

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization FOOD BANK OF THE ROCKIES		D Employer identification number 84-0772672	
	Doing business as		E Telephone number (303) 371-9250	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	10700 EAST 45TH AVENUE		G Gross receipts \$ 173,711,743.	
City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80239		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No		
F Name and address of principal officer: ERIN PULLING 10700 EAST 45TH AVENUE, DENVER, CO 80239		H(b) Are all subordinates included? Yes No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions		
J Website: WWW.FOODBANKROCKIES.ORG		H(c) Group exemption number		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1978	M State of legal domicile: CO	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>DISTRIBUTE FOOD AND ESSENTIALS TO PEOPLE EXPERIENCING FOOD INSECURITY IN CO AND WY</u>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 24
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 24
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 240
	6 Total number of volunteers (estimate if necessary) 6 18000
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 152,571,434. Current Year 139,323,837.
	9 Program service revenue (Part VIII, line 2g) Prior Year 11,816,021. Current Year 10,116,216.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Prior Year -84,610. Current Year 752,658.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Prior Year -5,853. Current Year 80,886.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Prior Year 164,296,992. Current Year 150,273,597.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Prior Year 22,723,106. Current Year 18,524,737.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) Prior Year 0. Current Year 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Prior Year 10,495,773. Current Year 13,693,299.
	16a Professional fundraising fees (Part IX, column (A), line 11e) Prior Year 1,119,303. Current Year 1,354,029.
	b Total fundraising expenses (Part IX, column (D), line 25) Prior Year 3,997,902. Current Year 3,997,902.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Prior Year 108,484,553. Current Year 111,540,862.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Prior Year 142,822,735. Current Year 145,112,927.
19 Revenue less expenses. Subtract line 18 from line 12 Prior Year 21,474,257. Current Year 5,160,670.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 66,205,554. End of Year 84,493,374.
	21 Total liabilities (Part X, line 26) Beginning of Current Year 5,345,583. End of Year 18,472,733.
	22 Net assets or fund balances. Subtract line 21 from line 20 Beginning of Current Year 60,859,971. End of Year 66,020,641.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	HEATHER MACKENDRICK COSTA, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DORI J. EGGETT	Preparer's signature DORI J. EGGETT	Date 05/12/23	Check if self-employed <input type="checkbox"/>	PTIN P00645252
	Firm's name PLANTE & MORAN, PLLC	Firm's EIN 38-1357951	Phone no. 303-740-9400		
Firm's address 8181 E TUFTS AVE, SUITE 600 DENVER, CO 80237					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FOOD BANK OF THE ROCKIES IGNITES THE POWER OF COMMUNITY TO NOURISH PEOPLE FACING HUNGER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 70,944,848. including grants of \$) (Revenue \$ 5,074,438.) THE CENTRAL DISTRIBUTION PROGRAM OF FOOD BANK OF THE ROCKIES SERVES APPROXIMATELY 757 HUNGER-RELIEF PROGRAMS IN 30 COUNTIES INCLUDING METROPOLITAN DENVER AND NORTHERN COLORADO. LAST YEAR, THE FOOD BANK DISTRIBUTED 81 MILLION POUNDS OF FOOD AND COMMODITIES - ENOUGH FOR OUR AGENCIES TO PROVIDE OVER 177,500 MEALS EACH DAY TO CHILDREN, OLDER ADULTS, AND FAMILIES FACING FOOD INSECURITY.

4b (Code:) (Expenses \$ 23,019,229. including grants of \$) (Revenue \$) FOOD BANK OF THE ROCKIES GROCERY RESCUE PROGRAM HAS WORKED TO KEEP NUTRITIOUS SURPLUS FOOD FROM BEING THROWN AWAY. WE PICK UP HIGHLY NUTRITIOUS FOOD SUCH AS MEAT, DAIRY AND PRODUCE FROM 821 LOCAL RETAILERS THROUGHOUT THE STATE AND DISTRIBUTE IT TO OUR PARTNER AGENCIES.

