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# =orm990 %3

Department of the Treasury
Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public Inspection

A Fo	r the 2	2010 ca	alendar year, or tax year beginning 07-01-2010 and ending 06-30-2011			
		pplicable	C Name of organization Food Bank of the Rockies	D Emp	loyer	identification number
∏ Add	dress ch	ange	Doing Business As	84-0	772	672
Na	me chai	nge	Bolling Busiliess 715	E Telep	hone	number
Init	tıal retui	rn	Number and street (or P O box if mail is not delivered to street address)	suite (303	3) 37	1-9250
Tei	mınated	d	10700 East 45th Avenue			==
☐ Am	ended i	return	City or town, state or country, and ZIP + 4 Denver, CO 80239	— <b>G</b> Gross	recei	pts \$ 57,518,968
M Apı	plication	pending	belivel, eo ouzar			
			F Name and address of principal officer H(a)	Is this a group return	n for affi	liates? Yes No
			Kevin Seggelke 10700 East 45th Avenue			
			Denver, CO 80239	Are all affiliates ir		f?   Yes   No t (see instructions)
			W <sub>2</sub> )	Group exemp		
		pt status	501(c)(3)   501(c)( ) ◀ (insert no )   4947(a)(1) or   527			
J W	ebsite	:⊫ ww	w foodbankrockies org			
<b>K</b> For	m of org	ganızatıon	Corporation Trust Association Other ► L Yea	r of formation 19	978	<b>M</b> State of legal domicile CO
Pa	rt I	Sum	ımary			
	1		escribe the organization's mission or most significant activities			
			anization's mission is to collect surplus food and essential non-food items to dis elief programs in Colorado and Wyoming	tribute to nee	dy far	milies through nonprofit
Governance	-	runger	ener programs in constant and wyoming			
፸						
<u>ş</u>	-					
3			his box 🔭 if the organization discontinued its operations or disposed of more t	han 25% of its	ı	assets
			of voting members of the governing body (Part VI, line 1a)		3	18
ĕ			of independent voting members of the governing body (Part VI, line 1b)		4	17
Activities &			mber of individuals employed in calendar year 2010 (Part V, line 2a)		5	112
ă			mber of volunteers (estimate if necessary) related business revenue from Part VIII, column (C), line 12		6 7a	8,000
			elated business taxable income from Form 990-T, line 34		7a 7b	0
	<u>                                   </u>	- CC GIII C	nated business taxable income norm form 550 T, line 5 T T	Prior Year	75	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)	46,103,	587	50,806,429
≗	9		am service revenue (Part VIII, line 2g)	5,346,		6,420,765
Revenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)	35,	939	5,465
Ť	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,	666	102,393
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	51,560,	880	57,335,052
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)	11,255,		10,883,750
	14		its paid to or for members (Part IX, column (A), line 4)	11,200,	0	0
	15		es, other compensation, employee benefits (Part IX, column (A), lines 5–			
Expenses		10)		3,913,		4,340,678
ā (	16a		ssional fundraising fees (Part IX, column (A), line 11e)	620,	813	737,395
ठ	b		ındraısıng expenses (Part IX, column (D), line 25) ▶1,419,543			
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	32,996,		38,668,172
	18 19		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	48,786,	-	54,629,995
- m	12	Reven	uue less expenses Subtract line 18 from line 12	2,774, inning of Curre		2,705,057
<b>8</b>			begi	Year		End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)	16,622,	748	19,403,044
절절	21	Totall	liabilities (Part X, line 26)	741,	981	1,014,463
zï	22	Netas	ssets or fund balances Subtract line 21 from line 20	15,880,	767	18,388,581
Pai	rt II	Sign	nature Block			
know			erjury, I declare that I have examined this return, including accompanying schedules ef, it is true, correct, and complete. Declaration of preparer (other than officer) is base			
		****		2011-11-14		
Sigr		Signa	ature of officer	Date		
Her	e		chall Aster CFO			
	Τ	Print/Type	<u> </u>	Check if se	lf-	DTTN
<b>.</b>		preparer's	s name CRAIG R CHOUN CRAIG R CHOUN	employed		PTIN
Paid		Fırm's nar	me FEHRHARDT KEEFE STEINER & HOTTMAN PC			Firm's EIN
Prepared Use		Fırm's add	dress F 7979 E TUFTS AVENUE SUITE 400			Phone no • (303) 740-
J J G 1	Jy		DENVER. CO 802372843			9400

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

Par	t III		<b>of Program Serv</b> dule O contains a res		<b>lishments</b> uestion in this Part III		F
1	Brief	ly describe the o	organization's missioi	n			
					S FOOD AND ESSENT AMS IN COLORADO A		O DISTRIBUTE TO NEEDY
2		ne organization i rior Form 990 or		ant program se	ervices during the year	which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe the	se new services on S	chedule O			
3	Did th	ne organization d		make sıgnıfıcar	nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Ye	s," describe the	se changes on Sched	lule O			
4	Secti	on 501(c)(3) an	d 501(c)(4) organiza	tions and secti	_	largest program services be are required to report the ar service reported	•
4a	(Cod	e	) (Expenses \$	22,408,304	ıncludıng grants of \$	0 ) (Revenue \$	2,405,471 )
	Metro	opolitan Denver, No		Wyoming Last ye	ar, the Food Bank distribute	erving over 1,250 hunger-relief p ed 39 4 million pounds of food an	
4b	(Cod	e	) (Expenses \$	6,042,558	ıncludıng grants of \$	928,575 ) (Revenue \$	738,496 )
	From	ming Food Bank of t small church pantri nate individuals	the Rockies (WFBR) work les to large organizations v	s with 193 nonprof with national suppo	it hunger-relief programs th ort, WFBR partners with pro	nat provide food and meals for th grams to provide food and essen	e sıck, needy, or ıll across the state tıal ıtems to Wyomıng's less
4c	(Cod	e	) (Expenses \$	5,639,561	ıncludıng grants of \$	0 ) (Revenue \$	27,553 )
					eep nutritious surplus food f igh the state and distribute		up highly nutritious food such as
4d	O the	er program servi	ıces (Describe in Sch	hedule O ) <b>See</b> :	also Additional Data f	or Description	
	(Exp	penses \$	18,517,098 ind	cluding grants o	of\$ 9,955,	175 ) (Revenue \$	3,249,245)
4e	Tota	al program servi	ce expenses►\$	52,607,52	1		

art TV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
С	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? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i> complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Part V	Statements	Regarding	Other I	RS Filings	and Tax	Compliance

Form	990 (2010)			Page <b>5</b>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	•		<b>-</b>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 28			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
	<b>1b</b> 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
<b>a</b> -				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_				<b></b>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		110
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
b	services provided to the payor?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b	1		
	facilities	1		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
		1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
D	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O			
1.	Enter the amount of recorner the arganization is required to maintain but the atom.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
1.4~	Did the organization receive any nayments for indoor tanning services during the tay year?	11-		N a
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
U	1. 100, has it med a form 720 to report these payments. If Mo, provide an explanation in schedule O	140	l	

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

Check if Schedule C							. 🗸

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
3	other officer, director, trustee, or key employee?	2		No
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Yes	
13	describe in Schedule O how this is done	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by	1-4	1 63	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

(303) 371-9250

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 MARSHALL ASTER 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 to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours	Posi t				II		( <b>D</b> ) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Doug Wilhelm Chairman	4 0	х		х				0	0	0
(2) Amy Diaz Secretary	4 0	х		х				0	0	0
(3) Dan Fair Treasurer	4 0	х		х				0	0	0
(4) Garry Beaulieu Director	2 0	х						0	0	0
(5) Kathryn Dawson Director	2 0	х						0	0	0
(6) Bob Deuschle Director	2 0	х						0	0	0
(7) Jared D Casey Jr Director	2 0	x						0	0	0
(8) Patrick Fairfield Director	2 0	х						0	0	0
(9) Bruce Glazer Director	2 0	х						0	0	0
(10) Roland Thornton Director	2 0	х						0	0	0
(11) Michael Hall Director	2 0	х						0	0	0
(12) Meghan Leben Director	2 0	х						0	0	0
(13) Katie Wolfram Director	2 0	х						0	0	0
(14) Jackson Lamb Director	2 0	х						0	0	0
(15) Mike Moderhak Director	2 0	х						0	0	0
(16) David Patterson Director	2 0	Х						0	0	0

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

	(A)	(B)	Τ	(	C)				(D)	(E)	T	(F)	
	Name and Title	A verage hours	1	tion that a	(che		II		Reportable compensation	Reportable compensation		Estima mount of	ited
		per week			1	,, 	9,5		from the organization (W-	from related organizations		compens from t	ation
		(describe hours for related organizations	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)		rganızatı relate organıza	e d
		in Schedule O)	lustee	Trustee		900	ensated						
(17) I Direct	im Bolt or	2 0	х						0		0		0
(18) A	Allan Fries or	2 0	х						0		0		0
	Kevin Seggelke ent & CEO	55 0	х		х				158,382		0		19,906
(20) S Direct	Seth Patterson or	2 0	Х						0		0		0
(21) /	Alan Robinson or	2 0	х						0		0		0
(22) I Direct	Doe Kittay or	2 0	х						0		0		0
(23) I CFO	Marshall Aster	55 0			х				95,111		0		18,252
	/incent Alexis resident	55 0					х		106,543		0		22,844
1b	Sub-Total		<del></del>		•	٠.		<b>P</b>					
С	Total from continuation sheets	to Part VII, Se	ction A				Þ						
d	Total (add lines 1b and 1c) .							<b>+</b>	360,036	0			61,002
2	Total number of individuals (incl \$100,000 in reportable compen	_				ted	above	) who	received more tha	n			
												Yes	No
3	Did the organization list any <b>fori</b> on line 1a? <i>If</i> "Yes," complete Sch	•							=	ated employee	3		No
4	For any individual listed on line : organization and related organization												

