47,072.	FMV	FOOD	FOOD DISTRIBUTION
SERVICIOS DE LA RAZA, INC. - TEFAP - 3131 W 14TH AVE - DENVER, CO 80204-2203		501 (C) 3	0.	48,403.	FMV	FOOD	FOOD DISTRIBUTION
FBR - TEFAP PEOPLE SHARE - ADAMS COUNTY - TEFAP DISTRIBUTION - DENVER, CO 80239-3007		501 (C) 3	0.	49,030.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY AURORA - TEFAP 802 QUARI CT AURORA, CO 80011-6227		501 (C) 3	0.	49,426.	FMV	FOOD	FOOD DISTRIBUTION
ST GEORGE EPISCOPAL CHURCH - MP TEFAP - 200 W 4TH ST - LEADVILLE, CO 80461-3218		501 (C) 3	0.	49,558.	FMV	FOOD	FOOD DISTRIBUTION
FAMILY AND INTERCULTURAL RESOURCE SILVETHORN-TEFAP - 251 W 4TH ST - SILVERTHORNE, CO 80498-1636		501 (C) 3	0.	51,026.	FMV	FOOD	FOOD DISTRIBUTION
PLATEAU VALLEY ASSEMBLY-TEFAP 57228 HWY 330 COLLBRAN, CO 81624-0257		501 (C) 3	0.	51,144.	FMV	FOOD	FOOD DISTRIBUTION
DHS EAST OFFICE - MP TEFAP 3815 STEELE ST DENVER, CO 80205-3657		501 (C) 3	0.	51,351.	FMV	FOOD	FOOD DISTRIBUTION
HEALING WATERS FAMILY CENTER - MP TEFAP - 6475 W 29TH AVE - WHEAT RIDGE, CO 80214-8002		501 (C) 3	0.	52,347.	FMV	FOOD	FOOD DISTRIBUTION

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METROPOLITAN COMMUNITY CHURCH -TEFAP - 980 N CLARKSON ST - DENVER, CO 80218-2703		501 (C) 3	0.	52,872.	FMV	FOOD	FOOD DISTRIBUTION
WEST END FAMILY LINK CENTER - TEFAP - 853 MAIN ST - NUCLA, CO 81424-0602		501 (C) 3	0.	52,974.	FMV	FOOD	FOOD DISTRIBUTION
ST ANTHONYS FOOD BANK - TEFAP 3801 W OHIO AVE DENVER, CO 80219-3226		501 (C) 3	0.	53,317.	FMV	FOOD	FOOD DISTRIBUTION
MONTBELLO COOP MINISTRY - TEFAP 4685 PEORIA ST DENVER, CO 80239-4819		501 (C) 3	0.	54,215.	FMV	FOOD	FOOD DISTRIBUTION
NORTH SUBURBAN MEDICAL CENTER - MP TEFAP - 9065 GRANT ST - THORNTON, CO 80229-4339		501 (C) 3	0.	54,907.	FMV	FOOD	FOOD DISTRIBUTION
OPEN ARMS FOOD BANK - TEFAP 6500 W COALMINE AVE LITTLETON, CO 80123-3894		501 (C) 3	0.	55,902.	FMV	FOOD	FOOD DISTRIBUTION
JACKSON COUNTY FAIRGROUNDS - MP TEFAP - 686 CO RD 42 - WALDEN, CO 80480-0000		501 (C) 3	0.	58,571.	FMV	FOOD	FOOD DISTRIBUTION
BRUSH UNITED METHODIST CHURCH-TEFAP - 1701 EDMUNDS ST - BRUSH, CO 80723-2325		501 (C) 3	0.	58,730.	FMV	FOOD	FOOD DISTRIBUTION
COLORADO HEALTH NETWORK - TEFAP 6260 E COLFAX AVE DENVER, CO 80220-1515		501 (C) 3	0.	59,170.	FMV	FOOD	FOOD DISTRIBUTION

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PHILLIPS COUNTY EVENT CENTER - MP TEFAP - 22505 US HWY 385 - HOLYOKE, CO 80743-0000		501 (C) 3	0.	59,178.	FMV	FOOD	FOOD DISTRIBUTION
MISSION HILLS BAPTIST CHURCH - MP TEFAP - 620 SOUTHPARK DR - LITTLETON, CO 80120-5675		501 (C) 3	0.	59,712.	FMV	FOOD	FOOD DISTRIBUTION
MOUNTAIN FAMILY CENTER - GRANBY TEFAP - 480 E AGATE AVE 1C - GRANBY, CO 80446-0638		501 (C) 3	0.	61,572.	FMV	FOOD	FOOD DISTRIBUTION
BRIGHTON TOWN HALL - MP TEFAP 22 S 4TH ST BRIGHTON, CO 80601-1626		501 (C) 3	0.	61,951.	FMV	FOOD	FOOD DISTRIBUTION
GRACE BIBLE CHURCH - TEFAP 0755 SPENCER PKWY BATTLEMENT MESA, CO 81636-6248		501 (C) 3	0.	64,956.	FMV	FOOD	FOOD DISTRIBUTION
COVENANT CUPBOARD YOSEMITE - TEFAP 5400 S YOSEMITE ST GREENWOOD VILLAGE, CO 80111-3301		501 (C) 3	0.	64,961.	FMV	FOOD	FOOD DISTRIBUTION
LOVE INC OF YAMPA VALLEY-TEFAP 595 BREEZE ST CRAIG, CO 81625-2103		501 (C) 3	0.	65,202.	FMV	FOOD	FOOD DISTRIBUTION
UNIVERSITY CHURCH OF CHRIST - TEFAP - 2000 S MILWAUKEE ST - DENVER, CO 80210-3521		501 (C) 3	0.	65,237.	FMV	FOOD	FOOD DISTRIBUTION
CHURCH OF THE NAZARENE-TEFAP 3595 HWY 6 FRONTAGE RD PALISADE, CO 81526-0327		501 (C) 3	0.	65,999.	FMV	FOOD	FOOD DISTRIBUTION