4c (Code:) (Expenses \$ 17,701,405. including grants of \$ 3,112,315.) (Revenue \$ 845,160.) FOOD BANK OF WYOMING WORKS WITH APPROXIMATELY 180 NONPROFIT HUNGER-RELIEF PROGRAMS THAT PROVIDE FOOD AND NUTRITIOUS MEALS DIRECTLY TO OUR FOOD INSECURE NEIGHBORS. FROM SMALL CHURCH PANTRIES TO LARGE ORGANIZATIONS WITH NATIONAL SUPPORT, FOOD BANK OF WYOMING PARTNERS WITH PROGRAMS TO PROVIDE ACCESS TO FOOD AND ESSENTIAL ITEMS TO OUR WYOMING NEIGHBORS FACING FOOD INSECURITY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 25,762,078. including grants of \$ 15,412,422.) (Revenue \$ 4,196,618.)

4e Total program service expenses 137,427,560.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, FL, GA, IL, KS, MN, NC, NJ, NM, NY, OR, PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
HEATHER MACKENDRICK COSTA - 303-375-5825
10700 E 45TH AVENUE, DENVER, CO 80239

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIN PULLING CHIEF EXECUTIVE OFFICER	55.00			X			268,071.	0.	27,830.	
(2) STEVEN KULLBERG CHIEF OPERATING OFFICER	55.00			X			172,969.	0.	17,801.	
(3) JENNIFER LACKEY CHIEF DEVELOPMENT OFFICER	55.00			X			172,187.	0.	13,092.	
(4) HEATHER MACKENDRICK COSTA CHIEF FINANCIAL OFFICER	55.00			X			154,708.	0.	14,286.	
(5) LORENA TOLAND VICE PRESIDENT OF PEOPLE &	55.00			X			140,379.	0.	8,586.	
(6) ADITI DESAI VICE PRESIDENT OF MARKETIN	55.00			X			130,821.	0.	11,634.	
(7) CINDY MITCHELL VICE PRESIDENT OF PROGRAMS	55.00			X			126,628.	0.	12,734.	
(8) MELANNIE GRIMME DIRECTOR OF ANNUAL GIVING	45.00					X	112,745.	0.	4,980.	
(9) NICHOLAS BENHAM BOARD CHAIR	4.00	X		X			0.	0.	0.	
(10) CHRISTINA BOWEN VICE CHAIR	3.00	X		X			0.	0.	0.	
(11) GORDON BANKS SECRETARY	3.00	X		X			0.	0.	0.	
(12) JACK PARGEON TREASURER	3.00	X		X			0.	0.	0.	
(13) PATRICIA PERSON IMMEDIATE PAST CHAIR	3.00	X		X			0.	0.	0.	
(14) DANIEL BALL DIRECTOR	2.00	X					0.	0.	0.	
(15) GARRY BEAULIEU DIRECTOR	2.00	X					0.	0.	0.	
(16) DANA BENFIELD DIRECTOR	2.00	X					0.	0.	0.	
(17) ERROL BROWN DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SEAN CHOI DIRECTOR	2.00	X						0.	0.	0.
(19) REID GALBRAITH DIRECTOR	2.00	X						0.	0.	0.
(20) KAYLA GARCIA DIRECTOR	2.00	X						0.	0.	0.
(21) DEBORAH JOA DIRECTOR	2.00	X						0.	0.	0.
(22) NICHOLAS MORRIS DIRECTOR	2.00	X						0.	0.	0.
(23) ETHAN NKANA DIRECTOR	2.00	X						0.	0.	0.
(24) JESSE OGAS DIRECTOR	2.00	X						0.	0.	0.
(25) KATHERINE O'CONNOR DIRECTOR	2.00	X						0.	0.	0.
(26) MELISSA OSSE DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								1,278,508.	0.	110,943.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,278,508.	0.	110,943.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FORD CONSTRUCTION COMPANY INC 560 25 ROAD, GRAND JUNCTION, CO 81505	CONSTRUCTION	3,834,950.
RKD GROUP 7130 S 29TH ST, LINCOLN, NE 68516	DIRECT MAIL	1,374,473.
BRRR REFRIGERATION & DESIGN 5165 PEORIA ST, DENVER, CO 80239	FACILITY REPAIR & MAINT	513,665.
BEAVER BUILDERS LLC 4660 S CLARKSON, ENGLEWOOD, CO 80113	CONSTRUCTION	509,714.
CHAMBERLIN ARCHITECTS, PC 437 MAIN ST, GRAND JUNCTION, CO 81501	DESIGN & PLANNING	229,319.