				110
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
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? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### **Section B. Independent Contractors**

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

(A) Name and business address	( <b>B</b> ) Description of services	<b>(C)</b> Compensation
LW Robbins 201 Summer Street PO Box 5838 HOLLISTON, MA 017465838	Fundraising	737,395
Total number of sadan and ask a sake a knowledge but not be ask to the sadah a knowledge		

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

		2010)				Pa	age <b>9</b>
Part V	V 1 1 1 1	Statement of Revenue			(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
							512, 513, or 514
ontributions, gifts, grants nd other similar amounts	b c d e f	Federated campaigns	343,206 11,345,522 39,117,701 42,744,190	E0. 906. 420			
O a	h	Total. Add lines 1a-1f	Business Code	50,806,429			
enue.	2a b	AGENCY SUPPORT FEES	900099	862,427		0	
2 <u>4</u> 30	С	PURCHASED FOOD	900099	2,855,893		0	
Servi	d	GOVERNMENT CONTRACTS	900099	2,702,445	2,702,445		
E	е						
<b>₽</b>		All other program service revenue					
	_	Total. Add lines 2a-2f		6,420,765			
		and other similar amounts)		5,465 0	0	0	5,46
		Gross Rents Less rental expenses	(II) Personal				
		Rental income or (loss)  Net rental income or (loss)					
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(II) Other				
7		Net gain or (loss)		0			
Revenue	8a	Gross income from fundraising events (not including  \$343,206 of contributions reported on line 1c) See Part IV, line 18					
9 3 4 5 6a b c d 7a b c d 8a b c 10a b c 11a b c d e e e e e e e e e e e e e e e e e e	_	a	88,351				
	Less direct expenses <b>b</b> Net income or (loss) from fundraising events •	183,916	-95,565			-95,56	
		Gross income from gaming activities See Part IV, line 19 . a					
		Less direct expenses		0			
		Gross sales of inventory, less					
Other Revenue Contributions, gifts, grant Program Service Revenue and other similar amount and other similar amount		returns and allowances .  a  Less cost of goods sold b  Net income or (loss) from sales of inventory		0			
	44-	Miscellaneous Revenue	Business Code 900099	186,028	0	0	186,02
		MISCELLANEOUS	900099	11,930			
	c						
		All other revenue		197,958			
	12	Total revenue. See Instructions		57,335,052	6,420,765	0	107,85

d (D).  (C)  Management and general expenses	<b>(D)</b> Fundraising expenses
(C) Management and general expenses	Fundraising
(C) Management and general expenses	Fundraising
39	expenses
11	
15 30 923	
15 30.923	
15 30 923	
50,525	29,483
335,727	320,094
8,509	8,113
52,941	50,476
32,132	30,636
56 26	45
51 2,695	4,704
	·
	737,395
	,
99 16.597	28,972
	1,946
<u> </u>	65,439
30 10,075	17,587
,	·
33 13.609	5,811
	16,323
,,,,,,	
50 3,106	5,423
50 2,027	4,407
52 31,465	13,485
13 7,659	16,656
33 0	0
70 0	0
19 0	100
0	0
39 15,521	33,752
9 1,206	28,696
21 602,931	1,419,543
	30 8,509 95 52,941 87 32,132 56 26 51 2,695 99 16,597 07 1,115 44 30,092 80 10,075 83 13,609 19 7,506 50 3,106 50 2,027 52 31,465 13 7,659 83 0 70 0 19 0 03 0 39 15,521 09 1,206

Part X Balance Sheet (A) (B) Beginning of year End of year 1,800 1,800 1 1 2.113.594 831.898 2 233,431 435,000 3 610,793 4 719,329 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 7 8 4,354,364 4,565,545 Prepaid expenses and deferred charges . . . . 214,862 225,897 10a Land, buildings, and equipment cost or other basis Complete 11.622.942 10a Part VI of Schedule D 10b 2.674.367 ь Less accumulated depreciation . . . . . 8.329.628 10c 8.948.575 11 11 744,789 12 3,675,000 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 19,487 15 Λ 15 16 16,622,748 16 19,403,044 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 429,777 17 557,643 17 Accounts payable and accrued expenses . 18 18 113.715 19 19 68.900 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 198.489 25 387.920 Other liabilities Complete Part X of Schedule D . . . . . 26 741.981 26 1,014,463 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 11,782,609 13,658,746 Temporarily restricted net assets . . . . . 4,098,158 4,729,835 28 28 Fund 0 29 0 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 15,880,767 33 18,388,581 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 16.622.748 19,403,044

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		57.3	335,05
2	Total expenses (must equal Part IX, column (A), line 25)	2			629,99!
3	Revenue less expenses Subtract line 2 from line 1	3		2,7	705,05
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15,8	380,76
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 1	197,24
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		18,3	388,58
Par	The triang of the contains a response to any question in this Part XII			୮	
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			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	Yes	

#### DLN: 93493318001361

## OMB No 1545-0047

Inspection

## SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

**Employer identification number** 

Food Bank of the Rockies 84-0772672 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?  Yes No		Type of organization (described on nes 1- 9 above or IRC section (see		(v) Did you not organizati col (i) of suppor	otify the Is the tion in organization in fyour col (i) organized		on in anized S ?	<b>(vii)</b> A mount of support
		instructions))	Yes	No	Yes	No	Yes	No			
Total											

# 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.)

	under Part III. II u	ie organizacion	rails to quality t	inder the tests	listed below, pi	ease co	ilibiete i	ait III.)
	ection A. Public Support	ı	T	T	т т			
Cal	endar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2	010	<b>(f)</b> Total
1								
	membership fees received (Do no	t 34,246,4!	31,665,484	38,164,495	46,103,587	50	,820,493	201,000,513
	include any "unusual	, ,	, ,		, ,		´ ´	, ,
,	grants ") Tax revenues levied for the							
2	organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without							
	charge							
4	Total. Add lines 1 through 3	34,246,4	31,665,484	38,164,495	46,103,587	50	,820,493	201,000,513
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							20 402 772
	supported organization) included							28,183,772
	on line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5							172,816,741
_	from line 4							1,2,010,7,11
	ection B. Total Support				-			
Сак	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 20	10	(f) Total
7	A mounts from line 4	34,246,454	31,665,484	38,164,495	46,103,587	50	,820,493	201,000,513
8	Gross income from interest,							
_	dividends, payments received							
	on securities loans, rents,	61,717	33,863	19,492	21,306		5,465	141,843
	royalties and income from							
_	similar sources Net income from unrelated				+			
9	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income Do not include							
	gain or loss from the sale of	43,255	100,786	144,751	161,081		197,958	647,831
	capital assets (Explain in Part IV )							
11	Total support (Add lines 7							201 700 107
	through 10)							201,790,187
12	Gross receipts from related activity	ties, etc (See ins	structions )			12		22,145,507
13	First Five Years If the Form 990 is	for the organiza	tion's first, second	l, thırd, fourth, or f	fifth tax year as a	501(c)(	3) organız	'
	check this box and <b>stop here</b>							<b>►</b> □
<u> </u>	ection C. Computation of Pu	hlic Support	Dercentage					
14	Public Support Percentage for 201			11 column (f))		14		85 642 %
15	Public Support Percentage for 200	•	. ,	(,,		15		87 544 %
	33 1/3% support test—2010. If th	•	·	v on line 12 and l	lina 14 ia 22 1/20/		chack t	
LUA	and <b>stop here.</b> The organization qu				IIIIe 14 15 33 1/3 /	0 01 111016	, check t	<b>▶</b> ▼
b	33 1/3% support test-2009. If th	•	• • • •		a, and line 15 is	3 3 1/3%	or more,	check this
	box and <b>stop here.</b> The organization			-				<b>►</b> □
17a	10%-facts-and-circumstances tes							
	is 10% or more, and if the organiz in Part IV how the organization me							tod
	organization	ers the idets di	a circuitistatices	test The Organiz	acion quannes ds	a publici	, support	red ▶□
Ь	10%-facts-and-circumstances tes	<b>t—2009.</b> If the or	ganızatıon dıd not	check a box on lir	ne 13, 16a, 16b, o	or 17a ar	nd line	- ,
	15 is 10% or more, and if the orga	nızatıon meets t	he "facts and circi	umstances" test, (	check this box an	d stop he	ere.	
	Explain in Part IV how the organiz	ation meets the '	facts and circums	tances" test The	organization qua	lifies as	a publicly	
	supported organization	a	l hay a- l 40	16- 16- 17		h a !		<b>►</b> □
18	<b>Private Foundation</b> If the organization instructions	ition ala not chec	ka box on line 13	, 10a, 10D, 1/a 0	i 170, check this	DOX and	see	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

#### **Additional Data**

Software ID: Software Version:

**EIN:** 84-0772672

Name: Food Bank of the Rockies

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

(Code	) (Expenses \$	5,245,309	including grants of \$	4,707,471 ) (Revenue \$	918,966)
THE EMERGENCY	FOOD ASSISTANCE PROG	RAM			
(Code	) (Expenses \$	4,761,878	ıncludıng grants of \$	0)(Revenue \$	627,109 )
Western Slope - G	rand Junction				
(Code	) (Expenses \$	3,797,431	ıncludıng grants of \$	3,184,393 ) (Revenue \$	338,236 )
School Lunch Prog	ram				
(Code	) (Expenses \$	2,754,622	ıncludıng grants of \$	2,063,311 ) (Revenue \$	531,831 )
Commodity Supple	mental Food Program				
	) (Expenses \$	1,957,858	including grants of \$	0)(Revenue \$	833,103 )