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RURAL COMM RESOURCE - YUMA COUNTY FAIRGR- MP TEFAP - 410 WEST HOAG - YUMA, CO 80759-1916		501 (C) 3	0.	66,045.	FMV	FOOD	FOOD DISTRIBUTION
EL JEBEL HEALTH AND HUMAN SERVICES -MP TEFAP - 20 EAGLE COUNTY DR (CROWN MOUNTAIN) - EL JEBEL, CO 81623-0000		501 (C) 3	0.	67,822.	FMV	FOOD	FOOD DISTRIBUTION
INTEGRATED FAMILY COMMUNITY SERVICES - TEFAP - 3370 S IRVING ST - ENGLEWOOD, CO 80110-1816		501 (C) 3	0.	70,123.	FMV	FOOD	FOOD DISTRIBUTION
AURORA INTERFAITH COMMUNITY SERVICES - TEFAP - 1553 CLINTON ST - AURORA, CO 80010-2004		501 (C) 3	0.	70,843.	FMV	FOOD	FOOD DISTRIBUTION
PEACE WITH CHRIST - MP TEFAP 3290 S TOWER RD AURORA, CO 80013-2367		501 (C) 3	0.	76,310.	FMV	FOOD	FOOD DISTRIBUTION
CANYON WEST WORSHIP CENTER - TEFAP 456 KOKOPELLI BLVD STE G FRUITA, CO 81521-0448		501 (C) 3	0.	77,536.	FMV	FOOD	FOOD DISTRIBUTION
PHILLIPS UNITED METHODIST CHURCH - MP TEFAP - 1450 S PIERCE ST - LAKEWOOD, CO 80232-5643		501 (C) 3	0.	82,463.	FMV	FOOD	FOOD DISTRIBUTION
MORGAN COUNTYDHS - MP TEFAP 718 ELLSWORTH ST BRUSH, CO 80723-0000		501 (C) 3	0.	83,314.	FMV	FOOD	FOOD DISTRIBUTION
US FOREST SERVICE MP - TEFAP 806 W HALLAM ST ASPEN, CO 81611-0000		501 (C) 3	0.	86,946.	FMV	FOOD	FOOD DISTRIBUTION

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THORNTON COMMUNITY FOOD BANK - TEFAP - 8990 YORK ST - THORNTON, CO 80229-4659		501 (C) 3	0.	87,488.	FMV	FOOD	FOOD DISTRIBUTION
BURLINGTON COMM CENTER-PRAIRIE FAMILY - MP TEFAP - 340 S 14TH ST - BURLINGTON, CO 80807-1801		501 (C) 3	0.	88,484.	FMV	FOOD	FOOD DISTRIBUTION
CATHOLIC CHARITIES SAMARITAN HOUSE- TEFAP - 2301 LAWRENCE ST - DENVER, CO 80205-2126		501 (C) 3	0.	89,265.	FMV	FOOD	FOOD DISTRIBUTION
COOPERATING MINISTRY LOGAN - TEFAP - 230 N 10TH AVE - STERLING, CO 80751-2856		501 (C) 3	0.	91,787.	FMV	FOOD	FOOD DISTRIBUTION
IMMACULATE HEART MARY - TEFAP 11426 PEARL ST NORTHGLENN, CO 80233-1931		501 (C) 3	0.	92,001.	FMV	FOOD	FOOD DISTRIBUTION
RESTORATION CHRISTIAN FELLOWSHIP - MP TEFAP - 15640 E 6TH AVE - AURORA, CO 80011-9048		501 (C) 3	0.	94,678.	FMV	FOOD	FOOD DISTRIBUTION
ROSE OF SHARON FOOD BANK - TEFAP 5306 N LINCOLN ST DENVER, CO 80216-1933		501 (C) 3	0.	95,791.	FMV	FOOD	FOOD DISTRIBUTION
FISH OF WESTMINSTER WUMC - TEFAP 3585 W 76TH AVE WESTMINSTER, CO 80030-4854		501 (C) 3	0.	95,902.	FMV	FOOD	FOOD DISTRIBUTION
NORTHWEST FAMILY ASSISTANCE - TEFAP - 3810 N PECOS ST - DENVER, CO 80207-2661		501 (C) 3	0.	97,002.	FMV	FOOD	FOOD DISTRIBUTION

