

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493332005212

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)

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 A For the 2011 D Employer identification number **B** Check if applicable FOOD BANK OF THE ROCKIES Address change 84-0772672 E Telephone number Doing Business As Name change (303) 371-9250 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 59,671,345 Terminated City or town, state or country, and ZIP + 4 DENVER, CO 80239 Amended return Application pending Name and address of principal officer Is this a group return for KEVIN SEGGELKE 10700 EAST 45TH AVENUE DENVER, CO 80239 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **▽** 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► WWW FOODBANKROCKIES ORG **L** Year of formation 1978 M State of legal domicile CO Summary Part I Briefly describe the organization's mission or most significant activities END HUNGER BY PROCURING AND DISTRIBUTING FOOD AND ESSENTIALS TO THE HUNGRY THROUGHOUT CO AND WY Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 20 Number of independent voting members of the governing body (Part VI, line 1b) . 19 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 133 Total number of volunteers (estimate if necessary) 6 10,000 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 0 **7**a **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** 50,806,429 53,008,001 8 Contributions and grants (Part VIII, line 1h) . 6,507,246 9 Program service revenue (Part VIII, line 2g) . 6,420,765 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,465 22,774 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 102,393 -39,743 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 57,335,052 59,498,278 13 10,883,750 8,492,780 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 4,340,678 4,982,906 16a Professional fundraising fees (Part IX, column (A), line 11e) . 737,395 743,379 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 1,580,582 38,668,172 44,105,081 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 54,629,995 58,324,146 19 Revenue less expenses Subtract line 18 from line 12 . 2,705,057 1,174,132 t Assets or ind Balances **Beginning of Current End of Year** Year 19,403,044 20,375,274 20 Total assets (Part X, line 16) . . . Net / 21 Total liabilities (Part X, line 26) 1,014,463 1,062,533 22 Net assets or fund balances Subtract line 21 from line 20 18,388,581 19,312,741 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ***** 2012-11-26 Signature of officer Sign Here MARSHALL ASTER CFO Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's CRAIG R CHOUN (see instructions) P00173718 Paid employed 🕨 🧧 Preparer's EHRHARDT KEEFE STEINER & HOTTMAN PC Firm's name (or yours

7979 E TUFTS AVENUE SUITE 400

DENVER, CO 802372843

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

if self-employed), address, and ZIP + 4

Use Only

EIN • 84-0869721

Phone no (303) 740-9400

Par		of Program Servi dule O contains a resp			II	দ	
1	Briefly describe the o	organization's mission					
					RING AND DISTRIBUTING	FOOD AND ESSENTIAL	.S
TO T	HE HUNGRY THROUG	GH OUR PROGRAMS	AND PARTNER	R AGENCIES IN CO	LORADO AND WYOMING		
							_
	D.d.th.,						
2	the prior Form 990 or	• =	ant program se		ar which were not listed on	✓ Yes │ No	
	If "Yes," describe the	se new services on So	hedule O				
3	Did the organization of services?	- '	nake significan	t changes in how it o	conducts, any program	┌ Yes ┌ No	
	If "Yes," describe the	se changes on Schedi	ıle O				
4	expenses Section 50	1(c)(3) and 501(c)(4) organizations	and section 4947 (three largest program service a)(1) trusts are required to re ach program service reported	port the amount of	
4a	(Code) (Expenses \$	21,428,448	ıncludıng grants of \$) (Revenue \$	2,152,470)	
	IN 31 COUNTIES INCLUD	ING METROPOLITAN DENV	ER, NORTHERN C	OLORADO AND ALL OF W	OF THE ROCKIES, SERVING OVER YOMING LAST YEAR, THE FOOD BAR 000 MEALS EACH DAY TO NEEDY CH	NK DISTRIBUTED 41 3 MILLION	
4b	(Code) (Expenses \$	7,095,810	ıncludıng grants of \$	553,036) (Revenue \$	837,649)	
	WYOMING FOOD BANK O NEEDY, OR ILL ACROSS T		HURCH PANTRIES	NONPROFIT HUNGER-RE TO LARGE ORGANIZATION	LIEF PROGRAMS THAT PROVIDE FO DNS WITH NATIONAL SUPPORT, WFI		
4c	(Code) (Expenses \$	6,846,349	ıncludıng grants of \$) (Revenue \$	6,304)	
					OUS SURPLUS FOOD FROM BEING T ERS AND CATERERS THROUGH THE		OUR
	(Code) (Expenses \$	4,168,298	including grants of \$	3,659,646) (Revenue \$	543,230)	
	THE EMERGENCY FOOD	, , , ,	.,,		-,,- , , , , , , , , , , , , , , , ,		
	(Code) (Expenses \$	4,999,133	ıncludıng grants of \$) (Revenue \$	671,137)	
	WESTERN SLOPE - GRAN	ID JUNCTION					
	(Code) (Expenses \$	2,654,747	including grants of \$	2,099,580) (Revenue \$	226,729)	
	SCHOOL LUNCH PROGRA		2,001,717	moduling grants or \$	2,033,300) (Nevenue \$	220,723 /	
	(Code) (Expenses \$	2,834,499	ıncludıng grants of \$	2,180,518) (Revenue \$	584,174)	
	COMMODITY SUPPLEMEN	ITAL FOOD PROGRAM					
	(Code) (Expenses \$	2,466,779	ıncludıng grants of \$) (Revenue \$	1,484,802)	
	CHILDREN'S NUTRITION	NETWORK					
	(Code) (Expenses \$	3,526,785	ıncludıng grants of \$) (Revenue \$	751)	
	MOBILE PANTRY						
4d		ces (Describe in Sch	•	.			
	(Expenses \$		luding grants o		9,744) (Revenue \$	3,510,823)	
4e	Total program service	e expenses►\$	56,020,84	8			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)? 🕏	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? <i>If</i> "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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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? <i>If "Yes," complete Schedule D, Part II</i>	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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? If "Yes," 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part 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	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? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Management	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		No
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		N o
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)^{9}$ If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot \cdot$	35b	Yes	
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? Note: All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 35			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 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	
a	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			
h	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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 or securities			
	account)?	4a		No
D	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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . $$.	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
,	were not tax deductible?	6b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	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		
1	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business heldings at any time during the year?			
	business holdings at any time during the year?	8		
)	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		
.0	Section 501(c)(7) organizations. Enter Instruction food and capital contributions included on Part VIII. June 12			
	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			
ט	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year [12b]			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
С	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
n	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		

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

Check if Schedule O contains a response to any question in this Part VI

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						
ь	Enter the number of voting members included in line 1a, above, who are						
	Independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			NI -			
_	other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .						
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		No			
6	Did the organization have members or stockholders?	6		No			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	7b		No			
8	or persons other than the governing body?						
	year by the following		V				
a	The governing body?	8a	Yes				
ь	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		No			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			•			
Re	venue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		No			
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
-	ın Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	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			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		'''			
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ection C. Disclosure						
	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 made these available Check all that apply

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 MARSHALL ASTER 10700 E 45TH AVENUE DENVER,CO 80239 (303) 371-9250

<u>Part VII</u> 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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