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DLN: 93493318001361

OMB No 1545-0047

Department of the Treasury

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ernal	Revenue Service Attach to Fo	orm 990. ► See separate instructions.		Inspec	ction
	me of the organization		Empl	loyer identification numb	per
00	a bank of the Rockles		84-0	0772672	
Pa	Employer identificate 84-0772672  ET Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. organization answered "Yes" to Form 990, Part IV, line 6.  (a) Donor advised funds (b) Funds and ot rotal number at end of year (a) Donor advised funds (b) Funds and ot rotal number at end of year (a) Donor advised funds (b) Funds and ot rotal number at end of year (a) Donor advised funds (b) Funds and ot rotal number at end of year (a) Donor advised funds (b) Funds and ot rotal number at end of year (a) Donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit  TO Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important!  Protection of natural habitat Preservation of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year  Total number of conservation easements  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization of a certified by the organization of terminated by the org		or <b>Accounts.</b> Comple	ete if the	
	organization answered "Yes" to Form 95	<u>, , , , , , , , , , , , , , , , , , , </u>		<b>b)</b> Funds and other acco	unts
	Total number at end of year	(a) Bener davised lands	<b>'</b>	Dy ramas and sener acco	41115
	•				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
			nor advi:	sed <b>Yes</b>	┌ No
ı					┌ No
aı	rt III Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form	n 990, Part IV, line 7.	
!	Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qual	Preservation of a	certified	d historic structure	ea
	casement on the last day of the tax year			Held at the End of th	e Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements	5	2b		
c	Number of conservation easements on a certified his	storic structure included in (a)	2c		
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d		
	Number of conservation easements modified, transfe	erred, released, extinguished, or terminato	ed by th	e organization during	
	the taxable year 🛌				
	Number of states where property subject to conserv	ation easement is located 🗠			
			dling of	violations, and	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents du	uring the year ►	
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during	; the year ► \$	
ï	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sec	ction	☐ Yes	┌ No
1	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia	•	•	
ar	Complete if the organization answered		or Oth	ner Similar Assets.	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	5 116, not to report in its revenue statemo I for public exhibition, education or resear	ch ın fui		ce,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i			
	(i) Revenues included in Form 990, Part VIII, line 1	•		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financ		

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar	Organizations Maintaining Co	ollections of Art	t, Hist	toric	<u>al Tre</u>	<u>easu</u>	res, or (	<u> </u>	<u>er Simila</u>	<u>r Asse</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of the	e follo	wing th	nat are	e a sıgnıfıc	ant ı	ıse of its c	ollectio	n	
а	Public exhibition		d		Loan o	rexch	nange prog	rams	;			
ь	Scholarly research		e	$\Gamma$	Other							
c	Preservation for future generations											
ļ	Provide a description of the organization's c Part XIV	ollections and expla	iin how	they	further	the o	rganızatıo	n's e	xempt purp	ose in		
•	During the year, did the organization solicit assets to be sold to raise funds rather than			,					nılar	Г	Yes	┌ No
۹a۱	t IV Escrow and Custodial Arrang						answere	ed "\	es" to Fo	rm 990	Ο,	
	Part IV, line 9, or reported an ar											
a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions c	or other as	sets	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ng tab	ole							
										A mo	unt	
с 	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
а	Did the organization include an amount on F	orm 990, Part X, lın	e 21?							Γ	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV											
a	rt V Endowment Funds. Complete										\F \/	
_	Beginning of year balance	(a)Current Year 341,883	(b)⊦	Prior Ye	ar 99,576	(c)IW	o Years Back 340,3	<del>+</del> +	)Three Years	васк (е	e)Four Ye	ears Back
a L		392,224			8,659		10,9	_		-+		
b	Contributions	107,271			40,292		-51,6	_		-+		
c d	Grants or scholarships	107,271			10,232		31,0	+		_		
u e	Other expenditures for facilities											
	and programs											
f	Administrative expenses	6,198			6,644							
g	End of year balance	835,180		34	41,883		299,5	76				
	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	20 954 %										
ь	Permanent endowment - 79 046 %											
c	Term endowment ▶											
a	Are there endowment funds not in the posse	ssion of the organiz	atıon tl	hat ar	e held	and a	dmınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)	1	N o
	(ii) related organizations							•		3a(ii)	+	
b	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•		3b	Yes	
	rt VI Investments—Land, Building					)A D-	rt V line	10				
(e)	Description of investment	s, and Equipme	<b>III.</b> 56	(a) (	Cost or converted (investr	other	(b)Cost or basis (oth	other			( <b>d</b> ) Boo	ok value
 a	Land		_	1			1 21	9,911				,219,911
_	Buildings						•	0,555		755,756		3,424,799
	Leasehold improvements						•	9,631		356,253		.,993,378
	Equipment						•	0,232	+	487,101		2,283,131
	Other						•	2,613		75,257	-	27,356
								,		,		,

8,948,575

Part VIII Investments—Other Securities. See	orm 990, Part X, line 12	2.	
(a) Description of security or category	( <b>b)</b> Book value		d of valuation
(including name of security)	(B)Book value	Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other			
(A) CERTIFICATES OF DEPOSIT	3,675,000		F
(A) CERTIFICATES OF BETOSIT	3,073,000	1	<u> </u>
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	3,675,000		
Part VIII Investments—Program Related. See			
Part VIII investments—Program Related. See	Torin 990, Part X, ille.		d - 6 1 1
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lin	e 15.		
			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) Should equal Form 990, Part X, col.(B) line 15	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descript  Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X,	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) Should equal Form 990, Part X, col.(B) line 15	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descript  Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X,	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X, 1  (a) Description of Liability	5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability Federal Income Taxes	5.)		(b) Book value

Total revenue (Form 990, Part VIII, column (A), line 12)

57,335,052

1

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	54,629,995
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,705,057
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	296,054
9	Total adjustments (net) Add lines 4 - 8	9	296,054
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,001,111
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	57,828,182
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	493,130
3	Subtract line <b>2e</b> from line <b>1</b>	3	57,335,052
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	57,335,052
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	54,827,071
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
- а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV) 2d 183,916	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	197,076
3	Subtract line <b>2e</b> from line <b>1</b>	3	54,629,995
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	54,629,995

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

#### Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
FIN 48 Disclosure	Schedule D, Part XIV	The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the "Code") The Organization is not a private foundation within the meaning of Section 509(a) of the Code. The Organization applies a more-likely-than-not measurement methodology to reflect the financial statement impact of certain tax positions taken or expected to be taken in a tax return. After evaluating the tax positions taken, none are considered to be uncertain, therefore, no amounts have been recognized as of June 30, 2011 and 2010. If incurred, interest and penalties associated with tax positions are recorded in the period assessed as general and administrative expense. No interest or penalties have been assessed as of June 30, 2011 or 2010. Tax years that remain subject to examination include 2008 through the current year.
Intended Use of Endowment Fund	Schedule D, Part V, Line 4	The endowment fund is established for support of the program services of the Food Bank of the Rockies
Reconciliation of Revenue	Schedule D, Part XII, Line 2(d)	FBR Endowment Fund Revenues \$296,054 Special Events Expenses Netted with Income \$183,916 Total \$479,970
Reconciliation of Expense	Schedule D, Part XIII, Line 2(d)	Special Events Expenses Netted with Income \$183,916
O ther A djustments	Schedule D, Part XI, Line 8	FBR Endowment Fund Revenues \$296,054

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**SCHEDULE G** 

**Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	e of th	ie orga	nızatıor
Food	Bank	of the	Rockie

(Form 990 or 990-EZ)

**Employer identification number** 

84-0772672

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 13
--

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

- e 🔽 Solicitation of non-government grants

Internet and e-mail solicitations

Solicitation of government grants

Phone solicitations

Special fundraising events

- In-person solicitations
- 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?

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No										
LW Robbins	Direct Mail		Νo	3,096,803	737,395	2,359,408							
Total				3,096,803	737,395	2,359,408							

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

CO, WY

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1  Joe Sakic Event  (event type)	(b) Event #2  Panerat hon (event type)	(c) O ther Events  0 (total number)	(d) Total Events (Add col (a) through col (c))
ELE	1	Gross receipts	417,493	14,064		431,557
Revenue	2	Less Charitable contributions	343,206	5 0		343,206
<u>~</u>	3	Gross income (line 1 minus line 2)	74,287	14,064		88,351
	4	Cash prizes				
မွာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages				
Direct	8	Entertainment				
Δ	9	Other direct expenses .	175,322	8,594		183,916
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)		183,916
	11	Net income summary Combine li				-95,565
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	┌ Yes % ┌ No	┌ Yes % ┌ No	
	7	Direct expense summary Add line	s 2 through 5 in column (	d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)	<u> ▶</u>	
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac			Yes No
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · Fyes Fno

11	Does the organization operate ga	aming activities with nonmembers?		<b>Г</b> үе	s $\Gamma_{No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (	jaming?		Г <sub>Yе</sub>	s $\Gamma_{No}$
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation <b>&gt;</b> \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				·   Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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DLN: 93493318001361

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

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

Inspection

Name of the organization						Employer identification number		
Food Bank of the Rockies	od Bank of the Rockies							
Part I General Informatio	n on Grants and	l Assistance				1		
<ul> <li>Does the organization maintain in the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or as	sıstance?					ר Yes Γו	
Part II Grants and Other As Form 990, Part IV, line duplicated if additional	e 21 for any recip	ient that received r	nore than \$5,000. Ch		recipient receive	ed more than \$5,000		
1 (a) Name and address of organization or government	<b>(Þ)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	
See Additional Data Table								
2 Enter total number of section 50	l )1(c)(3) and govern	nent organizations .				<u>*</u> _	216	

Enter total number of other organizations . . . . . .