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RISEN CHRIST CATHOLIC PARISH - MP TEFAP - 3060 S MONACO PKWY - DENVER, CO 80222-7012		501 (C) 3	0.	97,050.	FMV	FOOD	FOOD DISTRIBUTION
HELP & HOPE CENTER - TEFAP 1638 PARK ST CASTLE ROCK, CO 80109-3010		501 (C) 3	0.	97,102.	FMV	FOOD	FOOD DISTRIBUTION
ST AUGUSTINE FOOD PANTRY - TEFAP 129 S 6TH AVE BRIGHTON, CO 80601-2149		501 (C) 3	0.	98,701.	FMV	FOOD	FOOD DISTRIBUTION
PIONEER VILLAGE MOBILE HOME PARK - MP TEFAP - 2901 W 63RD AVE - DENVER, CO 80221-2017		501 (C) 3	0.	100,038.	FMV	FOOD	FOOD DISTRIBUTION
RIO BLANCO FAIRGROUNDS - MP TEFAP 700 SULPHUR CREEK RD MEEKER, CO 81641-0000		501 (C) 3	0.	100,810.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY-HARBOR LIGHT - TEFAP - 2136 CHAMPA ST - DENVER, CO 80205-2530		501 (C) 3	0.	109,923.	FMV	FOOD	FOOD DISTRIBUTION
COOPERATING MINISTRY OF LOGAN COUNTY - MP TEFAP - 1120 PAWNEE AVE - STERLING, CO 80751-2856		501 (C) 3	0.	110,596.	FMV	FOOD	FOOD DISTRIBUTION
RED ROCKS CHURCH - MP TEFAP 5800 W ALAMEDA PKWY LAKEWOOD, CO 80226-7339		501 (C) 3	0.	113,343.	FMV	FOOD	FOOD DISTRIBUTION
JEFFERSON AVE UNITED METHODIST - MP TEFAP - 4425 KIPLING ST - WHEAT RIDGE, CO 80033-2810		501 (C) 3	0.	116,327.	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
LIFT UP OF ROUTT COUNTY (STEAMBOAT) TEFAP - 2095 CURVE CT - STEAMBOAT SPRINGS, CO 80487-4913		501 (C) 3	0.	120,856.	FMV	FOOD	FOOD DISTRIBUTION
HINKLEY HIGH SCHOOL MP TEFAP 1250 CHAMBERS RD AURORA, CO 80011-7117		501 (C) 3	0.	127,970.	FMV	FOOD	FOOD DISTRIBUTION
DHS SUN VALLEY- MP TEFAP 1200 FEDERAL BLVD DENVER, CO 80204-3221		501 (C) 3	0.	128,189.	FMV	FOOD	FOOD DISTRIBUTION
CHILDREN'S HOSPITAL HEALTHY ROOTS - TEFAP - 860 N POTOMAT CIRCLE - AURORA, CO 80011-6714		501 (C) 3	0.	129,267.	FMV	FOOD	FOOD DISTRIBUTION
ROARING FORK APARTMENTS - MP TEFAP 111 EMMA RD BASALT, CO 81621-0000		501 (C) 3	0.	131,409.	FMV	FOOD	FOOD DISTRIBUTION
COMMUNITY MINISTRY SW - TEFAP 1755 S ZUNI ST DENVER, CO 80223-3717		501 (C) 3	0.	133,190.	FMV	FOOD	FOOD DISTRIBUTION
UNITED CHURCH OF MONTBELLO - MP TEFAP - 4879 CROWN BLVD - DENVER, CO 80239-4818		501 (C) 3	0.	140,230.	FMV	FOOD	FOOD DISTRIBUTION
DENVER RESCUE MISSION - TEFAP 5725 E 39TH AVE DENVER, CO 80207-1227		501 (C) 3	0.	160,323.	FMV	FOOD	FOOD DISTRIBUTION
DICK'S SPORTING GOODS PARK MP TEFAP - 6000 VICTORY WAY - COMMERCE CITY, CO 80022-3202		501 (C) 3	0.	164,240.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