C Name and Title	Check this box if neither the organiza	ition nor any rei	ated or	ganız	atio	ns c	ompe	nsat	ted any current or it	ormer officer, direct	or, or trustee
Telated organizations Tela		Average hours per week (describe	more unles: an	on (d than s per offic	o no n one son er ar	e box is bo nd a	x, oth		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
CHARMAN		for related organizations in Schedule	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	
DIRECTOR 2 00 X 0 0 0 0 0 0 0 0		4 00	х		х				0	0	0
DIRECTOR 2 00		2 00	х						0	0	0
DÍRECTOR 200 X 0 0 0 (5) GARRY BEAULIEU DIRECTOR 2 00 X 0 0 0 (6) GIGI DENNIS DIRECTOR 2 00 X 0 0 0 0 DIRECTOR 2 00 X 0 0 0 0 SIRECTOR 2 00 X 0 0 0 (8) JARED D CASEY JR DIRECTOR 2 00 X 0 0 0 (9) JIM BOLT DIRECTOR 2 00 X 0 0 0 0 (19) JON TANDLER DIRECTOR 2 00 X 0 0 0 0 (10) JON TANDLER DIRECTOR 2 00 X 0 0 0 0 (11) KATHRYN DAWSON 2 00 X 0 0 0 0 DIRECTOR 2 00 X 0 0 0 0 (12) KATIE WOLFAM DIRECTOR 2 00 X 0 0 0 0 (13) KEVIN PETERSON DIRECTOR 2 00		2 00	х						0	0	0
DIRECTOR 2 00		2 00	х						0	0	0
DIRECTOR 200 X 0 0 0 0 0 0 0 0		2 00	Х						0	0	0
DIRECTOR 200		2 00	х						0	0	0
DÍRECTOR 2 00 X 0 0 0 (9) JIM BOLT DIRECTOR 2 00 X 0 0 0 (110) JON TANDLER DIRECTOR 2 00 X 0 0 0 (11) KATHEYN DAWSON DIRECTOR 2 00 X 0 0 0 (12) KATIE WOLFRAM DIRECTOR 2 00 X 0 0 0 (13) KEVIN PETERSON DIRECTOR 2 00 X 0 0 0 (14) MEGHAN LEBEN DIRECTOR 2 00 X 0 0 0 (15) PATRICK FAIRFIELD DIRECTOR 2 00 X 0 0 0 (16) ROLAND THORNTON DIRECTOR 2 00 X 0 0 0 (17) ZHONETTE M BROWN 2 00 X 0 0 0 0	DIRECTOR	2 00	х						0	0	0
DIRECTOR 2 00 X 0 0 0 0 0 0 0 0		2 00	х						0	0	0
DIRECTOR 2 00 X 0 0 0 (11) KATHRYN DAWSON 2 00 X 0 0 0 DIRECTOR 2 00 X 0 0 0 (12) KATIE WOLFRAM DIRECTOR 2 00 X 0 0 0 (13) KEVIN PETERSON DIRECTOR 2 00 X 0 0 0 0 (14) MEGHAN LEBEN DIRECTOR 2 00 X 0 0 0 0 0 (15) PATRICK FAIRFIELD DIRECTOR 2 00 X 0 0 0 0 0 (16) ROLAND THORNTON DIRECTOR 2 00 X 0 0 0 0 (17) ZHONETTE M BROWN 2 00 X 0 0 0 0		2 00	х						0	0	0
DIRECTOR 2 00 X 0 0 (12) KATIE WOLFRAM DIRECTOR 2 00 X 0 0 0 (13) KEVIN PETERSON DIRECTOR 2 00 X 0 0 0 0 (14) MEGHAN LEBEN DIRECTOR 2 00 X 0 0 0 0 (15) PATRICK FAIRFIELD DIRECTOR 2 00 X 0 0 0 0 (16) ROLAND THORNTON DIRECTOR 2 00 X 0 0 0 0 (17) ZHONETTE M BROWN 3 00 X 0 0 0 0		2 00	х						0	0	0
DIRECTOR 2 00 X 0 0 0 (13) KEVIN PETERSON 2 00 X 0 0 0 DIRECTOR 2 00 X 0 0 0 (14) MEGHAN LEBEN 2 00 X 0 0 0 DIRECTOR 2 00 X 0 0 0 (15) PATRICK FAIRFIELD 2 00 X 0 0 0 DIRECTOR 2 00 X 0 0 0 (16) ROLAND THORNTON 2 00 X 0 0 0 (17) ZHONETTE M BROWN 3 00 X 0 0 0		2 00	х						0	0	0
DIRECTOR 2 00 X 0 0 0 (14) MEGHAN LEBEN 2 00 X 0 0 0 DIRECTOR 2 00 X 0 0 0 (15) PATRICK FAIRFIELD 2 00 X 0 0 0 DIRECTOR 2 00 X 0 0 0 (16) ROLAND THORNTON 2 00 X 0 0 0 (17) ZHONETTE M BROWN 3 00 X 0 0 0		2 00	Х						0	0	0
DIRECTOR 2 00 X 0 0 0 (15) PATRICK FAIRFIELD 2 00 X 0 0 0 DIRECTOR 2 00 X 0 0 0 (16) ROLAND THORNTON DIRECTOR 2 00 X 0 0 0 (17) ZHONETTE M BROWN 3 00 X 0 0 0	DIRECTOR	2 00	х						0	0	0
DIRÉCTOR 2 00 X 0 0 0 (16) ROLAND THORNTON DIRECTOR 2 00 X 0 0 0 0 (17) ZHONETTE M BROWN 3 00 X 0 0 0 0 0		2 00	х						0	0	0
DIRECTOR 200 X 0 0 0 0 (17) ZHONETTE M BROWN 200 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIRECTOR	2 00	х						0	0	0
	DIRECTOR	2 00	х						0	0	0
		2 00	х						0	0	0

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

(A) Name and Title		(B) A verage hours per week (describe	Average Position (do not check Reportable compensation per unless person is both week an officer and a director/trustee) Average Position (do not check Reportable compensation (do not								(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			MISC)		relat organiza	
	EVIN SEGGELKE DENT & CEO	55 00	Х		Х					162,465		0		21,586
(19) E SECRE	SOB DEUSCHLE ETARY	4 00	х		Х					0		0		0
(20) E TREAS	DAN FAIR GURER	4 00	х		х					0		0		0
(21) N CFO	1ARSHALL ASTER	55 00			х					100,050		0		24,551
	/INCENT ALEXIS PRESIDENT	55 00					х			113,234		0		24,959
												_		
												4		
												_		
												_		
												_		
												_		
												4		
												\downarrow		
1b	Sub-Total	to Dort VII Con	tion A	• •	•	•		>						
c d	Total (add lines 1b and 1c)					<u> </u>		<u>-</u>		375,749		0		71,096
2	Total number of individuals (inclu \$100,000 of reportable compens					ted	above) who	o received	more tha	ın			
													Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch				e, k	eye •	mploy •	ee, d	or highest o	ompens	ated employee	3		No
4	For any individual listed on line 1 organization and related organization and related organization.												V	
5	Did any person listed on line 1a	receive or accru	ie comp	- oensa	- ition	fron	n any	- unre	lated organ	nization d	or individual for	4	Yes	
	services rendered to the organiza	ation? <i>If "Yes," (</i>	complet	e Sch	edul	e J fo	or such	n per:	son		. [5		No
Se	ction B. Independent Cont	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organizatio												
	(A) (B) Name and business address Description of services							(C Comper						
LW ROBBINS 201 SUMMER STREET PO BOX 5838 HOLLISTON, MA 017465838 HOLLISTON, MA 017465838 HOLLISTON, MA 017465838							743,379							
												_		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1														

Part \	/!!!	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
発	1a	Federated campaigns 1a					
豆豆	Ь	Membership dues 1b					
S.€	c	Fundraising events 1c 328	3,201				
žž.	d	Related organizations 1d					
% <u>=</u>	e	Government grants (contributions) 1e 7,504	1,367				
<u>≘</u> .≅	l f	All other contributions, gifts, grants, and 1f 45,175	 5,433				
重量	'	similar amounts not included above	<u> </u>				
温音	g	Noncash contributions included in 44,204,214					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ 44,204,214 Total. Add lines 1a-1f	▶	53,008,001			
O m	<u>"</u>			,,			
e E	_	Business C					
Lley.	2a	GOVERNMENT CONTRACTS 9	00099	2,925,890	2,925,890		
28	b	PURCHASED FOOD 9	00099	2,818,082	2,818,082		
ě	С	AGENCY SUPPORT FEES	00099	763,274	763,274		
₹	d		T				
ج ج	e						
Program Serwce Revenue	f	All other program service revenue					
٥		Total Add lines 2s 25		6 565 545			
	g 3	Total. Add lines 2a-2f	-	6,507,246			
		Investment income (including dividends, interest	▶ ├	15,218			15,218
	4	and other similar amounts)	<u>,</u>	13,210			13,210
	5	Royalties	<u> </u>				
		(i) Real (ii) Person	_				
	6a	Gross rents (1) Near (11) Terson					
	Ь	Less rental					
		expenses Rental income					
	C	or (loss)					
	d	Net rental income or (loss)	•				
		(I) Securities (II) Other	_				
	7a	Gross amount from sales of	7,944				
		assets other than inventory					
	ь	Less cost or 388	0				
		other basis and sales expenses					
	c	Gain or (loss) -388	7,944				
	d	Net gain or (loss)	.►	7,556			7,556
Other Revenue	8a	Gross income from fundraising events (not including \$328,201 of contributions reported on line 1c) See Part IV, line 18					
Œ L			1,463				
₽ F	ь		2,679				
ŏ	c		 	-81,216			-81,216
	9a	Gross income from gaming activities See Part IV, line 19 a					
	ь	Less direct expenses b	$\neg \neg$				
	c	Net income or (loss) from gaming activities	<u>.</u>				
	10a	Gross sales of inventory, less returns and allowances .	-				
	b c	Less cost of goods sold b	 				
		Miscellaneous Revenue Business Co					
	11a	MISCELLANEOUS 9	00099	41,473			41,473
	ь						
	c						
	d	All other revenue	\dashv				
	e	Total. Add lines 11a-11d					
	12	Total revenue. See Instructions	•	41,473			
			- 1	59,498,278	6,507,246	0	-16,969