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 17

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANDREA PASSMAN DIRECTOR	2.00	X						0.	0.	0.
(28) RAJU PATEL DIRECTOR	2.00	X						0.	0.	0.
(29) BART A. PUGH DIRECTOR	2.00	X						0.	0.	0.
(30) TIFFANY A. TODD DIRECTOR	3.00	X						0.	0.	0.
(31) MICHAEL TOUSIGNANT DIRECTOR	2.00	X						0.	0.	0.
(32) DOUGLAS WILHELM DIRECTOR	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 1,311,357.					
	b	Membership dues	1b					
	c	Fundraising events	1c 316,147.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 17,176,016.					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 120,520,317.					
	g	Noncash contributions included in lines 1a-1f	1g \$ 105,689,394.					
	h	Total. Add lines 1a-1f						139,323,837.
Program Service Revenue	2 a	PURCHASED FOOD	Business Code 900099	5,626,880.	5,626,880.			
	b	GOVERNMENT CONTRACTS	900099	4,469,585.	4,469,585.			
	c	DELIVERY FEES	900099	19,751.	19,751.			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			10,116,216.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		125,442.			125,442.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	22,023,080.	1,952,259.			
c	Gain or (loss)	7c	22,028,955.	1,319,168.				
d	Net gain or (loss)		-5,875.	633,091.				
e	Net gain or (loss)			627,216.		627,216.		
8 a	Gross income from fundraising events (not including \$ 316,147. of contributions reported on line 1c). See Part IV, line 18	8a	65,317.					
b	Less: direct expenses	8b	90,023.					
c	Net income or (loss) from fundraising events			-24,706.		-24,706.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code 900099	105,592.			105,592.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			105,592.			
12	Total revenue. See instructions			150,273,597.	10,116,216.	0.	833,544.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	16,341,330.	16,341,330.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,183,407.	2,183,407.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,271,726.	676,357.	300,501.	294,868.
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	9,438,320.	6,407,062.	1,821,729.	1,209,529.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	296,737.	201,649.	56,489.	38,599.
9 Other employee benefits	1,743,978.	1,163,915.	341,719.	238,344.
10 Payroll taxes	942,538.	624,550.	186,311.	131,677.
11 Fees for services (nonemployees):				
a Management				
b Legal	11,768.		11,768.	
c Accounting	148,936.	103,634.	34,553.	10,749.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,354,029.			1,354,029.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,599,602.	1,090,340.	328,623.	180,639.
12 Advertising and promotion	120,404.	81,899.	30,011.	8,494.
13 Office expenses	995,155.	745,042.	87,614.	162,499.
14 Information technology	857,783.	583,464.	213,803.	60,516.
15 Royalties				
16 Occupancy	1,539,593.	1,458,963.	61,659.	18,971.
17 Travel	154,369.	115,571.	13,591.	25,207.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	30,223.	20,558.	7,533.	2,132.
20 Interest	58,412.	43,731.	5,143.	9,538.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,515,276.	1,436,892.	60,260.	18,124.
23 Insurance	224,252.	167,891.	19,743.	36,618.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CONTRIBUTED FOOD DISTRI	88,199,822.	88,199,822.		
b PURCHASED FOOD DISTRIBU	11,585,798.	11,585,798.		
c DISTRIBUTION COSTS	2,043,160.	2,043,160.		
d PREPARED MEALS & SNACKS	1,482,023.	1,482,023.		
e All other expenses	974,286.	670,502.	106,415.	197,369.
25 Total functional expenses. Add lines 1 through 24e	145,112,927.	137,427,560.	3,687,465.	3,997,902.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,200.	1	1,200.
	2 Savings and temporary cash investments	42,909,540.	2	48,349,686.
	3 Pledges and grants receivable, net	153,314.	3	244,500.
	4 Accounts receivable, net	1,010,959.	4	1,893,260.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	0.	7	9,761,850.
	8 Inventories for sale or use	6,468,079.	8	4,959,994.
	9 Prepaid expenses and deferred charges	709,151.	9	262,578.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,434,691.		
	b Less: accumulated depreciation	10b 10,414,385.		
		14,953,311.	10c	19,020,306.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	66,205,554.	16	84,493,374.	
Liabilities	17 Accounts payable and accrued expenses	3,240,139.	17	3,280,581.
	18 Grants payable		18	
	19 Deferred revenue	285,000.	19	87,503.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,820,444.	23	14,481,805.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	622,844.
	26 Total liabilities. Add lines 17 through 25	5,345,583.	26	18,472,733.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	54,836,258.	27	59,363,419.
	28 Net assets with donor restrictions	6,023,713.	28	6,657,222.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	60,859,971.	32	66,020,641.
	33 Total liabilities and net assets/fund balances	66,205,554.	33	84,493,374.