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COLORADO COMMUNITY CHURCH - MP TEFAP - 14000 E JEWELL AVE - AURORA, CO 80012-5651		501 (C) 3	0.	176,477.	FMV	FOOD	FOOD DISTRIBUTION
TWIN PARISHES - TEFAP 3663 HUMBOLDT ST DENVER, CO 80205-3330		501 (C) 3	0.	182,587.	FMV	FOOD	FOOD DISTRIBUTION
CENTRAL HIGH SCHOOL - MP TEFAP 6401 WARRIOR WAY GRAND JUNCTION, CO 81504		501 (C) 3	0.	192,152.	FMV	FOOD	FOOD DISTRIBUTION
JEWISH FAMILY SERVICE COL - TEFAP 3201 S TAMARAC DR DENVER, CO 80231-4394		501 (C) 3	0.	220,724.	FMV	FOOD	FOOD DISTRIBUTION
CANYON VIEW VINEYARD CHURCH- TEFAP - 736 24 1/2 RD - GRAND JUNCTION, CO 81505-9628		501 (C) 3	0.	249,984.	FMV	FOOD	FOOD DISTRIBUTION
THE SALVATION ARMY DELTA SERVICE EXTENSION-TEFAP - 117 MEEKER ST - DELTA, CO 81416-1950		501 (C) 3	0.	259,090.	FMV	FOOD	FOOD DISTRIBUTION
AMAZING GRACE COMMUNITY CHURCH - TM TEFAP - 541 E 99TH PL - THORNTON, CO 80229-2104		501 (C) 3	0.	269,361.	FMV	FOOD	FOOD DISTRIBUTION
COMMUNITY TABLE - TEFAP 8555 W 57TH AVE ARVADA, CO 80002-2326		501 (C) 3	0.	282,762.	FMV	FOOD	FOOD DISTRIBUTION
THE ACTION CENTER - TEFAP 8035 W COLFAX AVE LAKEWOOD, CO 80215-0609		501 (C) 3	0.	284,104.	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 OF GARFIELD COUNTY (PARACHUTE) TEFAP - 201 E 1ST STREET - PARCHUTE, CO 81650-1928		501 (C) 3	0.	301,491.	FMV	FOOD	FOOD DISTRIBUTION
CLIFTON CHRISTIAN CHURCH - MP TEFAP - 615 I70BL - CLIFTON, CO 81520-7392		501 (C) 3	0.	328,537.	FMV	FOOD	FOOD DISTRIBUTION
FBR-TEFAP PEOPLE SHARE - DENVER CTY - 10700 E 47TH AVE - DENVER, CO 80239-3007		501 (C) 3	0.	331,683.	FMV	FOOD	FOOD DISTRIBUTION
METRO MINISTRIES INC -TM TEFAP 248 S OSCEOLA ST DENVER, CO 80219-4123		501 (C) 3	0.	349,539.	FMV	FOOD	FOOD DISTRIBUTION
SHARING MINISTRIES INCORPORATED-TEFAP - 49 N 1ST ST - MONTROSE, CO 81401-3414		501 (C) 3	0.	353,336.	FMV	FOOD	FOOD DISTRIBUTION
SECOR- TEFAP 17151 PINE LN PARKER, CO 80134-6517		501 (C) 3	0.	388,689.	FMV	FOOD	FOOD DISTRIBUTION
THE SALVATION ARMY GRAND JUNCTION CORPS-TEFAP - 1155 N 4TH STREET - GRAND JUNCTION, CO 81502-0578		501 (C) 3	0.	489,666.	FMV	FOOD	FOOD DISTRIBUTION
METRO CARING - TEFAP 1100 E 18TH AVE DENVER, CO 80218-1111		501 (C) 3	0.	802,259.	FMV	FOOD	FOOD DISTRIBUTION
ADAMS COUNTY EMERGENCY FOOD BANK - TEFAP - 7111 E 56TH AVE - COMMERCE CITY, CO 80022-4811		501 (C) 3	0.	901,036.	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 JOSEPHS CHURCH USDA 206 VAN LENNEN AVE CHEYENNE, WY 82007-1575		501 (C) 3	0.	5,403.	FMV	FOOD	FOOD DISTRIBUTION
MOORCROFT INTERFAITH COMMUNITY USDA - PO BOX 1056 - MOORCROFT, WY 82721		501 (C) 3	0.	6,101.	FMV	FOOD	FOOD DISTRIBUTION
WFBR MOBILE PANTRY - ROCK RIVER USDA - 321 AVE D - ROCK RIVER, WY 82803-0000		501 (C) 3	0.	6,205.	FMV	FOOD	FOOD DISTRIBUTION
ST THOMAS CHURCH USDA 9 S 1ST ST DUBOIS, WY 82513-0735		501 (C) 3	0.	6,545.	FMV	FOOD	FOOD DISTRIBUTION
BUFFALO SENIOR CENTER USDA 671 W FETTERMAN BUFFALO, WY 82834-0941		501 (C) 3	0.	6,779.	FMV	FOOD	FOOD DISTRIBUTION
JACKSON CUPBOARD ONE22 RESSOURCES CENTER USDA - 170 N GLENWOOD - JACKSON, WY 83001-0000		501 (C) 3	0.	7,596.	FMV	FOOD	FOOD DISTRIBUTION
WFBR MOBILE PANTRY - ASPEN T P USDA - 229 E LATHROP RD - EVANSVILLE, WY 82636-0000		501 (C) 3	0.	9,189.	FMV	FOOD	FOOD DISTRIBUTION
WFBR-MOBILE PANTRIES - UINTA COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	9,690.	FMV	FOOD	FOOD DISTRIBUTION
FREMONT COUNTY SAMARITAN CENTER 921 E WASHINGTON AVE RIVERTON, WY 82501-1186		501 (C) 3	0.	11,562.	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