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	heck if Schedule O contains a response to any question in this Part IX		(B)		(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,312,262	6,312,262		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,180,518	2,180,518		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	308,652	240,760	32,831	35,061
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,641,380	2,840,410	387,335	413,635
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	80,708	62,955	8,585	9,168
9	Other employee benefits	591,985	461,770	62,970	67,245
10	Payroll taxes	360,181	280,954	38,313	40,914
11	Fees for services (non-employees)				_
а	Management				
ь	Legal	25		25	
С	Accounting	42,171	27,711	8,225	6,235
d	Lobbying	,		3,223	
e	Professional fundraising See Part IV, line 17	743,379			743,379
f	Investment management fees	713,373			, 13,373
g	Other	154,424	97,100	29,506	27,818
12	Advertising and promotion	52,614	34,420	10,449	7,745
13	Office expenses	362,702	271,801	34,178	56,723
14	Information technology	162,909	106,574	32,354	23,981
15		102,909	100,374	32,334	23,961
	Royalties	F0C 427	FCC 244	14.000	
16	Occupancy	586,437	566,341	14,008	6,088
17	Travel	143,452	107,500	13,518	22,434
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	52,585	34,401	10,443	7,741
20	Interest	22,245	16,670	2,096	3,479
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	677,786	655,925	2,072	19,789
23	Insurance	85,276	63,904	8,036	13,336
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	CONTRIBUTED FOOD DISTRI	35,275,739	35,275,739		
b	PURCHASED FOOD DISTRIBU	3,429,007	3,429,007		
c	PREPARED MEALS & SNACKS	1,562,863	1,562,863		
d	DISTRIBUTION COSTS	1,171,071	1,170,949	69	53
e		·			
f	All other expenses	323,775	220,314	27,703	75,758
25	Total functional expenses. Add lines 1 through 24f	58,324,146	56,020,848	722,716	1,580,582
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the	,,	, ==,==	,	, .,
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,800 1,600 1 1 1.689.018 2 831,898 2 3 435,000 3 0 719.329 4 602.630 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 4.565.545 8 4.869.413 9 225,897 206.574 Prepaid expenses and deferred charges 12,384,431 10a Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 3,298,392 b Less accumulated depreciation 8,948,575 10c 9,086,039 11 11 3,675,000 3,920,000 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 19,403,044 20,375,274 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 557,643 918,783 17 17 Accounts payable and accrued expenses . 18 18 19 68,900 19 57,850 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 387,920 25 85,900 D 26 1,014,463 26 1,062,533 **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 13,658,746 27 Unrestricted net assets 14,666,674 4,729,835 28 4,646,067 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 18.388.581 33 19.312.741 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 19,403,044 20.375.274 34

Pal	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		59,4	198,27
2	Total expenses (must equal Part IX, column (A), line 25)	2			324,14
3	Revenue less expenses Subtract line 2 from line 1	3		1,1	174,13
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18,3	388,58
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 2	249,97
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		19,3	312,74
Pai	The contains a response to any question in this Part XII			୮	
		1		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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 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 its 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 in a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Name of the organization FOOD BANK OF THE ROCKIES

Public Charity Status and Public Support

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

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

Inspection **Employer identification number**

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 section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II 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)

(i) Name of supported organization	(ii) EIN		(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
			Yes	No	Yes	No	Yes	No		
					+				+	
Total										

and (III) below, the governing body of the the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) a family member of a person described in (i) above?

Yes

11g(i)

11g(ii)

11g(iii)

No

Support Schedule for Organizations Described in IRC 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.)

S	ection A. Public Support	<i></i>	, ,		, ,		•	
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	31,665,48	38,164,495	46,103,587	50,820,493	53,	008,001	219,762,060
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	31,665,48	38,164,495	46,103,587	50,820,493	53,	008,001	219,762,060
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included							34,227,379
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							185,534,681
S	ection B. Total Support	•			•		•	
Cale	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	beginning in) A mounts from line 4	31,665,484	38,164,495	46,103,587	50,820,493	53,	008,001	219,762,060
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	33,863	19,492	21,306	5,465		15,218	95,344
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	100,786	144,751	161,081	197,958		41,473	646,049
11	Total support (Add lines 7 through 10)							220,503,453
12	Gross receipts from related activity	ties, etc (See ins	structions)			12		26,701,402
13	First Five Years If the Form 990 is check this box and stop here	s for the organizat	cion's first, second,	, thırd, fourth, or f	ifth tax year as a	501(c)(3) organı	zation, ▶┌
S	ection C. Computation of Pu							
14	Public Support Percentage for 201			11 column (f))		14		84 140 %
15	Public Support Percentage for 201					15		85 640 %
16a	33 1/3% support test—2011. If th and stop here. The organization qu				line 14 is 33 1/3%	or more	, check	this box ► ▼
b	33 1/3% support test—2010. If th				a, and line 15 is	33 1/3%	or more,	
170	box and stop here. The organization 10%-facts-and-circumstances test				2012 162 or 16	h and line	1.4	▶□
L/a	ıs 10% or more, and ıf the organız	ation meets the "	facts and circumst	ances" test, che	ck this box and s t	top here.	Explain	
	in Part IV how the organization me organization	eets the "facts an	ia circumstances"	test The organiz	ation qualifies as	a publicly	/ suppo	rted ▶┌
b	10%-facts-and-circumstances test							
	15 is 10% or more, and if the organize Explain in Part IV how the organize							v
18	supported organization Private Foundation If the organiza				-		•	′ ▶□
	instructions		,	==, ===, =, =, 0	,			▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Schedule A (Form	990	or 990-	EZ)2011
------------------	-----	---------	---------

Page **4**

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).					
Facts And Circumstances Test						
Explanation						
SCHEDULE A, F	PART II, LINE 10, EXPLANATION OF OTHER INCOME REIMBURSEMENT MISCELLANEOUS					

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 84-0772672

Name: FOOD BANK OF THE ROCKIES

Form 990, Special Condition Description:

Special Condition Description

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

(Code THE EMERGENCY F) (Expenses \$ OOD ASSISTANCE PROG	4,168,298 RAM	including grants of \$	3,659,646) (Revenue \$	543,230)
(Code WESTERN SLOPE - 0) (Expenses \$ GRAND JUNCTION	4,999,133	including grants of \$) (Revenue \$	671,137)
(Code SCHOOL LUNCH PR) (Expenses \$ ROGRAM	2,654,747	including grants of \$	2,099,580) (Revenue \$	226,729)
(Code COMMODITY SUPP) (Expenses \$ LEMENTAL FOOD PROGR	2,834,499 A M	including grants of \$	2,180,518) (Revenue \$	584,174)
(Code CHILDREN'S NUTRI) (Expenses \$ TION NETWORK	2,466,779	including grants of \$) (Revenue \$	1,484,802)
(Code MOBILE PANTRY) (Expenses \$	3,526,785	including grants of \$) (Revenue \$	751)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493332005212

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

nema	al Revenue Service F Attach to Fo	orm 990. F See separate instructions.	Inspection				
	me of the organization OD BANK OF THE ROCKIES		Employer identification number				
D-	What Ouganizations Maintaining Days As	luiged Cundo on Other Circle 5	84-0772672				
Pe	ort I Organizations Maintaining Donor Ac organization answered "Yes" to Form 99		inds or Accounts. Complete if the				
	organization answered Tes to Form 55	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	_	or advised Yes No				
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben- conferring impermissible private benefit						
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form 990, Part IV, line 7.				
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualiceasement on the last day of the tax year	on or pleasure)					
		-	Held at the End of the Year				
а	Total number of conservation easements	-	2a				
b	·	<u> </u>	2b				
С	Number of conservation easements on a certified his	` ′	2c				
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d				
3	Number of conservation easements modified, transfe the taxable year -	rred, released, extinguished, or terminated	d by the organization during				
4	Number of states where property subject to conserva	ition easement is located ►	_				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ling of violations, and Yes No				
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easeme	ents during the year ▶				
7	A mount of expenses incurred in monitoring, inspectines	ng, and enforcing conservation easements	during the year				
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sect	tion Yes No				
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial nents	statements that describes				
Pai	Organizations Maintaining Collectio		or Other Similar Assets.				
	Complete if the organization answered "	· · · · · · · · · · · · · · · · · · ·	ut and balance about weeks of				
1a	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 fin	for public exhibition, education or researc	h ın furtherance of public service,				
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 in					
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$				
	(ii) Assets included in Form 990, Part X		▶ \$				
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		r financial gain, provide the				