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV	, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Food For Eligible Low-Income Individuals	102561		2,063,311	FMV	FOOD

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference Explanation

Ident if ier	Return Reference	Explanat ion
Grant Monitoring	Schedule G, Part I, Line 2	Food distributed to food agencies is distributed directly to those agencies. These agencies are selected by the State of
Procedures		Colorado

Software ID: Software Version:

**EIN:** 84-0772672

Name: Food Bank of the Rockies

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAM COUNTY -FOOD DISTRIBUTION7111 E 56th Ave Commerce City, CO 800220000		501 (c)3	42,986	779,772	FMV	FOOD	Food Distribution Individuals
ARAPAHOE CNTY TEFAP 5804 S Datura St Suite 1A Littleton, CO 801200000		501 (c)3	36,541	693,737	FMV	FOOD	Food Distribution Individuals
Dept of CorrectionsPO BOX 1010 Canon City, CO 81215		501 (c)3	0	520,249	FMV	Food	Food Distribution Individuals
MESA CNTY SUPPLEMNTAL FOODS486 Morning Glory Ln Unit A Grand Junction, CO 815040000		501 (c)3	13,986	268,584	FMV	FOOD	Food Distribution Individuals
Jeffco Action Center8755 W 14th Ave Lakewood, CO 802150609		501 (c)3	9,963	187,914	FMV	FOOD	Food Distribution Individuals
Montrose Sch Dist RE-1J930 Colorado Ave Montrose, CO 81402		501 (c)3	0	139,179	FMV	Food	Food Distribution Individuals
Delta County Sch Dist #50 7655 2075 Rd Delta, CO 81416		501 (c)3	0	122,489	FMV	Food	Food Distribution Individuals
Arvada Food Bank8555 West 57th Ave Arvada,CO 800020000		501 (c)3	7,162	121,545	FMV	FOOD	Food Distribution Individuals
DENVER RESCUE MISSION 3501 E 46th Ave DENVER,CO 802160000		501 (c)3	6,580	119,836	FMV	FOOD	Food Distribution Individuals
ACTS Food Bank2450 N Clay St Denver,CO 802110000		501 (c)3	6,351	117,891	FMV	FOOD	Food Distribution Individuals
Mapleton Sch Dist #1591 E 80th Ave Denver, CO 80229		501 (c)3	0	116,252	FMV	Food	Food Distribution Individuals
Metro CareRing1100 E 18th Ave Denver,CO 802181111		501 (c)3	5,809	107,621	FMV	FOOD	Food Distribution Individuals

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ft Morgan Sch Dist RE-3715 W Platte Avenue Fort Morgan, CO 80701		501 (c)3	0	104,893	other)	Food	Food Distribution Individuals
Care & SharePreamble Point Colorado Springs, CO 80916		501 (c)3	0	100,436	FMV	Food	Food Distribution Individuals
Mesa County Sch Dist #51 2280 E MAIN ST Grand Junction, CO 81501		501 (c)3	0	98,095	FMV	Food	Food Distribution Individuals
Denver Urban Ministries 1717 E Colfax Ave Denver, CO 802182508		501 (c)3	4,863	93,220	FMV	FOOD	Food Distribution Individuals
Eagle County Sch Dist RE- 50J600 EAGLE ROAD vail, CO 81620		501 (c)3	0	89,996	FMV	Food	Food Distribution Individuals
Byers PlaceCatholic Charities1205 W Byers Suite A Denver, CO 802230000		501 (c)3	4,846	88,890	FMV	FOOD	Food Distribution Individuals
Senior High Rise FB2611 S Decatur Denver, CO 802196009		501 (c)3	4,481	88,483	FMV	FOOD	Food Distribution Individuals
Douglas County SD2812 N Hwy 85 Castle Rock, CO 80109		501 (c)3	0	87,726	FMV	Food	Food Distribution Individuals
MONTROSE COUNTY DSS 17 N 6th St Montrose, CO 814010000		501 (c)3	4,520	86,867	FMV	FOOD	Food Distribution Individuals
Cherry Creek Sch Dist #5 14270 E Briarwood Ave Centennial, CO 80112		501 (c)3	0	82,477	FMV	Food	Food Distribution Individuals
Holy Cross Center Inc-USDA 1030 N Lincoln Building A 300 Casper, WY 826011219		501 (c)3	4,248	75,259	FMV	Food	Food Distribution Individuals
Metropolitan Community980 Clarkson St Building A 300 Denver, CO 802182703		501 (c)3	3,911	74,675	FMV	FOOD	Food Distribution Individuals

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOUGLAS-ELBERT TASK FORCE1638 Park Street Caslet Rock, CO 801040000		501 (c)3	3,929	73,401	FMV	FOOD	Food Distribution Individuals
St Vrain Valley Sch Dist RE- 12929 Clover Basin Dr Longmont, CO 80503		501 (c)3	0	72,168	FMV	Food	Food Distribution Individuals
FB Sweetwater Cnty-USDA 90 Center Street Rock Springs, WY 829015122		501 (c)3	4,191	71,477	FMV	Food	Food Distribution Individuals
Englewood Sch Dist #13695 S Lincoln Englewood, CO 80110		501 (c)3	0	70,008	FMV	Food	Food Distribution Individuals
Lander Care & Share FB- USDA 281 Garfield Street Lander, WY 825203121		501 (c)3	3,781	66,679	FMV	Food	Food Distribution Individuals
Weld Cnty Sch Dist RE-1901 Birch St Gilcrest, CO 80623		501 (c)3	0	64,394	FMV	Food	Food Distribution Individuals
ACS Community Lift5045 W 1st Ave Denver, CO 802191005		501 (c)3	3,499	63,601	FMV	FOOD	Food Distribution Individuals
Kıds Cafe10700 E 45th Ave Denver, CO 802390000		501 (c)3	4,104	63,392	FMV	FOOD	Food Distribution Individuals
St Joseph's Church-USDA 321 East 6th Street Cheyenne, WY 820071431		501 (c)3	3,560	63,350	FMV	Food	Food Distribution Individuals
Needs Inc-USDA 900 Central Ave Cheyenne, WY 820071372		501 (c)3	3,533	63,032	FMV	Food	Food Distribution Individuals
Interfaith Good Samaratan 710 E Garfield Street Laramie, WY 820703916		501 (c)3	3,436	62,157	FMV	Food	Food Distribution Individuals
DYC - Denver7866 MANSFIELD PARKWAY Denver, CO 80235		501 (c)3	0	60,069	FMV	Food	Food Distribution Individuals

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
	501 (c)3	0	54,951	FMV	Food	Food Distribution Individuals			
	501 (c)3	0	52,827	FMV	Food	Food Distribution Individuals			
	501 (c)3	2,762	51,682	FMV	FOOD	Food Distribution Individuals			
	501 (c)3	2,684	51,535	FMV	FOOD	Food Distribution Individuals			
	501 (c)3	2,754	51,217	FMV	FOOD	Food Distribution Individuals			
	501 (c)3	2,836	50,235	FMV	FOOD	Food Distribution Individuals			
	501 (c)3	2,472	48,304	FMV	FOOD	Food Distribution Individuals			
	501 (c)3	2,541	47,883	FMV	FOOD	Food Distribution Individuals			
	501 (c)3	2,471	46,980	FMV	FOOD	Food Distribution Individuals			
	501 (c)3	2,497	46,980	FMV	FOOD	Food Distribution Individuals			
	501 (c)3	2,415	45,942	FMV	FOOD	Food Distribution Individuals			
	501 (c)3	2,562	45,897	FMV	Food	Food Distribution Individuals			
		(b) EIN (c) IRC Code section if applicable  501 (c) 3  501 (c) 3	(b) EIN (c) IRC Code section if applicable (d) A mount of cash grant (a) A mount of cash grant (b) EIN (c) 3 (c) 3 (d) A mount of cash grant (d) A m	(b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (e) Am	(b) EIN         (c) IRC Code section if applicable         (d) Amount of cash grant         (e) Amount of noncash assistance         (f) Method of valuation (book, FMV, appraisal, other)           501 (c) 3         0         54,951         FMV           501 (c) 3         0         52,827         FMV           501 (c) 3         2,762         51,682         FMV           501 (c) 3         2,684         51,535         FMV           501 (c) 3         2,754         51,217         FMV           501 (c) 3         2,836         50,235         FMV           501 (c) 3         2,472         48,304         FMV           501 (c) 3         2,471         46,980         FMV           501 (c) 3         2,497         46,980         FMV           501 (c) 3         2,497         46,980         FMV           501 (c) 3         2,415         45,942         FMV	(b) EIN         (c) IRC Code section if applicable         (d) Amount of cash grant         (e) Amount of noncash assistance         (f) Method of valuation incode, FMV, appraisal, other)         (g) Description of noncash assistance           501 (c) 3         0         54,951         FMV         Food           501 (c) 3         0         52,827         FMV         Food           501 (c) 3         2,762         51,682         FMV         FOOD           501 (c) 3         2,684         51,535         FMV         FOOD           501 (c) 3         2,754         51,217         FMV         FOOD           501 (c) 3         2,836         50,235         FMV         FOOD           501 (c) 3         2,472         48,304         FMV         FOOD           501 (c) 3         2,541         47,883         FMV         FOOD           501 (c) 3         2,471         46,980         FMV         FOOD           501 (c) 3         2,497         46,980         FMV         FOOD           501 (c) 3         2,415         45,942         FMV         FOOD			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