THAYNE COMMUNITY FOOD BANK USDA 250 VANNOY PKWY THAYNE, WY 83127-0000		501 (C) 3	0.	11,784.	FMV	FOOD	FOOD DISTRIBUTION
WFBR-MOBILE PANTRIES - WASHAKIE COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	11,879.	FMV	FOOD	FOOD DISTRIBUTION
WFBR-MOBILE PANTRIES - GOSHEN COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	11,879.	FMV	FOOD	FOOD DISTRIBUTION
WFBR-MOBILE PANTRIES - CONVERSE COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	12,242.	FMV	FOOD	FOOD DISTRIBUTION
WFBR MOBILE PANTRY - BUFFALO USDA 18 FAIRGROUNDS RD BUFFALO, WY 82834-0000		501 (C) 3	0.	12,766.	FMV	FOOD	FOOD DISTRIBUTION
WFBR-MOBILE PANTRIES - NIOBRARA COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	13,410.	FMV	FOOD	FOOD DISTRIBUTION
DOUGLAS SENIOR CITIZENS CENTER USDA - 340 1ST ST W - DOUGLAS, WY 82633-2157		501 (C) 3	0.	13,774.	FMV	FOOD	FOOD DISTRIBUTION
SOUTH LINCOLN HRC USDA 506 CEDAR AVE KEMMERER, WY 83101-3015		501 (C) 3	0.	13,873.	FMV	FOOD	FOOD DISTRIBUTION
WFBR MOBILE PANTRY - KAYCEE USDA 210 E CENTER ST KAYCEE, WY 82639-0000		501 (C) 3	0.	14,119.	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
WFBR-MOBILE PANTRIES - PLATTE COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	14,181.	FMV	FOOD	FOOD DISTRIBUTION
ST JOHNS LUTHERAN CHURCH USDA 70 E 5TH ST LOVELL, WY 82431-1902		501 (C) 3	0.	14,300.	FMV	FOOD	FOOD DISTRIBUTION
NIOBRARA SENIOR CENTER USDA 611 E 6TH ST LUSK, WY 82225-0000		501 (C) 3	0.	15,187.	FMV	FOOD	FOOD DISTRIBUTION
WFBR MOBILE PANTRY - MOORCROFT USDA - 101 S BELLE FOURCHE AVE - MOORCROFT, WY 82721		501 (C) 3	0.	15,593.	FMV	FOOD	FOOD DISTRIBUTION
WFBR-MOBILE PANTRIES - FREMONT COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	17,125.	FMV	FOOD	FOOD DISTRIBUTION
WFBR-MOBILE PANTRIES - CARBON COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	17,606.	FMV	FOOD	FOOD DISTRIBUTION
WFBR-MOBILE PANTRIES - SUBLETTE COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	17,615.	FMV	FOOD	FOOD DISTRIBUTION
WFBR MOBILE PANTRIES - ALBANY COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	17,674.	FMV	FOOD	FOOD DISTRIBUTION
WFBR-MOBILE PANTRIES - PARK COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	18,325.	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
WFBR-MOBILE PANTRIES - HOT SPRINGS COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	18,479.	FMV	FOOD	FOOD DISTRIBUTION
WFBR MOBILE PANTRIES - SWEETWATER COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	18,492.	FMV	FOOD	FOOD DISTRIBUTION
WFBR-MOBILE PANTRIES - WESTON COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	18,838.	FMV	FOOD	FOOD DISTRIBUTION
WFBR-MOBILE PANTRIES - SHERIDAN COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	18,953.	FMV	FOOD	FOOD DISTRIBUTION
GOOD SAMARITAN MISSION USDA 285 W PEARL AVE JACKSON, WY 83001-0000		501 (C) 3	0.	20,798.	FMV	FOOD	FOOD DISTRIBUTION
CROOK COUNTY COUNCIL OF COUNTY SERVICES USDA - 122 STATE HIGHWAY 585 - SUNDANCE, WY 82729-1381		501 (C) 3	0.	21,265.	FMV	FOOD	FOOD DISTRIBUTION
BETHANY FELLOWSHIP CHURCH USDA 160 PLEASANT VIEW LN WORLAND, WY 82401-0000		501 (C) 3	0.	22,379.	FMV	FOOD	FOOD DISTRIBUTION
THE SALVATION ARMY A CA CORP SHERIDAN USDA - 150 S TSCHIRGI ST - SHERIDAN, WY 82801-4227		501 (C) 3	0.	24,037.	FMV	FOOD	FOOD DISTRIBUTION
UPTON COMMUNITY FOOD BANK USDA 821 HOLLY ST UPTON, WY 82730-0000		501 (C) 3	0.	26,497.	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.)