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	<u>easu</u>	<u>ires, or Ot</u>	:he	<u>r Similar</u>	Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing t	hat ar	e a significai	nt u	se of its co	llectio	n	
а	Public exhibition		d	Γ	Loan c	rexc	hange progra	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y furthe	r the o	organization'	s ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organı:	zatioi			es" to For	m 990	Ο,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other interme	ediary	for c	ontribut	tions	or other asse	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able					Amou	ınt	
С	Beginning balance						<u> </u>	1c		AIIIO	41110	
d	Additions during the year						<u> </u>	1d				
e	Distributions during the year						<u> </u>	1e				
f	Ending balance						_	1f				
2a	Did the organization include an amount on Fo	orm 990 Part V line	o 212				<u>L.</u>	<u> </u>			Yes	
	If "Yes," explain the arrangement in Part XIV		e 21,							'	165	1 140
	t V Endowment Funds. Complete		200	wor	ad "Voc	-" to	Form 000	Dar	t IV line	10		
Га	Endowment Funds. Complete	(a)Current Year		Prior '			vo Years Back		Three Years		e)Four Y	ears Back
1a	Beginning of year balance	835,180	•		341,883		299,576	_		0,310	,	
ь	Contributions	542,587			392,224		8,659		10	0,936		
c	Investment earnings or losses	45,251			107,271		40,292		-5:	1,670		
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses	2,926			6,198		6,644			0		
g	End of year balance	1,420,092			835,180		341,883		299	9,576		
2	Provide the estimated percentage of the yea	r end balance held a	as							•		
а	Board designated or quasi-endowment	30 490 %										
ь	Permanent endowment ► 69 510 %											
С	Term endowment ►											
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	are held	and a	dministered	for	the			
	organization by										Yes	No
	(i) unrelated organizations									3a(i)		Νo
	(ii) related organizations									3a(ii)	Yes	
	If "Yes" to 3a(II), are the related organizatio	•								3b	Yes	
4	Describe in Part XIV the intended uses of th											
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X	, line 1	0.	1					
	Description of property				Cost or ((b) Cost or ot basis (other		(c) Accumi deprecia		(d) Bo	ok value
1a	and						1,219,	911				1,219,911
Ь	Buildings						4,180,	555	9	02,599		3,277,956
c l	easehold improvements						2,501,	704	4	67,658		2,034,046
d i	Equipment						4,379,	648	1,8	44,472	;	2,535,176
e (Other						102,	613		83,663		18,950
Tota	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)), line	10(c).)							9,086,039
	· · · · · ·	·							Sched	ule D (I		90) 2011

Part VIII Investments—Other Securities. See	<u>e Form 990, Part X, line 12.</u>	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A)CERTIFICATES OF DEPOSIT	3,920,000	F
(A) CERTIFICATES OF DEPOSIT	3,920,000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	> 3,920,000	
Part VIII Investments—Program Related. Se		3
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X,	line 15.	
(a) Descr	ription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part	X, line 25.	
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
CAPITAL LEASE OBLIGATION	85,900	
STATE PERSON SELECTION	00,000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	85,900	
	-,	

-	rotal revenue (Form 990, Part VIII, column (A.), line 12)		39,490,27
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	58,324,14
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,174,13
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	334,94
9	Total adjustments (net) Add lines 4 - 8	9	334,94
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,509,07
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	60,040,61
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) 2d 499,616		
e	Add lines 2a through 2d	2e	542,33
3	Subtract line 2e from line 1	3	59,498,27
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)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	59,498,27
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Re	
1	Total expenses and losses per audited financial statements	1 1	58,531,53
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	207,39
3	Subtract line 2e from line 1	3	58,324,14
4	Amounts 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)]	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	58,324,14

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

additional information		
Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUND IS ESTABLISHED FOR SUPPORT OF THE PROGRAM SERVICES OF THE FOOD BANK OF THE ROCKIES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FOOD BANK OF THE ROCKIES, INC ("FBR") AND FOOD BANK OF THE ROCKIES ENDOWMENT FUND ("FBREF") ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") FBR AND FBREF ARE NOT PRIVATE FOUNDATIONS WITHIN THE MEANING OF SECTION 509(A) OF THE CODE THE ORGANIZATION APPLIES A MORELIKELY-THAN-NOT MEASUREMENT METHODOLOGY TO REFLECT THE CONSOLIDATED FINANCIAL STATEMENT IMPACT OF CERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AFTER EVALUATING THE TAX POSITIONS TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN, THEREFORE, NO AMOUNTS HAVE BEEN RECOGNIZED AS OF JUNE 30, 2012 AND 2011 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, 2012 OR 2011 TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2009 THROUGH THE CURRENT YEAR
PART XI, LINE 8 - OTHER ADJUSTMENTS		FBR ENDOWMENT FUND REVENUES 326,937 CAPITALIZED SERVICES 8,003 TOTAL TO SCHEDULE D, PART XI, LINE 8 334,940
PART XII, LINE 2D - OTHER ADJUSTMENTS		FBR ENDOWMENT FUND REVENUES 326,937 SPECIAL EVENTS EXPENSES NETTED WITH INCOME 172,679
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSES NETTED WITH INCOME 172,679

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493332005212

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FOOD BANK OF THE ROCKIE

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(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 17.
--------	-------------------------	-----------------	-----------------------	----------	-----------	-------------------

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

- e 🔽 Solicitation of non-government grants

▶ ▼ Internet and e-mail solicitations

Solicitation of government grants

Phone solicitations

g 🔽 Special fundraising events

- d

 ✓ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

7	Yes	Ţ

No

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

(i) Name and address of ındıvıdual 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		(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 201 SUMMER STREET PO BOX 5838 HOLLISTON, MA 017465838	DIRECT MAIL		No	3,670,705	743,379	2,927,326				
Total				3,670,705	743,379	2,927,326				

3 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

Par	t II			n answered "Yes" to Form 990, Part IV, line 18, or reported vents with gross receipts greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events		
			JOE SAKIC EVENT	PANERATHON		(Add col (a) through col (c))		
ا ۵			(event type)	(event type)	(total number)			
<u> </u>	1	Gross receipts	402,175	17,489		419,664		
Revenue	2	Less Charitable contributions	328,201			328,201		
	3	Gross income (line 1 minus line 2)	73,974	17,489		91,463		
	4	Cash prizes						
မွ	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
	7	Food and beverages						
다 교 교	8	Entertainment						
▵│	9	Other direct expenses .	162,973	9,706		172,679		
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	(172,679		
	11	Net income summary Combine III	nes 3 and 10 ın column (d)		-81,216		
Par	HII	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))		
	1 (Gross revenue						
မွ	2	Cash prizes						
Expenses	3 1	Non-cash prizes						
	4 F	Rent/facility costs						
Direct Direct	5 (Other direct expenses						
	6 \	Volunteer labor	Г Yes Г No	Г Yes Г No	Г Yes Г No			
	7	- Direct expense summary Add lines	s 2 through 5 ın column (d)		()		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌			
9	Ente	r the state(s) in which the organiza	ation operates gaming ac	tivities				
a b	Is th	ne organization licensed to operate	gaming activities in eac	h of these states?		· Fyes Fno		
		e any of the organization's gaming l es," Explain				· · Fyes FNo		

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

(Form 990)

Department of the Treasury

Schedule I

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

OMB No 1545-0047

DLN: 93493332005212

Inspection

Internal Revenue Service Name of the organization Employer identification number FOOD BANK OF THE ROCKIES 84-0772672 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

(a)Type of grant or assistance	(b) Number of recipients	(c) 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	106300		2,180,518	FM∨	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
PROCEDURE FOR MONITORING GRANTS	1	SCHEDULE I, PART I, LINE 2 FOOD DISTRIBUTED TO FOOD AGENCIES IS DISTRIBUTED DIRECTLY TO THOSE AGENCIES THESE AGENCIES ARE SELECTED BY THE STATE OF COLORADO OR WYOMING
IN THE U S		

Schedule I (Form 990) 2011

Software ID: Software Version:

EIN: 84-0772672

Name: FOOD BANK OF THE ROCKIES

(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
ACS COMMUNITY LIFT5045 W 1ST AVE DENVER,CO 802191005		501 (C)3		60,239	FM∨	FOOD	FOOD DISTRIBUTION INDIVIDUALS
ACTS FOOD BANK 2450 N CLAY ST DENVER, CO 802110000		501 (C)3		125,627	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
ADAM COUNTY 7111 E 56TH AVE COMMERCE CITY, CO 800220000		501 (C)3		130,312	FM∨	FOOD	FOOD DISTRIBUTION INDIVIDUALS
ADAMS SD 144291 E 68TH AVE COMMERCE CITY, CO 80022		501 (C)3		54,184	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
AGAPE LIFE CHURCH5970 W 60TH AVE ARVADA, CO 800035702		501 (C)3		23,354	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
AGAPE LIFE CHURCH SK5970 W 60TH AVE ARVADA, CO 800035702		501 (C)3		7,169	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
AKRON SD R-1301 E 5TH ST AKRON,CO 80720		501 (C)3		5,294	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
AMERICAN LTHRN MEMORIAL501 RALEIGH STREET DENVER, CO 802044725		501 (C)3		11,089	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
ANNUNCIATION SCHOOL3536 LAFAYETTE ST DENVER, CO 802050000		501 (C)3		6,377	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
ANTIOCH C O G I C 6825 E 26TH AVE DENVER, CO 802073562		501 (C)3		7,884	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
ARAPAHOE CNTY TEFAP5804 S DATURA ST LITTLETON,CO 801200000		501 (C)3		552,348	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
ARAPAHOE HOUSE 8801 LIPAN ST THORNTON, CO 802210000		501 (C)3		16,401	FM∨	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
ARRUPE- JESUIT 4343 UTICA ST DENVER, CO 80212		501 (C)3		5,766	FM∨	FOOD	FOOD DISTRIBUTION INDIVIDUALS
ARVADA FOOD BANK8555 WEST 57TH AVE ARVADA, CO 800020000		501 (C)3		96,221	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
AURORA PUBLIC SCHOOLS80 AIRPORT BLVD AURORA, CO 80011		501 (C)3		54,972	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
BAPTIST YOUTH MISSION400 LINCOLN AVE SINCLAIR, WY 823340000		501 (C)3		9,692	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
BENNETT ELEMENTARY SCHOOL462 8TH STREET BENNETT,CO 80102		501 (C)3		12,889	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
BETHANY FELLOWSHIP CHURCH-USDA160 PLEASANT VIEW LANE WORLAND, WY 824019777		501 (C)3		10,577	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
BOULDER VALLEY SCH DIST RE-2 6500 E ARAPAHOE RD BOULDER, CO 80303		501 (C)3		85,918	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
BRUSH SCH DIST RE-2J527 INDUSTRIAL PARK ROAD BRUSH CO 80723		501 (C)3		33,618	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
BUFFALO SCH DIST RE-4J315 LEE ST MERINO,CO 80741		501 (C)3		5,748	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
BUFFALO SENIOR CENTER-USDA671 WEST FETTERMAN BUFFALO, WY 828342340		501 (C)3		5,506	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
BURLINGTON SCH DIST RE-6J450 11TH ST BURLINGTON, CO 80807		501 (C)3		15,239	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
CALVARY TEMPLE 7390 WEST 38TH WHEAT RIDGE,CO 800330000		501 (C)3		7,510	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
CAMPBELL CHAPEL AME1500 E 22ND AVENUE DENVER, CO 802050000		501 (C)3		6,950	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
CAPITOL HILL COMM SERV1420 OGDEN DENVER, CO 802180000		501 (C)3		17,032	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
CARE & SHARE PREAMBLE POINT COLORADO SPRINGS, CO 80916		501 (C)3		44,808	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
CARING MINISTRY 420 E RAILROAD FORT MORGAN, CO 807010000		501 (C)3		30,794	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
CC STAR717 E INDUSTRIAL BLVD PUEBLO WEST,CO 81007		501 (C)3		11,929	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
CHERRY CREEK SCH DIST #514270 E BRIARWOOD AVE CENTENNIAL,CO 80112		501 (C)3		41,845	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
CHILDREN'S HAVEN2600 S SHERIDAN BLVD DENVER, CO 80227		501 (C)3		5,427	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
CHRTR SCHOOL INST PINNACLE 1001 W 84TH AVENUE FEDERAL HEIGHTS,		501 (C)3		26,073	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
CHURCH IN THE CITY1580 GAYLORD DENVER,CO 802060000		501 (C)3		8,841	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
CLEAR CREEK COUNTY SCH DIST 185 BEAVER BROOK CANYON RD EVERGREEN, CO		501 (C)3		9,135	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
CLEO WALLACE CENTER8405 CHURCH RANCH RD BROOMFIELD,CO 80021		501 (C)3		9,273	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
COLORADO AIDS PROJECT2490 W 26TH AVE BLDG A 300 DENVER, CO 802115314		501 (C)3		37,523	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