750/Schedule 1, 1 art 11, Grants and Other Assistance to Governments and Organizations in the Omited States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount 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 Cheyenne- USDA1401 E Lincolnway Cheyenne, WY 820034871		501 (c)3	2,499	44,465	FMV	Food	Food Distribution Individuals		
Littleton Sch Dist #65759 WYNDERMERE Littleton, CO 80120		501 (c)3	0	44,445	FMV	Food	Food Distribution Individuals		
SALVATION ARMYHARBOR 1901 29th Ave DENVER, CO 802160000		501 (c)3	2,521	44,259	FMV	FOOD	Food Distribution Individuals		
Council of Comm Gillette- USDA114 South 4J Road Room 127 Gillette, WY 827163621		501 (c)3	2,492	43,933	FMV	Food	Food Distribution Individuals		
Platte Valley Sch Dist901 Campbell St Room 127 Kersey, CO 80644		501 (c)3	0	43,300	FMV	Food	Food Distribution Individuals		
Denver Cty Jail SLP10500 SMITH ROAD Denver, CO 80239		501 (c)3	0	42,350	FMV	Food	Food Distribution Individuals		
LOGAN COUNTY230 N 10th Ave Sterling, CO 807510000		501 (c)3	2,088	40,629	FMV	FOOD	Food Distribution Individuals		
Brush Sch Dist RE-2J527 Industrial Park Road Brush, CO 80723		501 (c)3	0	39,804	FMV	Food	Food Distribution Individuals		
Salvation Army Hope Cntr- USDA441 S Center Street Casper, WY 826012855		501 (c)3	2,246	39,422	FMV	Food	Food Distribution Individuals		
Eaton Sch Dist RE-2 HS114 Park Ave Eaton Weld,CO 80615		501 (c)3	0	39,328	FMV	Food	Food Distribution Individuals		
Land of Goshen Ministries- USDA 801 W Valley Road Torrington, WY 822402814		501 (c)3	2,128	37,400	FMV	Food	Food Distribution Individuals		
Trinity Christian Center6500 W Coalmine Ave Littleton, CO 801233894		501 (c)3	1,910	36,842	FMV	FOOD	Food Distribution Individuals		

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

( <b>b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	501 (c)3	0	36,794	FMV	Food	Food Distribution Individuals
	501 (c)3	0	36,582	FMV	Food	Food Distribution Individuals
	501 (c)3	0	36,280	FMV	Food	Food Distribution Individuals
	501 (c)3	0	35,447	FMV	Food	Food Distribution Individuals
	501 (c)3	1,851	35,176	FMV	FOOD	Food Distribution Individuals
	501 (c)3	15,992	34,906	FMV	FOOD	Food Distribution Individuals
	501 (c)3	2,038	34,109	FMV	Food	Food Distribution Individuals
	501 (c)3	1,595	34,048	FMV	FOOD	Food Distribution Individuals
	501 (c)3	0	34,004	FMV	Food	Food Distribution Individuals
	501 (c)3	0	33,722	FMV	Food	Food Distribution Individuals
	501 (c)3	1,658	32,288	FMV	FOOD	Food Distribution Individuals
	501 (c)3	0	31,810	FMV	Food	Food Distribution Individuals
	(b) EIN	501 (c) 3	501 (c)3 0 501 (c)3 0 501 (c)3 0 501 (c)3 1,851 501 (c)3 15,992 501 (c)3 2,038 501 (c)3 1,595 501 (c)3 0 501 (c)3 1,595			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Garfield Sch Dist RE-2215 E 30th St Rifle, CO 81650		501 (c)3	0	31,298	FMV	Food	Food Distribution Individuals
Northwest Family Asst2222 W 32nd Ave Denver, CO 802113318		501 (c)3	1,575	31,076	FMV	FOOD	Food Distribution Individuals
Montbello Coop Ministry 4685 Peoria St Ste 231A Denver, CO 802394819		501 (c)3	1,585	30,564	FMV	FOOD	Food Distribution Individuals
CC STAR717 E Industrial Blvd Pueblo West, CO 81007		501 (c)3	0	29,561	FMV	Food	Food Distribution Individuals
SALVATION ARMYADULT 4751 NORTH BROADWAY DENVER, CO 802160000		501 (c)3	1,571	29,112	FMV	FOOD	Food Distribution Individuals
Weld County Sch Dist RE-3J 4977 Weld County Road 59 Keenesburg, CO 80643		501 (c)3	0	29,103	FMV	Food	Food Distribution Individuals
FBRCSFP10700 E 45th Ave Denver, CO 802390000		501 (c)3	3,479	28,786	FMV	FOOD	Food Distribution Individuals
Boulder Valley Sch Dist RE-2 6500 E ARAPAHOE RD Boulder, CO 80303		501 (c)3	0	28,739	FMV	Food	Food Distribution Individuals
Powell American Legion- USDA143 S Clark Street Powell, WY 824352717		501 (c)3	1,637	28,714	FMV	Food	Food Distribution Individuals
Fort Lupton Sch Dist RE-8 530 RENYOLDS Fort Lupton, CO 80621		501 (c)3	0	26,578	FMV	Food	Food Distribution Individuals
Antioch C O G I C6825 E 26th Ave Denver, CO 802073562		501 (c)3	1,286	25,463	FMV	FOOD	Food Distribution Individuals
Thompson Sch Dist R-2J 2890 N Monroe Ave Loveland, CO 80538		501 (c)3	0	25,287	FMV	Food	Food Distribution Individuals

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sharing and Caring3739 Downing Denver, CO 802052415		501 (c)3	1,305	24,359	FMV	FOOD	Food Distribution Individuals
Salvation ArmyFamily Services2201 Stout St Denver, CO 802050000		501 (c)3	1,287	24,002	FMV	FOOD	Food Distribution Individuals
GRANT AVE ST REACH 1600 GRANT ST DENVER, CO 802030000		501 (c)3	1,248	23,411	FMV	FOOD	Food Distribution Individuals
Fremont Cnty Samaritan- USDA917 921 E Washington Ave Riverton, WY 825011186		501 (c)3	1,276	22,924	FMV	Food	Food Distribution Individuals
Weld County1108 H Street Greeley,CO 807581800		501 (c)3	1,336	22,458	FMV	FOOD	Food Distribution Individuals
NEW GENESIS1680 SHERMAN ST DENVER, CO 802030000		501 (c)3		22,039	FMV	FOOD	Food Distribution Individuals
ARAPAHOE HOUSE8801 LIPAN ST THORNTON, CO 802210000		501 (c)3	1,155	21,401	FMV	FOOD	Food Distribution Individuals
Yuma Sch Dist RJ-1500 S Elm Yuma,CO 80759		501 (c)3	0	21,010	FMV	Food	Food Distribution Individuals
Burlington Sch Dist RE-6J 450 11TH ST Burlington, CO 80807		501 (c)3	0	20,784	FMV	Food	Food Distribution Individuals
NEW HOPE MINISTIRES875 S SHERIDAN LAKEWOOD, CO 802260000		501 (c)3	1,115	20,284	FMV	FOOD	Food Distribution Individuals
BENNETT ELEMENTARY SCHOOL462 8TH STREET Bennett, CO 80102		501 (c)3	0	20,123	FMV	Food	Food Distribution Individuals
Park Sch Dist R-31600 Manford Ave Estes Park, CO 80517		501 (c)3	0	20,019	FMV	Food	Food Distribution Individuals

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

orm 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the Onited States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Redeeming Love Fellowship 1201 W 41st Ave Denver, CO 802112565		501 (c)3	963	19,430	FMV	FOOD	Food Distribution Individuals		
Manna House - USDA 2343 Mountain View Drive Cody, WY 824149754		501 (c)3	1,093	19,328	FMV	Food	Food Distribution Individuals		
Douglas Snr Citizen Cntr- USDA 340 1st Street West Douglas, WY 826332157		501 (c)3	1,072	19,238	FMV	Food	Food Distribution Individuals		
Elizabeth Sch Dist C-1137 Walnut Street Elizabeth, CO 80107		501 (c)3	0	19,139	FMV	Food	Food Distribution Individuals		
Scott United Methodist2880 Garfield St Denver, CO 802055045		501 (c)3	1,013	19,112	FMV	FOOD	Food Distribution Individuals		
Bethany Fellowship Church- USDA160 Pleasant View Lane Worland, WY 824019777		501 (c)3	1,090	19,026	FMV	Food	Food Distribution Individuals		
ROARING FORK HIGH SCHOOL2270 HWY 133 CARBODALE,CO 81623		501 (c)3	0	18,770	FMV	Food	Food Distribution Individuals		
Family Ministries-USDA 95 19th Street Wheatland, WY 822013143		501 (c)3	1,060	18,750	FMV	Food	Food Distribution Individuals		
Steamboat Springs Sch Dist 325 ASPEN ST Steamboat Springs, CO 80477		501 (c)3	0	18,212	FMV	Food	Food Distribution Individuals		
East Grand SD #2795 N 2nd St Granby,CO 80446		501 (c)3	0	17,317	FMV	Food	Food Distribution Individuals		
Ecumenical Refugee Srvcs 1600 Downing Street Suite 400 Denver, CO 802181573		501 (c)3	890	17,245	FMV	FOOD	Food Distribution Individuals		
Praise Center Church3105 W Florida Ave Denver, CO 802190000		501 (c)3	911	17,216	FMV	FOOD	Food Distribution Individuals		