Form 990 (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	150,273,597.
2	Total expenses (must equal Part IX, column (A), line 25)	2	145,112,927.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,160,670.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60,859,971.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	66,020,641.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	98,597,834.	102,149,146.	135,192,226.	152,571,434.	139,323,837.	627,834,477.
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	98,597,834.	102,149,146.	135,192,226.	152,571,434.	139,323,837.	627,834,477.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						134,203,831.
6 Public support. Subtract line 5 from line 4.						493,630,646.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	98,597,834.	102,149,146.	135,192,226.	152,571,434.	139,323,837.	627,834,477.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	35,756.	96,224.	81,756.	4,969.	125,442.	344,147.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	56,579.	58,137.	73,298.	729,290.	105,592.	1,022,896.
11 Total support. Add lines 7 through 10						629,201,520.
12 Gross receipts from related activities, etc. (see instructions)					12	41,881,732.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	78.45 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	77.85 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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

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

MISCELLANEOUS

2017 AMOUNT: \$ 56,579.

2018 AMOUNT: \$ 58,137.

2019 AMOUNT: \$ 73,298.

2020 AMOUNT: \$ 729,290.

2021 AMOUNT: \$ 105,592.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

FOOD BANK OF THE ROCKIES

Employer identification number

84-0772672

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 3,183,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 24,101,245.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,117,336.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 8,602,873.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 9,428,872.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 7,744,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 3,393,007.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 3,882,831.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 5,454,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 3,748,616.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 3,363,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 3,335,716.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 3,183,047.	12/31/21
2	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 24,101,245.	12/31/21
3	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 5,117,336.	12/31/21
4	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 8,602,873.	12/31/21
5	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 9,428,872.	12/31/21
6	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 7,744,992.	12/31/21

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 3,393,007.	12/31/21
8	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 3,882,831.	12/31/21
9	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 5,454,467.	12/31/21
10	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 3,748,616.	12/31/21
11	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 3,363,078.	12/31/21
12	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 3,335,716.	12/31/21

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">FOOD BANK OF THE ROCKIES</p>	Employer identification number <p style="text-align: center;">84-0772672</p>
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	383.													
c	Total lobbying expenditures (add lines 1a and 1b)	383.													
d	Other exempt purpose expenditures	141,115,024.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	141,115,407.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures			54,162.	383.	54,545.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,367,889.	3,524,904.	3,011,822.	3,042,275.	2,761,276.
b Contributions	30,026.	21,851.	367,327.		100,950.
c Net investment earnings, gains, and losses	-455,586.	821,134.	145,755.	99,547.	180,049.
d Grants or scholarships					
e Other expenditures for facilities and programs				130,000.	
f Administrative expenses					
g End of year balance	3,942,329.	4,367,889.	3,524,904.	3,011,822.	3,042,275.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 17.8380 %
 - b Permanent endowment 82.1620 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,207,500.		1,207,500.
b Buildings		4,762,196.	1,759,301.	3,002,895.
c Leasehold improvements		7,202,818.	2,892,657.	4,310,161.
d Equipment		4,427,024.	2,955,215.	1,471,809.
e Other		11,835,153.	2,807,212.	9,027,941.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,020,306.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	622,844.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	622,844.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	149,911,224.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	63,187.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-425,560.	
e	Add lines 2a through 2d		2e	-362,373.
3	Subtract line 2e from line 1		3	150,273,597.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	150,273,597.