		-					
(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
COMITIS CRISIS 2178 NORTH VICTOR ST AURORA,CO 800110000		501 (C)3		5,648	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
COMMUNITY MINISTRY SW1755 S ZUNI ST DENVER, CO 802233717		501 (C)3		50,990	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
DAHLIA STREET CHURCH1100 DAHLIA STREET DENVER,CO 802204201		501 (C)3		6,497	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
DELTA COUNTY HHS35677 BACK RIVER ROAD DELTA,CO 814160000		501 (C)3		36,616	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
DELTA COUNTY SCH DIST #50 7655 2075 RD DELTA,CO 81416		501 (C)3		104,568	FM∨	FOOD	FOOD DISTRIBUTION INDIVIDUALS
DENVER INNER CITY PARISH2525 SOUTH DECATUR STREET DENVER, CO 802190000		501 (C)3		18,392	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
DENVER RESCUE MISSION3501 E 46TH AVE DENVER, CO 802160000		501 (C)3		233,033	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
DENVER URBAN MINISTRIES1717 E COLFAX AVE DENVER, CO 802182508		501 (C)3		86,143	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
DEPT OF HUMAN SER GILPIN2960 DORY HILL RD STE 100 BLACK HAWK, CO 804420000		501 (C)3		7,119	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
DOUGLAS COUNTY SD2812 N HWY 85 CASTLE ROCK, CO 80109		501 (C)3		31,974	FM∨	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
DOUGLAS SNR CITIZEN CNTR- USDA 340 1ST STREET WEST DOUGLAS, WY 826332157		501 (C)3		7,564	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
DOUGLAS-ELBERT TASK FORCE1638 PARK STREET CASTLE ROCK,CO 801040000		501 (C)3		64,196	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
DYC - DENVER 7866 MANSFIELD PARKWAY DENVER,CO 80235		501 (C)3		63,567	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
DYC GRAND JUNCTION360 28TH ROAD GRAND JUNCTION, CO 81501		501 (C)3		5,101	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
EAGLE COUNTY SCH DIST RE-50J 600 EAGLE ROAD EAGLE VAIL, CO 81620		501 (C)3		70,182	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
EAST DENVER BIBLE BAPTIST CHURCH2937 FILLMORE DENVER, CO		501 (C)3		14,775	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
EAST GRAND SD #2795 N 2ND ST GRANBY, CO 80446		501 (C)3		18,190	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
EATON SCH DIST RE-2 HS114 PARK AVE EATON,CO 80615		501 (C)3		31,549	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
ECUMENICAL REFUGEE SRVCS 1600 DOWNING STREET SUITE 400 DENVER, CO 802181573		501 (C)3		13,280	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
ELIZABETH SCH DIST C-1137 WALNUT STREET ELIZABETH, CO 80107		501 (C)3		23,002	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENGLEWOOD SCH DIST #13695 S LINCOLN ENGLEWOOD,CO 80110		501 (C)3		33,068	other) FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
EPWORTH UNITED METHODIST3401 HIGH ST DENVER, CO 802054041		501 (C)3		21,444	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
EXCELSIOR YOUTH CENTER15001 E OXFORD AVE AURORA, CO 80014		501 (C)3		7,784	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
FB SWEETWATER CNTY-USDA90 CENTER STREET ROCK SPRINGS, WY 829015122		501 (C)3		33,197	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
FAIRPLAY ADVENTIST COMM 801 CASTELLO AVENUE FAIRPLAY,CO 804400000		501 (C)3		8,511	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
FAMILY MINISTRIES-USDA 95 19TH STREET WHEATLAND, WY 822013143		501 (C)3		7,799	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
FBRCSFP10700 E 45TH AVE DENVER,CO 802390000		501 (C)3		13,640	FM∨	FOOD	FOOD DISTRIBUTION INDIVIDUALS
FEEDING MINDS 6000 W 9TH AVE LAKEWOOD, CO 802140000		501 (C)3		15,246	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
FISH OF WESTMINISTER PRESB3900 W 74TH AVE WESTMINSTER,CO 800300000		501 (C)3		14,815	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
FISH OF WESTMINISTER UNITED METH3585 W 76TH AVE WESTMINSTER,CO 800300000		501 (C)3		18,792	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
FOOD DISTRIBUTION7111 E 56TH AVE COMMERCE CITY, CO 800220000		501 (C)3		347,374	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
FOR SUCH A TIME 6400 W 26TH AVENUE EDGWATER, CO 802140000		501 (C)3		13,907	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
FORT LUPTON SCH DIST RE-8530 RENYOLDS FORT LUPTON, CO 80621		501 (C)3		21,408	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
FREMONT CNTY SAMARITAN-USDA 917 921 E WASHINGTON AVE RIVERTON, WY 825011186		501 (C)3		12,092	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)	assistance	
FRIENDSHIP BAPTIST BAILEY 1033 RIM ROCK RD BAILEY,CO 804212144		501 (C)3		9,855	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
FT MORGAN SCH DIST RE-3715 W PLATTE AVENUE FORT MORGAN,CO 80701		501 (C)3		81,106	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
GARFIELD SCH DIST #16800 CARDINAL WAY PARACHUTE, CO 81635		501 (C)3		23,748	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
GATHERING PLACE 1535 HIGH ST DENVER, CO 802180000		501 (C)3		10,825	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
GATHERING PLACE- FOOD PANTRY1535 HIGH ST DENVER, CO 802180000		501 (C)3		29,163	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
GOOD SHEPHERD 650 KENNEDY ST NORTHGLENN, CO 802340000		501 (C)3		10,528	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
GRACE BAPT CHURCH CODY4TH JSOUTH FORK ROAD CODY,WY 824149478		501 (C)3		6,702	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
GRANT AVE ST REACH1600 GRANT ST DENVER, CO 802030000		501 (C)3		15,686	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
HAXTUN SCH DIST RE-2J201 W PO WELL ST HAXTUN,CO 80731		501 (C)3		8,801	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
HAYDEN SCH DIST RE-1300 BREEZE BASIN HAYDEN,CO 81639		501 (C)3		7,949	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
HIS PROVISION INC705 ULYSSES ST GOLDEN,CO 804013684		501 (C)3		10,767	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
HOLY CROSS CENTER INC-USDA 1030 N LINCOLN CASPER, WY 826011219		501 (C)3		26,602	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
HOLY FAMILY ELEMENTARY SCHOOL786 26 1/2 RD GRAND JUNCTION, CO 81506		501 (C)3		5,957	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
HOLYOKE SCH DIST RE- 1J326 E KELLOGG ST HOLYOKE,CO		501 (C)3		13,627	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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		8,406	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
IMMACULATE HEART MARY11385 GRANT DR NORTHGLENN,CO 802340000		501 (C)3		19,489	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
INTERFAITH GOOD SAMARATAN710 E GARFIELD STREET LARAMIE, WY 820703916		501 (C)3		32,428	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
JEFFCO ACTION CENTER8755 W 14TH AVE LAKEWOOD, CO 802150609		501 (C)3		143,909	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
JEFFERSON CNTY SCH DIST R1-809 QUAIL BLDG 1 LAKEWOOD, CO 80215		501 (C)3		19,482	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
JEFFERSON HILLS CORPORATION1290 POTOMAC ST AURORA, CO 80014		501 (C)3		7,710	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
JEWISH FAMILYKOSHER3201 S TAMARAC DR DENVER, CO 802314394		501 (C)3		34,482	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
JOHNSTOWN - LETFORD2 N JAY AVE JOHNSTOWN,CO 80534		501 (C)3		51,713	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
KIDS CAF10700 E 45TH AVE DENVER,CO 802390000		501 (C)3		34,249	FM∨	FOOD	FOOD DISTRIBUTION INDIVIDUALS
KIOWA CREEK231 CHEYENNE ST KIOWA,CO 801170000		501 (C)3		6,129	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
KIOWA SCH DIST C-2525 COMANCHE ST KIOWA,CO 80117		501 (C)3		7,802	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
KREMMLING COMMUNITY CHURCH204 S 4TH ST KREMMLING,CO 804590000		501 (C)3		6,866	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
LAKE COUNTY SCH DIST R-1107 SPRUCE ST LEADVILLE, CO 80461		501 (C)3		31,084	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
LAND OF GOSHEN MINISTRIES-USDA 801 W VALLEY ROAD TORRINGTON, WY 822402814		501 (C)3		19,867	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
LANDER CARE & SHARE FB-USDA 281 GARFIELD STREET LANDER, WY 825203121		501 (C)3		37,615	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
LIBERTY PLAINS 604 SUMMIT SIMLA, CO 808350000		501 (C)3		7,059	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
LIFT-UP GARFIELD 800 RAILROAD RIFLE,CO 816500000		501 (C)3		40,320	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
LIFT-UP ROUTT CNTY2125 CURVE COURT STEAMBOAT SPRINGS, CO 804870000		501 (C)3		6,813	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
LIGHT & LIFE COMMUNITY220 S YARROW LAKEWOOD,CO 802261528		501 (C)3		8,788	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
LIGHTHOUSE GOSPEL550 S AVE GRAND JUNCTION, CO 815010000		501 (C)3		8,056	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
LIMON SCH DIST #RE-4J874 F AVE LIMON,CO 80828		501 (C)3		10,872	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
LITTLETON SCH DIST #65759 WYNDERMERE LITTLETON,CO 80120		501 (C)3		39,107	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
LOGAN COUNTY230 N 10TH AVE STERLING, CO 807510000		501 (C)3		26,457	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
LORD'S STOREHOUSE-USDA 1565 S HIGHWAY 150 STE E EVANSTON, WY 829315348		501 (C)3		19,859	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
LOVE CHRISTIAN FELLOWSHIP4651 TULSA CT DENVER, CO 80237		501 (C)3		6,132	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
LOVE CHRISTIAN FELLOWSHIP4651 TULSA CT WEST DENVER,CO 80237		501 (C)3		9,805	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
LURDINE'S CUPBOARD & RESOURCE3205 ADAMS ST DENVER, CO 802054948		501 (C)3		6,765	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
MANNA HOUSE - USDA 2 3 4 3 MOUNTAIN VIEW DRIVE CODY, WY 8 2 4 1 4 9 7 5 4		501 (C)3		6,619	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
MAPLETON SCH DIST #1591 E 80TH AVE DENVER, CO 80229		501 (C)3		128,279	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
MEEKER SCH DIST RE-1BOB TUCKER DRIVE MEEKER,CO 81641		501 (C)3		8,451	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
MESA CNTY SUPPLEMNTAL FOODS486 MORNING GLORY LN UNIT A GRAND JUNCTION, CO 815040000		501 (C)3		188,398	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
MESA COUNTY SCH DIST #512280 E MAIN ST GRAND JUNCTION,		501 (C)3		67,169	FM∨	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
METRO CARERING 1100 E 18TH AVE DENVER, CO 802181111		501 (C)3		100,471	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
METROPOLITAN COMMUNITY980 CLARKSON ST DENVER, CO 802182703		501 (C)3		39,701	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
MOFFAT COUNTY DSS595 BREEZE ST CRAIG,CO 816250000		501 (C)3		11,017	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
MOFFAT COUNTY SCH DIST RE-1900 FINLEY LANE CRIAG,CO 81625		501 (C)3		39,974	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
MONTBELLO COOP MINISTRY4685 PEORIA ST STE 231A DENVER, CO 802394819		501 (C)3		26,288	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
MONTROSE COUNTY DSS17 N 6TH ST MONTROSE, CO 814010000		501 (C)3		57,932	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
MONTROSE SCH DIST RE-1J930 COLORADO AVE MONTROSE,CO 81402		501 (C)3		118,799	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
MOUNTAIN FAMILY SERVICE 612 HEMLOCK ST HOT SULPHUR SPRINGS, CO 804510000		501 (C)3		6,275	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
NEEDS INC-USDA 900 CENTRAL AVE CHEYENNE, WY 820071372		501 (C)3		65,781	FM∨	FOOD	FOOD DISTRIBUTION INDIVIDUALS
NEW GENESIS1680 SHERMAN ST DENVER, CO 802030000		501 (C)3		19,862	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
NEW HOPE MINISTIRES875 S SHERIDAN LAKEWOOD, CO 802260000		501 (C)3		18,497	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
NORTH PRESBYTERIAN CHURCH3025 W 37TH AVE DENVER, CO 802112784		501 (C)3		9,885	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
NORTHWEST FAMILY ASST2222 W 32ND AVE DENVER, CO 802113318		501 (C)3		24,168	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
NOWCAP-USDA317 SOUTH 6TH STREET THERMOPOLIS, WY 824432904		501 (C)3		5,866	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
OPEN ARMS6500 W COALMINE AVE LITTLETON,CO 801233894		501 (C)3		32,485	FM∨	FOOD	FOOD DISTRIBUTION INDIVIDUALS
PARK COUNTY SCH DIST RE-2640 HATHAWAY ST FAIRPLAY, CO 80440		501 (C)3		5,413	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
PARK SCH DIST R- 31600 MANFORD AVE ESTES PARK, CO 80517		501 (C)3		10,750	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
PEETZ PLATEAU SCH DIST RE-5 311 COLEMAN AVE PEETZ,CO 80747		501 (C)3		5,103	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
PLATEAU VALLEY SCH DIST #50 56600 HWY 330 COLLBRAN, CO 81624		501 (C)3		5,549	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
PLATTE CANYON SCH DIST #11737 PARK COUNTY RD 43 BAILEY.CO 80421		501 (C)3		13,326	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
PLATTE VALLEY SCH DIST901 CAMPBELL ST KERSEY, CO 80644		501 (C)3		19,677	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
POWELL AMERICAN LEGION-USDA143 S CLARK STREET POWELL, WY 824352717		501 (C)3		13,599	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
PRAISE CENTER CHURCH3105 W FLORIDA AVE DENVER,CO 802190000		501 (C)3		17,504	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
PROJECT ANGLE HEART4190 GARFIELD ST UNIT 5 DENVER, CO 802160000		501 (C)3		21,734	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
PROJECT SAFE 1741 VINE ST DENVER, CO 802061119		501 (C)3		5,136	FM∨	FOOD	FOOD DISTRIBUTION INDIVIDUALS
PROJECT SENIOR SUPPORT1402 MINER ST IDAHO SPRINGS, CO 804520000		501 (C)3		7,184	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
RANGELY SCH DIST 560 RIVER ROAD RANGELY, CO 81648		501 (C)3		5,240	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
REDEEMING LOVE FELLOWSHIP1201 W 41ST AVE DENVER, CO 802112565		501 (C)3		12,869	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
RESTORATION FELLOWSHIP411 SOUTH WALSH DRIVE CASPER,WY 826090000		501 (C)3		21,112	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
ROARING FORK HIGH SCHOOL2270 HWY 133 CARBONDALE,CO 81623		501 (C)3		21,258	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
ROSE OF SHARON FOOD BANK5306 N LINCOLN ST DENVER, CO 802161933		501 (C)3		17,672	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
SALVATION ARMY CASPER441 SOUTH CENTER STREET CASPER, WY 826012855		501 (C)3		22,785	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
SALVATION ARMY CHEYENNE-USDA 1401 E LINCOLNWAY CHEYENNE, WY 820034871		501 (C)3		29,093	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
SALVATION ARMYADULT4751 NORTH BROADWAY DENVER, CO		501 (C)3		23,583	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
SALVATION ARMYARP903 GRAND AVE GRAND JUNCTION, CO 815010000		501 (C)3		7,443	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
SALVATION ARMYFAMILY SERVICES2201 STOUT ST DENVER, CO 802050000		501 (C)3		11,509	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
SALVATION ARMYHARBOR1901 29TH AVE DENVER, CO 802160000		501 (C)3		84,401	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
SALVATION ARMY- SHERIDAN-USDA 150 SOUTH TSCHIRGI SHERIDAN,WY 828014227		501 (C)3		28,433	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
SCOTT UNITED METHODIST2880 GARFIELD ST DENVER, CO 802055045		501 (C)3		17,393	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
SENIOR HIGH RISE FB2611 S DECATUR DENVER, CO 802196009		501 (C)3		10,035	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
SENIOR SUPPORT SERV846 E 18TH AVE DENVER,CO 802180000		501 (C)3		6,303	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
SENIORS' RESOURCE CNTR 5120 HWY 73 EVERGREEN,CO 804397301		501 (C)3		5,884	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
SERVICIOS DE LA RAZA INC4055 TEJON ST DENVER, CO 802112214		501 (C)3		10,496	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
SHARING AND CARING3739 DOWNING DENVER, CO 802052415		501 (C)3		16,971	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
SHERIDAN SD 2 3201 W OXFORD AVE DENVER, CO 80110		501 (C)3		6,843	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
SJB CHILD DEVELOP CTRS INC1511 12TH AVE GREELEY, CO 80631		501 (C)3		10,827	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
SOUTH LINCOLN HRC506 CEDAR AVE KEMMERER, WY 831013015		501 (C)3		5,171	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
SOUTH ROUTT SCH DIST RE-3305 N GRANT OAK CREEK, CO 80467		501 (C)3		7,414	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
ST ANTHONYS FOOD BANK3801 WEST OHIO AVE DENVER, CO 802193226		501 (C)3		26,045	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
ST AUGUSTINE FOOD PANTRY129 6TH AVE BRIGHTON, CO 806010000		501 (C)3		14,095	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
ST JOSEPH'S CHURCH-USDA321 EAST 6TH STREET CHEYENNE, WY 820071431		501 (C)3		36,726	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
ST MARKS3141 W 96TH AVE WESTMINSTER,CO 800300000		501 (C)3		6,582	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
ST THOMAS CHURCH-USDA9 SOUTH FIRST STREET DUBOIS, WY 825130735		501 (C)3		5,749	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
STRASBURG SCH DIST #31J56727 E COLORADO AVE STRASBURG,CO 80136		501 (C)3		15,169	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
STRATTON SCH DIST R-4219 ILLINOIS AVE STRATTON,CO 80836		501 (C)3		7,149	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
SUMMIT CNTY SOC SERV360 PEAK ONE DR STE 230 FRISCO,CO 804430000		501 (C)3		6,716	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
SUMMIT SCH DIST RE-1150 SCHOOL RD FRISCO,CO 80443		501 (C)3		48,097	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
TEFAP - MP RURAL 10700 E 45TH AVE DENVER, CO 802390000		501 (C)3		7,951	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					other)		
TEFAP - MP URBAN 10700 E 45TH AVE DENVER, CO 802390000		501 (C)3		19,692	FM∨	FOOD	FOOD DISTRIBUTION INDIVIDUALS
THOMPSON SCH DIST R-2J2890 N MONROE AVE LOVELAND,CO 80538		501 (C)3		16,911	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
THORNTON FOOD BANK8990 YORK ST THORNTON,CO 802290000		501 (C)3		8,877	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
TWIN PARISHES 3663 HUMBOLDT DENVER, CO 802053330		501 (C)3		57,756	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
UNIVERSITY CHURCH OF CHRIST2000 S MILWAUKEE STREET DENVER, CO 802100000		501 (C)3		17,062	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
VALLEY SCH DIST RE-1428 W BROADWAY STERLING, CO		501 (C)3		53,636	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
VOA SHELTERS 2660 LARIMER ST DENVER, CO 802050000		501 (C)3		24,348	FM∨	FOOD	FOOD DISTRIBUTION INDIVIDUALS
WARREN VILLAGE INC1323 GILPIN ST DENVER, CO 802182552		501 (C)3		6,301	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
WELD CNTY SCH DIST RE-1901 BIRCH ST GILCREST, CO 80623		501 (C)3		33,243	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
WELD COUNTY SCH DIST RE-3J4977 WELD COUNTY ROAD 59 KEENESBURG, CO 80643		501 (C)3		23,000	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
WELD SCH DIST RE-9210 W 1ST ST AULT,CO 80610		501 (C)3		12,081	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
WIGGINS SCH DIST RE-50J320 CHAPMAN WIGGINS,CO 80654		501 (C)3		13,468	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
WINDSOR SCH DIST RE-4180 N 8TH STREET WINDSOR, CO 80550		501 (C)3		13,430	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
WRAY SCH DIST RD-2 - HIGH & GRADE30222 COUNTY ROAD 35 WRAY.CO 80758		501 (C)3		8,441	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
WRAY SCH DIST RD-2 - MIDDLE SCHOOL620 W 7TH ST WRAY,CO 80758		501 (C)3		5,353	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS
WRIGHT COMMUNITY ASSIST265 ROCHELLE DRIVE WRIGHT, WY 827320000		501 (C)3		27,983	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
YUMA CNTY340 BIRCH STREET WRAY,CO 807580000		501 (C)3		8,558	FM∨	FOOD	FOOD DISTRIBUTION INDIVIDUALS
YUMA SCH DIST RJ-1500 S ELM YUMA,CO 80759		501 (C)3		15,697	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