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	nization if applicable		<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wiggins Sch Dist RE-50J320 Chapman Wiggins, CO 80654		501 (c)3	0	17,197	FMV	Food	Food Distribution Individuals
University Church of Christ 2000 S Milwaukee Street Denver, CO 802100000		501 (c)3	911	16,872	FMV	FOOD	Food Distribution Individuals
Weld Sch Dist RE-9210 W 1st st Ault, CO 80610		501 (c)3	0	16,554	FMV	Food	Food Distribution Individuals
VOA SHELTERS2660 LARIMER ST DENVER,CO 802050000		501 (c)3	925	16,539	FMV	FOOD	Food Distribution Individuals
Strasburg Sch Dist #31J 56727 E COLORADO AVE Strasburg, CO 80136		501 (c)3	0	16,224	FMV	Food	Food Distribution Individuals
Poudre Sch Dist R-12415 LaPORTE AVE BLD E Fort Collins,CO 80521		501 (c)3	0	15,948	FMV	Food	Food Distribution Individuals
Akron SD R-1301 E 5th St Akron, CO 80720		501 (c)3	0	15,817	FMV	Food	Food Distribution Individuals
CAPITOL HILL COMM SERV 1420 OGDEN DENVER,CO 802180000		501 (c)3	768	15,391	FMV	FOOD	Food Distribution Individuals
Joshua's Storehouse-USDA 334 S Wolcott St Casper, WY 826012828		501 (c)3	845	15,275	FMV	Food	Food Distribution Individuals
PROJECT ANGLE HEART 4190 GARFIELD ST UNIT 5 DENVER,CO 802160000		501 (c)3	777	14,765	FMV	FOOD	Food Distribution Individuals
His Provision Inc705 Ulysses St Golden, CO 804013684		501 (c)3	677	14,656	FMV	FOOD	Food Distribution Individuals
MOFFAT COUNTY DSS595 Breeze St Craig, CO 816250000		501 (c)3	952	14,227	FMV	FOOD	Food Distribution Individuals

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) FIN (c) IRC Code section (d) Amount of cash (e) Amount of page (f) Method of (g)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN SERVICEEAGLE COUNTY551 Broadway Eagle,CO 816310000		501 (c)3	745	13,747	FMV	FOOD	Food Distribution Individuals
LIFT-UP ROUTT CNTY2125 Curve Court Steamboat Springs, CO 804870000		501 (c)3	676	13,022	FMV	FOOD	Food Distribution Individuals
A merican Lthrn Memorial501 Raleigh Street Denver, CO 802044725		501 (c)3	652	12,953	FMV	FOOD	Food Distribution Individuals
Jefferson Hills Corporation 1290 Potomac St Aurora, CO 80014		501 (c)3	0	12,927	FMV	Food	Food Distribution Individuals
Limon Sch Dist #RE-4J874 F Ave Limon, CO 80828		501 (c)3	0	12,862	FMV	Food	Food Distribution Individuals
NOWCAP-USDA317 South 6th Street Thermopolis, WY 824432904		501 (c)3	737	12,822	FMV	Food	Food Distribution Individuals
YUMA CNTY340 Birch Street Wray, CO 807580000		501 (c)3	700	12,780	FMV	FOOD	Food Distribution Individuals
His Hands Food Ministries 2750 S Clermont Dr Denver, CO 802226718		501 (c)3	599	12,518	FMV	FOOD	Food Distribution Individuals
Kemmerer HRC-USDA 506 Cedar Avenue Kemmerer, WY 831013015		501 (c)3	756	12,421	FMV	Food	Food Distribution Individuals
Platte Canyon Sch Dist #1 1737 Park County Rd 43 Bailey, CO 80421		501 (c)3	0	12,264	FMV	Food	Food Distribution Individuals
Hayden Sch Dist RE-1300 Breeze Basin Hayden, CO 81639		501 (c)3	0	12,207	FMV	Food	Food Distribution Individuals
Wray Sch Dist RD-2 - High & Grade30222 County Road 35 Wray, CO 80758		501 (c)3	0	12,016	FMV	Food	Food Distribution Individuals

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(d) A mount of cash

(c) IRC Code section

**(b)** EIN

(a) Name and address of

organization or government	( <b>b)</b> EIN	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
Epworth United Methodist 3401 High St Denver, CO 802054041		501 (c)3	628	11,862	FMV	FOOD	Food Distribution Individuals
East Denver Bible Baptist Church2937 Fillmore Denver, CO 802050000		501 (c)3	615	11,766	FMV	FOOD	Food Distribution Individuals
SENIOR SUPPORT SERV 846 E 18TH AVE DENVER, CO 802180000		501 (c)3	647	11,728	FMV	FOOD	Food Distribution Individuals
Clear Creek County Sch Dist 185 Beaver Brook Canyon Rd Evergreen, CO 80439		501 (c)3	0	11,294	FMV	Food	Food Distribution Individuals
Meeker Sch Dist RE-1BOB TUCKER DRIVE Meeker, CO 81641		501 (c)3	0	11,143	FMV	Food	Food Distribution Individuals
Servicios de la Raza Inc 4055 Tejon St Denver, CO 802112214		501 (c)3	566	11,058	FMV	FOOD	Food Distribution Individuals
Byers Sch Dist #32J444 E Front St Byers, CO 80103		501 (c)3	0	10,824	FMV	Food	Food Distribution Individuals
Excelsior Youth Center 15001 E Oxford Ave Aurora, CO 80014		501 (c)3	0	10,734	FMV	Food	Food Distribution Individuals
SJB Child Develop Ctrs Inc 1511 12th Ave Greeley, CO 80631		501 (c)3	0	10,643	FMV	Food	Food Distribution Individuals
Feeding Minds6000 W 9th Ave Lakewood,CO 802140000		501 (c)3	515	10,580	FMV	FOOD	Food Distribution Individuals
Light & Life Community220 S Yarrow Lakewood,CO 802261528		501 (c)3	493	10,543	FMV	FOOD	Food Distribution Individuals
CHURCH IN THE CITY1580 GAYLORD DENVER, CO 802060000		501 (c)3	559	10,489	FMV	FOOD	Food Distribution Individuals

(e) A mount of non-

(g) Description of

(h) Purpose of grant

(f) Method of

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Friendship Baptist Bailey 1033 Rim Rock Rd Bailey,CO 804212144		501 (c)3	494	10,224	FMV	FOOD	Food Distribution Individuals
Big Piney Food Closet-USDA 630 Piney Drive Big Piney, WY 831130133		501 (c)3	580	10,203	FMV	Food	Food Distribution Individuals
From The Heart Ministries- USDA 2507 N Street Hwy 414 Urie, WY 829390000		501 (c)3	573	10,019	FMV	Food	Food Distribution Individuals
Niobrara Senior Center- USDA611 E 6th Street Lusk, WY 822250000		501 (c)3	549	9,911	FMV	Food	Food Distribution Individuals
Glenrock Comm Services- USDA615 West Deer Glenrock, WY 826370783		501 (c)3	563	9,905	FMV	Food	Food Distribution Individuals
South Routt Sch Dist RE-3 305 N GRANT Oak Creek,CO 80467		501 (c)3	0	9,851	FMV	Food	Food Distribution Individuals
PROJECT SENIOR SUPPORT1402 Miner St Idaho Springs, CO 804520000		501 (c)3	503	9,649	FMV	FOOD	Food Distribution Individuals
St Anthonys Food Bank3801 West Ohio Ave Denver, CO 802193226		501 (c)3	540	9,624	FMV	FOOD	Food Distribution Individuals
Buffalo Sch Dist RE-4J315 LEE ST Merino, CO 80741		501 (c)3	0	9,576	FMV	Food	Food Distribution Individuals
Love Christian Fellowship 4651 Tulsa Ct W Denver, CO 80237		501 (c)3	0	9,392	FMV	Food	Food Distribution Individuals
Calvary Temple7390 West 38th Wheat Ridge, CO 800330000		501 (c)3	427	9,244	FMV	FOOD	Food Distribution Individuals
GATHERING PLACE1535 HIGH ST DENVER, CO 802180000		501 (c)3	477	8,853	FMV	FOOD	Food Distribution Individuals

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	organization if app		(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAD - USDA 30 North Summit Street Newcastle, WY 827012132		501 (c)3	504	8,821	FMV	Food	Food Distribution Individuals
Star Valley Senior Center- USDA 540 Washington Street Afton, WY 831109780		501 (c)3	510	8,731	FMV	Food	Food Distribution Individuals
SUMMIT CNTY SOC SERV 360 Peak One Dr STE 230 Frisco, CO 804430000		501 (c)3	556	8,630	FMV	FOOD	Food Distribution Individuals
Kiowa Sch Dist C-2525 Comanche St Kiowa,CO 80117		501 (c)3	0	8,382	FMV	Food	Food Distribution Individuals
Kıowa Creek231 Cheyenne St Kıowa,CO 801170000		501 (c)3	446	8,367	FMV	FOOD	Food Distribution Individuals
West End Sch Dist RE-2340 Adams St Naturita, CO 81422		501 (c)3	0	8,364	FMV	Food	Food Distribution Individuals
Liberty Plains604 Summit Simla,CO 808350000		501 (c)3	449	8,287	FMV	FOOD	Food Distribution Individuals
South Big Horn Food Pntr- USDA1285 Lane 39 Otto, WY 824349711		501 (c)3	481	8,220	FMV	Food	Food Distribution Individuals
Project Safe1741 Vine St Denver, CO 802061119		501 (c)3	536	8,134	FMV	FOOD	Food Distribution Individuals
Arickaree SD R-212155 County Rd NN Anton, CO 80801		501 (c)3	0	8,132	FMV	Food	Food Distribution Individuals
Seniors' Resource Cntr5120 Hwy 73 Evergreen, CO 804397301		501 (c)3	370	8,129	FMV	FOOD	Food Distribution Individuals
Warren Village Inc1323 Gilpin St Denver, CO 802182552		501 (c)3	428	8,124	FMV	FOOD	Food Distribution Individuals