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

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

1	Total expenses and losses per audited financial statements		1	145,176,114.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	63,187.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	63,187.
3	Subtract line 2e from line 1		3	145,112,927.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	145,112,927.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

THE FOOD BANK OF THE ROCKIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FBR ENDOWMENT FUND REVENUES -425,560.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RKD GROUP - 35 PARKWOOD DR., SUITE 160, HOPKINTON, MA	DIRECT MAIL		X	3,716,097.	1,354,029.	2,362,068.
Total				3,716,097.	1,354,029.	2,362,068.

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

CA, CO, FL, GA, IL, KS, MN, NC, NJ, NM, NY, OR, PA, UT, VA, WA, WI, WY

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GOLF EVENT (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	381,464.		381,464.
	2	Less: Contributions	316,147.		316,147.
	3	Gross income (line 1 minus line 2)	65,317.		65,317.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	48,000.		48,000.
	7	Food and beverages	34,942.		34,942.
	8	Entertainment			
	9	Other direct expenses	7,081.		7,081.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-24,706.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

(I) NAME OF FUNDRAISER: RKD GROUP

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

FOOD BANK OF THE ROCKIES

Employer identification number
84-0772672

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADAMS COUNTY EMERGENCY FOOD BANK - TEFAP - 7111 E 56TH AVE - COMMERCE CITY, CO 80022-4811		501 (C) 3	0.	522,921. FMV		FOOD	FOOD DISTRIBUTION
AGAPE LIFE CHURCH (PANTRY) - TEFAP 5970 W 60TH AVE ARVADA, CO 80003-5702		501 (C) 3	6,000.	30,416. FMV		FOOD	FOOD DISTRIBUTION
AGAPE LIFE CHURCH (SK) - TEFAP 5970 W 60TH AVE ARVADA, CO 80003-5702		501 (C) 3	0.	9,689. FMV		FOOD	FOOD DISTRIBUTION
AMAZING GRACE COMMUNITY CHURCH - TM TEFAP - 541 E 99TH PL - THORNTON, CO 80229-2104		501 (C) 3	0.	32,798. FMV		FOOD	FOOD DISTRIBUTION
ARAPAHOE COUNTY DHS AURORA - TEFAP - 14980 E ALAMEDA DR - AURORA, CO 80002-2326		501 (C) 3	0.	16,379. FMV		FOOD	FOOD DISTRIBUTION
ARAPAHOE COUNTY DHS LITTLETON - TEFAP - 1690 W LITTLETON BLVD - LITTLETON, CO 80010-2004		501 (C) 3	0.	6,995. FMV		FOOD	FOOD DISTRIBUTION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 191.
- 3** Enter total number of other organizations listed in the line 1 table 191.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA INTERFAITH COMMUNITY SERVICES - TEFAP - 1553 CLINTON ST - AURORA, CO 80136-7806		501 (C) 3	0.	41,263. FMV		FOOD	FOOD DISTRIBUTION
BAPTIST YOUTH MISSION USDA 400 LINCOLN AVE SINCLAIR, WY 82334-0004		501 (C) 3	0.	24,142. FMV		FOOD	FOOD DISTRIBUTION
BENNETT COMM FOOD BANK - TEFAP 2057 S CO RD 149 STRASBURG, CO 80202-3815		501 (C) 3	0.	20,018. FMV		FOOD	FOOD DISTRIBUTION
BETHANY FELLOWSHIP CHURCH USDA 160 PLEASANT VIEW LN WORLAND, WY 82401-0000		501 (C) 3	0.	16,460. FMV		FOOD	FOOD DISTRIBUTION
BREAD USDA 627 PINE ST NEWCASTLE, WY 82701-2132		501 (C) 3	0.	32,023. FMV		FOOD	FOOD DISTRIBUTION
BRIGHTON TOWN HALL - MP TEFAP 22 S 4TH ST BRIGHTON, CO 80915-1200		501 (C) 3	0.	64,032. FMV		FOOD	FOOD DISTRIBUTION
BRUSH UNITED METHODIST CHURCH-TEFAP - 1701 EDMUNDS ST - BRUSH, CO 81432		501 (C) 3	0.	37,704. FMV		FOOD	FOOD DISTRIBUTION
BUFFALO SENIOR CENTER USDA 671 W FETTERMAN BUFFALO, WY 82834-0941		501 (C) 3	0.	7,449. FMV		FOOD	FOOD DISTRIBUTION
BURLINGTON COMM CENTER-PRAIRIE FAMILY - MP TEFAP - 340 S 14TH ST - BURLINGTON, CO 80109-3010		501 (C) 3	0.	132,240. FMV		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