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THE COMMUNITY FOOD CLOSET INC USDA 111 RAKESTRAW BIG PINEY, WY 83113-0133		501 (C) 3	0.	33,508.	FMV	FOOD	FOOD DISTRIBUTION
WFBR MOBILE PANTRY - WORLAND USDA 417 N 10TH ST. HWY 20 WORLAND, WY 82401		501 (C) 3	0.	33,584.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY BASIN UNIT USDA 407 W C ST BASIN, WY 82410-0000		501 (C) 3	0.	33,926.	FMV	FOOD	FOOD DISTRIBUTION
WFBR-MOBILE PANTRIES - TETON COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	34,111.	FMV	FOOD	FOOD DISTRIBUTION
STAR VALLEY SENIOR CITIZENS USDA 540 WASHINGTON ST AFTON, WY 83110-0000		501 (C) 3	0.	34,264.	FMV	FOOD	FOOD DISTRIBUTION
WFBR MOBILE PANTRY - GREYBULL USDA 636 14TH AVE N GREYBULL, WY 82426-0000		501 (C) 3	0.	34,375.	FMV	FOOD	FOOD DISTRIBUTION
FROM THE HEART MINISTRIES USDA PO BOX 504 MOUNTAIN VIEW, WY 82939-0000		501 (C) 3	0.	37,405.	FMV	FOOD	FOOD DISTRIBUTION
RIVER OF LIFE FELLOWSHIP USDA 319 BROADWAY THERMOPOLIS, WY 82443-2713		501 (C) 3	0.	41,565.	FMV	FOOD	FOOD DISTRIBUTION
FOUNDATIONS FOR NATIONS USDA 625 PRAIRIE RD. RIVERTON, WY 82501-4609		501 (C) 3	0.	42,694.	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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WFBR MOBILE PANTRIES - CAMPBELL COUNTY USDA - PO BOX 1540 - EVANSVILLE, WY 82636		501 (C) 3	0.	42,890.	FMV	FOOD	FOOD DISTRIBUTION
BREAD USDA 627 PINE ST NEWCASTLE, WY 82701-2132		501 (C) 3	0.	43,435.	FMV	FOOD	FOOD DISTRIBUTION
THE KINGS PORTION USDA 1954 E RICHARDS ST DOUGLAS, WY 82633-3089		501 (C) 3	0.	48,094.	FMV	FOOD	FOOD DISTRIBUTION
FOOD BANK OF SWEETWATER COUNTY GREEN RIVER USDA - 550 UINTA DR - GREEN RIVER, WY 82935-5005		501 (C) 3	0.	50,256.	FMV	FOOD	FOOD DISTRIBUTION
LAND OF GOSHEN MINISTRIES USDA 801 W VALLEY RD TORRINGTON, WY 82240-3255		501 (C) 3	0.	63,834.	FMV	FOOD	FOOD DISTRIBUTION
PLATTE COUNTY COMMODITIES USDA 1357 SOUTH ST WHEATLAND, WY 82201-2864		501 (C) 3	0.	68,582.	FMV	FOOD	FOOD DISTRIBUTION
BAPTIST YOUTH MISSION USDA 400 LINCOLN AVE SINCLAIR, WY 82334-0004		501 (C) 3	0.	71,410.	FMV	FOOD	FOOD DISTRIBUTION
POWELL AMERICAN LEGION USDA 143 S CLARK ST POWELL, WY 82435-2717		501 (C) 3	0.	92,026.	FMV	FOOD	FOOD DISTRIBUTION
LORDS STOREHOUSE USDA 50 YELLOW CREEK RD EVANSTON, WY 82930-5228		501 (C) 3	0.	93,183.	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
SALVATION ARMY SERVICE EXTENSION GILLETTE USDA - 620 N HWY 14-16 - GILLETTE, WY 82716-2504		501 (C) 3	0.	140,353.	FMV	FOOD	FOOD DISTRIBUTION
INTERFAITH GOOD SAMARITAN USDA 712 E CANBY ST LARAMIE, WY 82070-3916		501 (C) 3	0.	154,512.	FMV	FOOD	FOOD DISTRIBUTION
FOOD BANK OF SWEETWATER COUNTY ROCK SPRINGS USDA - 90 CENTER ST - ROCK SPRINGS, WY 82901-5122		501 (C) 3	0.	198,171.	FMV	FOOD	FOOD DISTRIBUTION
NEEDS INC USDA 900 CENTRAL AVE CHEYENNE, WY 82007-1372		501 (C) 3	0.	201,017.	FMV	FOOD	FOOD DISTRIBUTION
LANDER CARE AND SHARE FOOD BANK USDA - 281 GARFIELD ST - LANDER, WY 82520-3121		501 (C) 3	0.	219,551.	FMV	FOOD	FOOD DISTRIBUTION
COUNCIL OF COMMUNITY SERVICES USDA - 114 S 4J RD - GILLETTE, WY 82716-3621		501 (C) 3	0.	222,329.	FMV	FOOD	FOOD DISTRIBUTION
HOLY CROSS CENTER INC USDA 1030 N LINCOLN CASPER, WY 82601-1219		501 (C) 3	0.	241,799.	FMV	FOOD	FOOD DISTRIBUTION
JOSHUAS STOREHOUSE USDA 334 S WOLCOTT ST CASPER, WY 82601-2828		501 (C) 3	0.	258,220.	FMV	FOOD	FOOD DISTRIBUTION
THE SALVATION ARMY A CA CORP CASPER USDA - 441 S CENTER ST - CASPER, WY 82601-2855		501 (C) 3	0.	282,142.	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 JOSEPHS CHURCH USDA 206 VAN LENNEN AVE CHEYENNE, WY 82007-1575		501 (C) 3	0.	382,211.	FMV	FOOD	FOOD DISTRIBUTION
PAX CHRISTI CATHOLIC CHURCH - MP TEFAP - 5761 MCARTHUR RANCH ROAD - LITTLETON, CO 80124-9575		501 (C) 3	0.	20,507.	FMV	FOOD	FOOD DISTRIBUTION
WASHINGTON COUNTY CONNECTIONS - MP TEFAP - 551 W 2ND ST - AKRON, CO 80720-1404		501 (C) 3	0.	70,133.	FMV	FOOD	FOOD DISTRIBUTION
FOOD BANK OF THE ROCKIES ENDOWMENT FUND - 10700 EAST 45TH AVENUE - DENVER, CO 80239		501 (C) 3	125,000.	0.			GENERAL SUPPORT