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

	,						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St John Evangelist1730 W 12th Street Loveland, CO 80537		501 (c)3	0	7,935	FMV	Food	Food Distribution Individuals
DYC Grand Junction360 28TH ROAD GRAND JUNCTION,CO 81501		501 (c)3	0	7,720	FM∨	Food	Food Distribution Individuals
Bethlehem Lutheran School 2100 Wadsworth Blvd Lakewood, CO 80215		501 (c)3	0	7,714	FMV	Food	Food Distribution Individuals
Fairplay Adventist Comm801 Castello Avenue Fairplay,CO 804400000		501 (c)3	450	7,647	FMV	FOOD	Food Distribution Individuals
Little Debbies Child Care 14281 E Exposition Ave Aurora, CO 80012		501 (c)3	0	7,497	FMV	Food	Food Distribution Individuals
Park County Sch Dist RE-2 640 HATHAWAY ST Fairplay,CO 80440		501 (c)3	0	7,412	FMV	Food	Food Distribution Individuals
Cleo Wallace Center8405 Church Ranch Rd Broomfield, CO 80021		501 (c)3	0	7,406	FMV	Food	Food Distribution Individuals
Denver SD #12320 W 4th Ave Denver, CO 80223		501 (c)3	0	7,210	FMV	Food	Food Distribution Individuals
Julesburg Sch Dist RE-1525 Spruce Julesburg Sedgwick, CO 80737		501 (c)3	0	7,160	FMV	Food	Food Distribution Individuals
For Such a Time6400 W 26th Avenue Edgwater, CO 802140000		501 (c)3	400	7,141	FMV	FOOD	Food Distribution Individuals
Dahlia Street Church1100 Dahlia Street Denver, CO 802204201		501 (c)3	330	7,026	FMV	FOOD	Food Distribution Individuals
PHILLIPS CNTY DSS127 E Denver - STE A Holyoke,CO 807340000		501 (c)3	376	6,997	FMV	FOOD	Food Distribution Individuals

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,3chedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the Onited States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Agape Life Church SK5970 W 60th Ave Arvada, CO 800035702		501 (c)3	347	6,849	FMV	FOOD	Food Distribution Individuals			
Our Saviors Lutheran-USDA 318 E 6th St Casper, WY 826013140		501 (c)3	377	6,841	FMV	Food	Food Distribution Individuals			
Lurdine's Cupboard & Resource3205 Adams St Denver, CO 802054948		501 (c)3	305	6,697	FMV	FOOD	Food Distribution Individuals			
St Josephs School127 N Howes St Fort Collins, CO 80521		501 (c)3	0	6,690	FMV	Food	Food Distribution Individuals			
Buffalo Senior Center-USDA 671 West Fetterman Buffalo, WY 828342340		501 (c)3	456	6,673	FMV	Food	Food Distribution Individuals			
Gilpin County School10595 Hwy 119 Blackhawk, CO 80422		501 (c)3	0	6,636	FMV	Food	Food Distribution Individuals			
St Thomas Church-USDA9 South First Street Dubois, WY 825130735		501 (c)3	377	6,619	FMV	Food	Food Distribution Individuals			
Love Christian Fellowship 4651 Tulsa Ct Denver, CO 802390000		501 (c)3	342	6,570	FMV	FOOD	Food Distribution Individuals			
DEPT OF HUMAN SER GILPIN2960 Dory Hill Rd STE 100 Black Hawk, CO 804420000		501 (c)3	342	6,541	FM∨	FOOD	Food Distribution Individuals			
Plateau Valley Sch Dist #50 56600 Hwy 330 Collbran, CO 81624		501 (c)3	0	6,511	FM∨	Food	Food Distribution Individuals			
Arrupe- Jesuit4343 Utica St Denver, CO 80212		501 (c)3	0	6,497	FMV	Food	Food Distribution Individuals			
DELORES PROJECT (THE) 1290 King StPO BOX 1406 DENVER,CO 802010000		501 (c)3	325	6,461	FMV	FOOD	Food Distribution Individuals			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Torin 990,3cheddie 1, Par	·, ·			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sheridan SD 23201 W Oxford Ave Denver, CO 80110		501 (c)3	0	6,430	FMV	Food	Food Distribution Individuals
SALVATION ARMYARP903 GRAND AVE GRAND JUNCTION, CO 815010000		501 (c)3	330	6,401	FMV	FOOD	Food Distribution Individuals
Weld County Sch Dist #6 2508 4th Ave Greeley, CO 80631		501 (c)3	0	6,303	FMV	Food	Food Distribution Individuals
Stratton Sch Dist R-4219 Illinois Ave Stratton, CO 80836		501 (c)3	0	6,274	FMV	Food	Food Distribution Individuals
Holy Family Elementary School786 26 1/2 Rd Grand Junction, CO 81506		501 (c)3	0	6,260	FMV	Food	Food Distribution Individuals
Denver Inner City Parish 2525 South Decatur Street Denver, CO 802190000		501 (c)3	345	6,229	FMV	FOOD	Food Distribution Individuals
WFBR People Share4976 Paige St Mills, WY 826440000		501 (c)3	230	6,078	FMV	Food	Food Distribution Individuals
Elbert County Dist C-200 24489 Main St Elbert, CO 80106		501 (c)3	0	6,072	FMV	Food	Food Distribution Individuals
Campbell chapel AME1500 E 22nd Avenue Denver, CO 802050000		501 (c)3	294	5,986	FMV	FOOD	Food Distribution Individuals
Otis R-3518 Dungan St Otis,CO 80743		501 (c)3	0	5,884	FMV	Food	Food Distribution Individuals
LIGHTHOUSE GOSPEL550 S AVE GRAND JUNCTION, CO 815010000		501 (c)3	299	5,867	FMV	FOOD	Food Distribution Individuals
Holyoke Sch Dist RE- 1J326 E Kellogg St Holyoke, CO 80734		501 (c)3	0	5,677	FMV	Food	Food Distribution Individuals

# Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	ıf applicable grant cash valuation		(book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
All Souls School4951 S Pennsylvanıa St Englewood, CO 80110		501 (c)3	0	5,615	FMV	Food	Food Distribution Individuals
Tennyson Center for Children 2950 Tennyson St Denver, CO 80212		501 (c)3	0	5,547	FMV	Food	Food Distribution Individuals
Wray Sch Dist RD-2 - Middle School620 w 7th st Wray, CO 80758		501 (c)3	0	5,523	FMV	Food	Food Distribution Individuals
Shilo Home8461 Delaware St Thornton, CO 80260		501 (c)3	0	5,476	FMV	Food	Food Distribution Individuals
Haxtun Sch Dist RE-2J201 W Powell St Haxtun,CO 80731		501 (c)3	0	5,398	FMV	Food	Food Distribution Individuals
Arrıba-Flagler421 Julian Ave Flagler, CO 80815		501 (c)3	0	5,349	FMV	Food	Food Distribution Individuals
Peetz Plateau Sch Dist RE-5 311 Coleman Ave Peetz, CO 80747		501 (c)3	0	5,260	FMV	Food	Food Distribution Individuals
Crook County FV-SAS-USDA 116 North West Street Sundance, WY 827291381		501 (c)3	290	5,163	FMV	Food	Food Distribution Individuals
Rangely Sch Dist560 River Road Rangely,CO 81648		501 (c)3	0	5,096	FMV	Food	Food Distribution Individuals
Kremmling Community Church204 S 4th St Kremmling, CO 804590000		501 (c)3	266	5,065	FMV	FOOD	Food Distribution Individuals
Zion Lutheran1400 Skeel St Brighton, CO 80601		501 (c)3	0	5,041	FMV	Food	Food Distribution Individuals
Christ Our Redeember13101 E 51st Ave Denver, CO 802390000		501 (c)3	219	5,019	FMV	FOOD	Food Distribution Individuals

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DLN: 93493318001361

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

Food Bank of the Rockies

**Employer identification number** 

84-0772672

Pa	<b>Title</b> Questions Regarding Compensation	on			
				Yes	Νο
1a		ovided any of the following to or for a person listed in Form II to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		organization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv	reimbursing or allowing expenses incurred by all re Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all Compensation committee				
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l payment from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-	based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"	A, line 1a, did the organization provide any non-fixed describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII,				
	subject to the initial contract exception described in Part III	ın Regs section 53 4958-4(a)(3)? If "Yes," describe	_		<b> </b>
_			8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	he rebuttable presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Kevın Seggelke	(1) (11)	145,246 0	13,136 0		.,	15,155 0	178,288 0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
( 10 )								
(11)								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Schedule J (Form 990) 2010 Page **3** 

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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As Filed Data -