(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
ZION LUTHERAN 1400 SKEEL ST BRIGHTON, CO 80601		501 (C)3		41,846	FMV	FOOD	FOOD DISTRIBUTION INDIVIDUALS

DLN: 93493332005212

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Normal Flore Glade Golffloo	F Attach to Form 990. F See separate instructions.		
Name of the organization FOOD BANK OF THE ROCKIES	Employe	er identificati	ion number
	84-077	2672	
Part I Questions Regarding C	ompensation		

				res	NO	
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pro					
	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	If any of the boxes in line 1a are checked, did the organiza reimbursement orprovision of all the expenses described a		1b			
2	Did the organization require substantiation prior to reimbu officers, directors, trustees, and the CEO/Executive Directors		2			
		,,g				
_	To be a book of the Cillian of the constitution of the constitutio	a to colollat the comment of the				
3	Indicate which, if any, of the following the organization use organization's CEO/Executive Director Check all that ap					
	Compensation committee	Written employment contract				
	☐ Independent compensation consultant					
	Form 990 of other organizations					
4	During the year, did any person listed in Form 990, Part V or a related organization	II, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control payme	ent?	4a		Νo	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c	Participate in, or receive payment from, an equity-based of	ompensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must cor	nplete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the revenues of	a, did the organization pay or accrue any				
а	The organization?		5a		Νo	
ь	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, line 1 compensation contingent on the net earnings of	a, did the organization pay or accrue any				
а	The organization?		6a		Νo	
ь	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 A, line 1	a, did the organization provide any non-fixed				
	payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6.	pe in Part III	7		Νo	
8	Were any amounts reported in Form 990, Part VII, paid or subject to the initial contract exception described in Regs in Part III		8		No	
9	If "Yes" to line 8, did the organization also follow the rebusection 53 4958-6(c)?	ttable presumption procedure described in Regulations	9			
			1.75			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & (iii) Other			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior	
		(i) Base compensation	incentive compensation	reportable compensation	compensation		,	Form 990 or Form 990-EZ	
(1) KEVIN SEGGELKE	(I) (II)	147,494 0	14,971 0	0	4,874 0	16,712 0	184,051 0	0	
-									
-									
-									
-									
-									
-									