**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 noncash assistance
FOOD FOR ELIGIBLE LOW-INCOME INDIVIDUALS	80417	0.	2,016,345.	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:

TEFAP - ELIGIBLE RECIPIENT AGENCIES RECEIVE MONTHLY AND EQUITABLE TEFAP

PRODUCT ALLOCATIONS BASED ON HOUSEHOLDS/INDIVIDUALS SERVED REPORTED ON

PREVIOUS MONTH'S 152 REPORTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I 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 (such as 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 ..... **1b**

**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 on line 1a? ..... **2**

**3** Indicate which, if any, of the following the 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? ..... **4a** X

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b** X

**c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c** X

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? ..... **5a** X

**b** Any related organization? ..... **5b** X

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

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

**a** The organization? ..... **6a** X

**b** Any related organization? ..... **6b** X

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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III ..... **7** X

**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 ..... **8** X

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

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

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

Schedule J (Form 990) 2019

**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 aren't 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) ERIN PULLING CHIEF EXECUTIVE OFFICER	(i)	187,286.	13,808.	0.	0.	20,017.	221,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VINCENT ALEXIS CHIEF OPERATING OFFICER TERM END 1/2	(i)	104,015.	13,000.	49,635.	5,170.	22,100.	193,920.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARSHALL ASTER CHIEF FINANCIAL OFFICER TERM END 1/2	(i)	122,587.	12,374.	0.	5,644.	26,410.	167,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 4A:

VINCENT ALEXIS RECIEVED SEVERANCE COMPENSATION OF 32,482.

PART I, LINE 7:

ANNUALLY, IF ORGANIZATIONAL GOALS ARE MET, EMPLOYEES ARE ELIGIBLE FOR A  
BONUS AT A PRESET PERCENTAGE THAT VARIES BY LEVEL. THE BOARD HAS THE OPTION  
TO DENY PAYMENT OF THE BONUS IF NEEDED FOR FINANCIAL REASONS.

SCHEDULE J PART II

PART OF VINCENT ALEXIS'S OTHER REPORTABLE COMPENSATION INCLUDES PTO  
PAYOUT OF \$12,878

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	29	208,178.	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	71386562	104,187,705.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EQUIPMENT)	X	12	10,873.	FMV
26 Other				
27 Other				
28 Other				

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

	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 isn't 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 nonstandard 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 didn't 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) 2019

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION RECEIVED MULTIPLE CONTRIBUTIONS OF FOOD INVENTORY FROM MULTIPLE CONTRIBUTORS. IN TOTAL, 71,386,562 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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**2019**

Open to Public  
Inspection

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

PAGE 1 BOX C

THE FOOD BANK OF THE ROCKIES DOES NOT USE DBAS; HOWEVER IT HAS USED THE

FOLLOWING NAMES AS TAGLINES OR TITLES FOR INDIVIDUAL PROJECTS:

COLORADO FOOD CLEARINGHOUSE, INC.

FOOD BANK OF DENVER, INC.

DENVER FOOD BANK, INC.

ROCKY MOUNTAIN FOOD BANK, INC.

COLORADO FOOD BANK, INC.

SECOND HARVEST FOOD BANK OF THE ROCKIES, INC.

FOOD BANK OF COLORADO, INC.

DENVER'S TABLE, INC.

KID'S CAF, INC.