DLN: 93493318001361

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**2010** 

Open to Public Inspection

Name of the organization Food Bank of the Rockies							E	mployer i	dent if ica	tion numbe	er
Took Bally of the Rockles							8	4-07726	72		
Part I Excess Benefit Trai	nsacti	ions (s	ection 501	(c)(3) a	and section 501	(c)(4)					
Complete ıf the organızat										ıne 40b	
<b>1</b> (a) Name of disq	ualified	nerson			<b>(b)</b> Desc	rintion	of trans	action		(c) C	rrected?
1 (2) (10)		p 0.00.			(b) Desc	Tiption	or trails	action		Yes	No
2 Enter the amount of tax impos	ed on t	he orgai	nızatıon man	agers or	r disqualified pers	ons dur	ing the	year unde	r		
section 4958		_		_			_	. •	<b>*</b> \$		
3 Enter the amount of tax, If any	, on lin	e 2, abo	ve, reımburs	ed by th	ne organization .			•	<b>•</b> \$		
Part II Loans to and/or I Complete if the organiz					) Dort IV line 26	or For	000 I	EZ Darti	/ line 20		
Complete if the organiz			u res onr	01111 990	, Part IV, lille 26	, 01 F011	11990-	(f)		o a	
		oan to				(e) i	[ n	Appro		(g)Writt	en
(a) Name of interested person and purpose		om the zation?	(c)Orig		(d)Balance due	defau	lt?	by boar		agreeme	nt?
purpose	<u> </u>		- principal e	inount			1	commit	1		
	То	From				Yes	No	Yes	No	Yes	No
	—	-									
		-									
	₩								-		
	$\vdash$	-									
				<b>B</b>							
Total				<b>▶</b> \$							
Part III Grants or Assistar Complete if the orga						/ line 1	7				
Complete ii tile orga	IIIZati										
(a) Name of interested pers	on		-		een interested pei ganization	rson	<b>(c)</b> A r	nount of g	rant or t	ype of assıs	tance
					<u> </u>						

Part IV	Business	Transactions	Involvina	Interested	Persons

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) US Foods - David Patterson	Board member	188,277	Purchased food from U S Foods		Νo
				<u> </u>	
					1

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation
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Schedule L (Form 990 or 990-EZ) 2010

# OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE M** (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Internal Revenue Service Name of the organization Food Bank of the Rockies

**Employer identification number** 

04 0772672

Pa	rt I Types of Property				84-0772672			
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of determining of amounts		ontribut	ion
1	Art-Works of art			<u> </u>				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
good								
6	Cars and other vehicles .	Х	3	214,692	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
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	Х	34,523,741	42,402,609	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Other ► ()		See Add'l Data					
26	Other ►()							
27	Other ►()							
28	Other ► ()							
29	Number of Forms 8283 received by for which the organization complete				29			
							Yes	No
30a	During the year, did the organization	n receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years f	rom the o	late of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holdıng p	erıod?			30a		No
	If "Yes," describe the arrangement							
31	Does the organization have a gift a	cceptano	e policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use the contributions?			to solicit, process, or sell	non-cash	32a		Νο
b	If "Yes," describe in Part II							
	If the organization did not report re	venuesı	n column (c) for a type of p	roperty for which column (a	) is checked.			
	describe in Part II		( )/F F	, ,	,,			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
Contribution of Food Inventory	,	The organization received multiple contributions of food inventory from multiple contributors. In total, 34,523,741 pounds of food inventory were donated

Schedule M (Form 990) 2010

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 84-0772672

Name: Food Bank of the Rockies

### Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed		(d) Method of determining oncash contribution amounts
Rental				
Other ► ( Equipment)	X	2	3,166	FMV
Other				
Other ▶ ( <u>S</u> ignange)	X	20	31,904	FMV
Other ► ( Equipment)	Х	1	180	FMV
Other ▶ ( Lunches )	Х	2	304	FMV
Other ▶ ( Materials )	Х	1	500	FMV
Computer				
Other ► ( Expense )	X	1	172	FM∨
Other ▶ ( Refrig Doors )	X	1	6,346	FMV
Piper Other ▶ ( Installation )	X	1	256	FMV
Other ► ( <u>A erators</u> )	Х	1	228	FMV
Sensor				
Other ▶ ( Lights )	X	1	3,580	FM∨
Other ► ( Air Curtains )	X	1	33,832	FMV
Other ► (Wall & Door )	X	1	24,396	FMV
Radiant				
O ther ▶ ( <u>Heaters</u> )	×	1	35,185	FMV

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DLN: 93493318001361

OMB No 1545-0047

2010

Open to Public Inspection

## 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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization Food Bank of the Rockies Employer identification number

84-0772672

ldentifier	Return Reference	Explanation
Executive Committee	Part VI, Section A, Line 1a	The Executive Committee consists of those members of the Board who are from time to time serving as officers of FBR, and the chairpersons of the Development Committee and Operations Committee. In addition, the Chairperson of the Board serves as the Chairperson of the Executive Committee, and the President and CEO is a non-voting ex officio member of the Executive Committee. The outgoing Chairperson of the Executive Committee is a non-voting ex officio member of the Executive Committee for up to one year following his/her departure from the post of Chairperson. The Executive Committee has the authority to (1) review the operations of FBR and receive the reports and recommendations of the President and CEO, (2) establish direction, goals, priorities, and assignments for the other committees, if any, (3) coordinate the activities of those other committees, (4) explore major policy matters and make recommendations to the Board with respect to such matters, (5) evaluate the performance of the President and CEO at least annually, and (6) report to the Board with respect to its actions

ldentifier	Return Reference	Explanation
Review of Form 990	Part VI, Section B, Line 11b	The Audit Committee reviews the return in detail before the return is filed. After the review by the Audit Committee, the members of the Board of Directors receive a copy of the Form 990 prior to it being filed.

ldentifier	Return Reference	Explanation
Conflict of Interest Policy	· '	The board members complete a conflict of interest disclosure on an annual basis. If any conflicts of interest exist, the board members recuse themselves from voting on any matters pertaining to the conflict. The organization inquires about additional conflicts of interest at board meetings to identify any new conflicts of interest that may have arisen since the annual disclosure was signed.

ldentifier	Return Reference	Explanation
Process for Determining Compensation	Part VI, Section B, Lines 15a and 15b	Every two years, the CEO gathers salary compensation data from salary survey comparisons for each position within the organization. The Executive Committee uses this information to set the salary for the CEO Based upon employee performance reviews and the salary survey data, a salary increase is proposed for all employees, including the CEO and other officers and key employees. The salary increases are presented to the Executive Committee, who reviews and approves the proposed salary levels. The organization maintains the necessary documentation of how the salary levels are determined Employee reviews are done each year.

ldentifier	Return Reference	Explanation
Documents Available to Public	Part VI, Section C, Line 19	The organization's financial statements are available to the public on the organization's wiebsite. The governing documents and conflict of interest policy are not available to the public.

ldentifier	Return Reference	Explanation
Other Changes in Net Assets	Part XI, Line 5	Transfer of funds to FBR Endow ment Fund \$175,000 Transfer of life insurance policy to FBR Endow ment Fund \$22,243 Total \$197,243

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DLN: 93493318001361

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

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Name of the organization Food Bank of the Rockies		Employer identification number									
Part I Identification of Disregarded Entities (Com	ploto if the organization	an answered "Ves"	on Form 000 Par	84-0772672	•						
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) End-of-year assets	<b>(f)</b> Direct controlling entity						
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizations (Complete of the tax year.)	if the organization	answered "Yes" o	n Form 990, Part	IV, line 34 becau	se it had	one				
(a) Name, address, and EIN of related organization	(b) (c) Primary activity Legal domicile (s or foreign count		(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) controlled organization					
(1) Food Bank of the Rockies Endowment Fund 10700 East 45th Avenue Denver, CO 80239 26-0211983	Investments	со	501(c)(3)	Line 11c	NA	Yes	No				
						because it had one trolling ty  because it had one trolling controller organization					
						-					
						<u> </u>					

<b>(a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity		(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	<b>(j</b> Gener mana partr	al or ging	<b>(k)</b> Percentage ownership			
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	'es" on	Form	990,	Part IV,
Name, address, an	(a) d EIN of related organiz	zation	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share o	<b>(f)</b> f total income	Shai end-o	<b>j)</b> e of f-year ets		<b>(h)</b> Percentage ownership
				1	1		1		1					

chedule K (1 01111 990) 2010				Pa	ige 3					
Part V Transactions With Related Organizations (Complete if the organization answered "Y	es" on Form 990, Pai	rt IV, line 34, 35, 35	5A, or 36.)							
<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No					
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related org	anızatıons lısted ın Part	s II-IV?								
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No					
<b>b</b> Gift, grant, or capital contribution to other organization(s)			1b	Yes						
<b>c</b> Gift, grant, or capital contribution from other organization(s)			1c		No					
<b>d</b> Loans or loan guarantees to or for other organization(s)			1d		No					
e Loans or loan guarantees by other organization(s)			1e		No					
f Sale of assets to other organization(s)			1f		No					
g Purchase of assets from other organization(s)			<b>1</b> g		No					
h Exchange of assets			1h		No					
i Lease of facilities, equipment, or other assets to other organization(s)			1i		No					
j Lease of facilities, equipment, or other assets from other organization(s)			1j		No					
k Performance of services or membership or fundraising solicitations for other organization(s)										
l Performance of services or membership or fundraising solicitations by other organization(s)			11		No					
m Sharing of facilities, equipment, mailing lists, or other assets			1m		No					
n Sharing of paid employees			1n		No					
• Reimbursement paid to other organization for expenses			10		No					
<b>p</b> Reimbursement paid by other organization for expenses			<b>1</b> p		No					
<b>q</b> Other transfer of cash or property to other organization(s)			<b>1</b> q		No					
r Other transfer of cash or property from other organization(s)			1r		No					
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ionships and transacti	on thresholds							
(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		ount					
1) Food Bank of the Rockies Endowment Fund	В	175,000								
2)										
			1							

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Food Bank of the Rockies Endowment Fund	В	175,000	
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(I Gene mana part	ag ing tner?
			Yes	No		Yes	No		Yes	No												
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## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2010