Schedule J (Form 990) 2011 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) 2011

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493332005212

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

NonCash Contributions

Name of the organization FOOD BANK OF THE ROCKIES

Employer identification number

					84-0772672			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of de contribution	etermı		
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
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	32,023,525	44,084,698	FMV			
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	RENTAL		_					
25	Other ► (<u>EQUIPMENT</u>)	X	1	4,144	FMV			
26	OTHER Other►(<u>SIGNANGE</u>)	×	1	15,461	FM\/			
20	COMPUTER			15,101	1114			
27	Other►(<u>EQUIPMENT</u>) TRUCK	X	1	41,601	FMV			
	DISCOUNT							
	ON							
28	Other►(<u>PURCHASE</u>)	Х	2	20,000	FMV			
	TRUCK		_		ENAL /			
	Other ► (REPAIR)	X	1	60	FMV			
	SOFTWARE Other►(<u>LICENSES</u>)	X	50	38,250	 FMV			
29	Number of Forms 8283 received	by the org		ar for contributions				
	for which the organization compl	leted Form	8283, Part IV, Donee Ackr	owledgement	29		1	
	D				1 20		Yes	No
3Ua	During the year, did the organiza							
	must hold for at least three year			on, and wnich is not require	a to be used			
_	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangement							
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us	e thırd part	ies or related organizations	to solicit, process, or sell	non-cash			
	contributions?					32a		Νo
b	If "Yes," describe in Part II							_
33	If the organization did not report	t revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							i

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.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	, , , ,	THE ORGANIZATION RECEIVED MULTIPLE CONTRIBUTIONS OF FOOD INVENTORY FROM MULTIPLE CONTRIBUTORS IN TOTAL, 32,023,525 POUNDS OF FOOD INVENTORY WERE DONATED

Schedule M (Form 990) 2011

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization FOOD BANK OF THE ROCKIES

Employer identification number

84-0772672

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	MOBILE PANTRIES BRING FOOD DIRECTLY TO COMMUNITIES WHERE MORE HELP IS NEEDED A TYPICAL MOBILE PANTRY WILL DISTRIBUTE ABOUT 7,500 POUNDS OF FOOD CLIENTS BRING THEIR OWN BAGS OR BOXES AND TAKE HOME THE FOOD DIRECTLY FORM THE MOBILE PANTRY SITE. WE DISTRIBUTED 2 6 MILLION POUNDS TO 29 LOCATIONS
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE REVIEWS THE RETURN IN DETAIL BEFORE THE RETURN IS FILED AFTER THE REVIEW BY THE AUDIT COMMITTEE, THE BOARD OF DIRECTORS RECEIVES A COPY OF THE FORM 990 PRIOR TO IT BEING FILED
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE ON AN ANNUAL BASIS IF ANY CONFLICTS OF INTEREST EXIST, THE BOARD MEMBERS RECUSE THEMSELVES FROM VOTING ON ANY MATTERS PERTAINING TO THE CONFLICT THE ORGANIZATION INQUIRES ABOUT ADDITIONAL CONFLICTS OF INTEREST AT BOARD MEETINGS TO IDENTIFY ANY NEW CONFLICTS OF INTEREST THAT MAY HAVE ARISEN SINCE THE ANNUAL DISCLOSURE WAS SIGNED
	FORM 990, PART VI, SECTION B, LINE 15	EVERY TWO YEARS, THE CEO GATHERS SALARY COMPENSATION DATA FROM SALARY SURVEY COMPARISONS FOR EACH POSITION WITHIN THE ORGANIZATION THE EXECUTIVE COMMITTEE USES THIS INFORMATION TO SET THE SALARY FOR THE CEO BASED UPON EMPLOYEE PERFORMANCE REVIEWS AND THE SALARY SURVEY DATA, A SALARY INCREASE IS PROPOSED FOR ALL EMPLOYEES, INCLUDING THE CEO AND OTHER OFFICERS AND KEY EMPLOYEES THE SALARY INCREASES ARE PRESENTED TO THE EXECUTIVE COMMITTEE, WHO REVIEWS AND APPROVES THE PROPOSED SALARY LEVELS THE ORGANIZATION MAINTAINS THE NECESSARY DOCUMENTATION OF HOW THE SALARY LEVELS ARE DETERMINED EMPLOYEE REVIEWS ARE DONE EACH YEAR
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC
EXECUTIVE COMMITTEE	FORM 990, PART VI, SECTION A, LINE 1A	THE EXECUTIVE COMMITTEE CONSISTS OF THOSE MEMBERS OF THE BOARD WHO ARE FROM TIME TO TIME SERVING AS OFFICERS OF FBR, AND THE CHAIRPERSONS OF THE DEVELOPMENT COMMITTEE AND OPERATIONS COMMITTEE. IN ADDITION, THE CHAIRPERSON OF THE BOARD SERVES AS THE CHAIRPERSON OF THE EXECUTIVE COMMITTEE, AND THE PRESIDENT AND CEO IS A NON-VOTING EX OFFICIO MEMBER OF THE EXECUTIVE COMMITTEE 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	TRANSFER OF FUNDS TO FBR ENDOWMENT FUND -250,000 INVESTMENT RETURN TRANSFERRED TO FBR ENDOWMENT FUND -7,975 CAPITALIZED SERVICES 8,003 TOTAL TO FORM 990, PART XI, LINE 5 -249,972

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

DLN: 93493332005212

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization FOOD BANK OF THE ROCKIES				Employer i 84-07726	dentification number 72		
Part I Identification of Disregarded Entities (Com	plete if the organizatio	n answered "Yes"	on Form 990, Pa	•			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	nizations (Complete in the tax year.)	f the organization	answered "Yes" (on Form 990, F	Part IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stat (if section 501(c)(us (f) Direct controlling entity	Section 5 cont	g) 512(b)(13 rolled nization
(1) FOOD BANK OF THE ROCKIES ENDOWMENT FUND						Yes	No
10700 EAST 45TH AVENUE	INVESTMENTS	СО	501(C)(3)	LINE	11C N/A	Yes	
DENVER, CO 80239 26-0211983							
For Privacy Act and Panerwork Reduction Act Notice see the Instruc	tions for Form 990	Cat No. 50	<u> </u> 135Y		Schedule R (I	 	2011

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

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

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

(a) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership			

Part V Transactions With Related Organizations (Complete if the organization answered "Yo	es" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)						
Note. 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 organization	anızatıons lısted ın Part	s II-IV?	1a						
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity									
b Gift, grant, or capital contribution to related organization(s)			1b	Yes	<u> </u>				
c Gift, grant, or capital contribution from related organization(s)			1c 1d		No				
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)			<u>1e</u>	<u> </u>	No				
f Sale of assets to related organization(s)			1f		No				
g Purchase of assets from related organization(s)			1 g		No				
h Exchange of assets with related organization(s)			1h		No				
i Lease of facilities, equipment, or other assets to related organization(s)			1i		No				
j Lease of facilities, equipment, or other assets from related organization(s)			1 j		No				
k Performance of services or membership or fundraising solicitations for related organization(s)									
l Performance of services or membership or fundraising solicitations by related organization(s)									
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
n Sharing of paid employees with related organization(s)			1n		No				
• Reimbursement paid to related organization(s) for expenses			10		No				
P Reimbursement paid by related organization(s) for expenses			1p		No				
q Other transfer of cash or property to related organization(s)			1 q		No				
r Other transfer of cash or property from related 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 transact	ion thresholds						
(a) (b) Transaction (c) Amount involved Med									
1) FOOD BANK OF THE ROCKIES ENDOWMENT FUND	В	250,000	CASH						
2)									
			1						

Name of other organization	type(a-r)	Amount involved	involved
(1) FOOD BANK OF THE ROCKIES ENDOWMENT FUND	В	250,000	CASH
(2)			
(3)			
(4)			
(5)			
(6)			
			Schedule R (Form 990) 2011

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	Share of end-of-year			(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Code V—UBI General Gen		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

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) 2011