FOOD BANK OF THE ROCKIES, INC. WESTERN SLOPE DIVISION

FIGHTING HUNGER, FEEDING HOPE

BABY BANK

WESTERN SLOPE FOOD BANK OF THE ROCKIES

WYOMING FOOD BANK OF THE ROCKIES

FOOD BANK OF WYOMING

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

THE EMERGENCY FOOD ASSISTANCE PROGRAM

EXPENSES \$ 14,080,832. INCL GRANTS OF \$ 12,825,923. REVENUE \$ 1,619,199.

MOBILE PANTRY, NUTRITION NETWORK, CSFP

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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

EXPENSES \$ 5,622,783. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHILDREN'S NUTRITION NETWORK

EXPENSES \$ 3,734,880. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,597,367.

COMMODITY SUPPLEMENTAL FOOD PROGRAM

EXPENSES \$ 3,061,410. INCL GRANTS OF \$ 1,951,947. REVENUE \$ 492,701.

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

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

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.

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

FOOD BANK OF THE ROCKIES CONDUCTS AN ORGANIZATION-WIDE COMPENSATION REVIEW FOR ALL STAFF POSITIONS ANNUALLY WITH MORE DETAILED COMPARATIVE DATA COLLECTED AND ASSESSED EVERY TWO TO THREE YEARS. A FULL ANALYSIS WITH COMPARATIVE DATA WAS LAST CONDUCTED IN 2020. COMPENSATION CHANGES FOR STAFF MEMBERS ARE BASED ON MERIT, COST OF LABOR AND DEVELOPED BY COMPARING COMPENSATION TO INDUSTRY AVERAGES AND OTHER COMPARATIVE DATA. COMPENSATION CHANGES ARE RECOMMENDED BY THE RESPECTIVE MANAGER VIA AN INTERNAL CALIBRATION PROCESS AND APPROVED BY THE RESPECTIVE MEMBER OF LEADERSHIP TEAM, VP OF PEOPLE & CULTURE, AND CEO. COMPENSATION CHANGES FOR OFFICERS

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

ARE APPROVED BY CEO ALONE. COMPENSATION CHANGES FOR THE CEO ARE APPROVED BY  
 THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
 CA, FL, GA, IL, KS, MN, NC, NJ, NM, NY, OR, PA, UT, VA, WA, WI

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  
 SERVE AS OFFICERS OF FBR, AS CHAIRS OF THE GOVERNANCE/NOMINATING  
 COMMITTEE, FINANCE/AUDIT COMMITTEE, DEVELOPMENT COMMITTEE, AND  
 OPERATIONS COMMITTEE AND INCLUDES THE IMMEDIATE PAST BOARD CHAIR FOR  
 ONE YEAR FOLLOWING THE DEPARTURE FROM THE POST AS CHAIRPERSON.

THE EXECUTIVE COMMITTEE RESPONSIBILITIES INCLUDE, BUT ARE NOT LIMITED  
 TO:

- 1) RECEIVES REPORTS AND RECOMMENDATIONS REGARDING THE OPERATIONS OF  
 FOOD BANK OF THE ROCKIES FROM THE PRESIDENT & CEO AND ANY OTHER SENIOR  
 STAFF AS APPROPRIATE
- 2) ESTABLISHES DIRECTION, GOALS, PRIORITIES, AND ASSIGNMENTS FOR OTHER  
 GOVERNANCE COMMITTEES
- 3) EVALUATES THE RECOMMENDATIONS MADE BY OTHER BOARD COMMITTEES PRIOR  
 TO SUBMISSION TO THE BOARD
- 4) ALONG WITH FINANCE/AUDIT COMMITTEE, RECOMMENDS APPROVAL OF THE

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

ANNUAL BUDGET TO THE FULL BOARD

- 5) ON AN ANNUAL BASIS, AUTHORIZE A SUB-COMMITTEE OF EXECUTIVE COMMITTEE, INCLUDING THE BOARD CHAIR, VICE CHAIR, AND ANY OTHER EXECUTIVE COMMITTEE MEMBER(S) AS ELECTED BY THE COMMITTEE, TO CONDUCT THE CEO'S PERFORMANCE REVIEW WITH INPUT BEING INVITED FROM THE ENTIRE BOARD ON THE REVIEW PROCESS.
- 6) MAKES ANY CHANGES TO THE CEO'S COMPENSATION AND REPORTS ANY ACTION REGARDING COMPENSATION TO THE FULL BOARD.
- 7) WORKS WITH STAFF TO HELP FOOD BANK OF THE ROCKIES IDENTIFY ADVOCACY OBJECTIVES AND DETERMINE POSITIONS ON MAJOR POLICY MATTERS AND PROPOSED LEGISLATION AND APPROPRIATIONS AND MAKE RECOMMENDATIONS TO THE BOARD
- 8) REPORTS TO THE FULL BOARD REGARDING ACTIONS TAKEN ON BEHALF OF THE BOARD

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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

**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	FOOD BANK OF THE ROCKIES	X	



**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FOOD BANK OF THE ROCKIES ENDOWMENT FUND	B	125,000.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			