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CANYON VIEW VINEYARD CHURCH - TEFAP - 736 24 1/2 RD - GRAND JUNCTION, CO 81520-7619		501 (C) 3	0.	161,204. FMV		FOOD	FOOD DISTRIBUTION
CANYON WEST WORSHIP CENTER - TEFAP 456 KOKOPELLI BLVD FRUITA, CO 80012-5651		501 (C) 3	0.	171,597. FMV		FOOD	FOOD DISTRIBUTION
CAPITOL HILL COMM SERVICES - TEFAP 1820 BROADWAY DENVER, CO 80220-1515		501 (C) 3	8,250.	13,564. FMV		FOOD	FOOD DISTRIBUTION
CATHOLIC CHARITIES SAMARITAN HOUSE - TEFAP - 2301 LAWRENCE ST - DENVER, CO 80205-2126		501 (C) 3	0.	25,657. FMV		FOOD	FOOD DISTRIBUTION
CENTRAL HIGH SCHOOL MP TEFAP 6401 WARRIOR WAY GRAND JUNCTION, CO 80111-3301		501 (C) 3	0.	141,002. FMV		FOOD	FOOD DISTRIBUTION
CHAIN OF LOVE - TEFAP 1402 S MAIN ST DELTA, CO 80219-2464		501 (C) 3	0.	52,132. FMV		FOOD	FOOD DISTRIBUTION
CHILDREN'S HOSPITAL HEALTHY ROOTS - TEFAP - 860 N POTOMAT CIR - AURORA, CO 80204-3941		501 (C) 3	0.	37,832. FMV		FOOD	FOOD DISTRIBUTION
CHURCH OF THE NAZARENE-TEFAP 3595 FRONT ST PALISADE, CO 80010-1996		501 (C) 3	0.	60,479. FMV		FOOD	FOOD DISTRIBUTION
CLIFTON CHRISTIAN CHURCH MP - TEFAP - 615 I-70 BUSINESS LOOP - CLIFTON, CO 80234-4004		501 (C) 3	0.	318,038. FMV		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

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COLORADO COMMUNITY CHURCH - MP TEFAP - 14000 E JEWELL AVE - AURORA, CO 80401-3684		501 (C) 3	0.	154,363. FMV		FOOD	FOOD DISTRIBUTION
COLORADO HEALTH NETWORK - TEFAP 6260 E COLFAX AVE DENVER, CO 80231-4394		501 (C) 3	0.	54,582. FMV		FOOD	FOOD DISTRIBUTION
COMITIS CRISIS CENTER - TEFAP 2178 VICTOR ST AURORA, CO 81650-1928		501 (C) 3	0.	15,803. FMV		FOOD	FOOD DISTRIBUTION
COMMUNITY MINISTRY SW - TEFAP 1755 S ZUNI ST DENVER, CO 80487-4913		501 (C) 3	40,195.	165,381. FMV		FOOD	FOOD DISTRIBUTION
COMMUNITY TABLE - TEFAP 8555 W 57TH AVE ARVADA, CO 80452-9626		501 (C) 3	0.	217,438. FMV		FOOD	FOOD DISTRIBUTION
COOPERATING MINISTRY LOGAN - TEFAP - 230 N 10TH AVE - STERLING, CO 80218-1111		501 (C) 3	0.	37,579. FMV		FOOD	FOOD DISTRIBUTION
COOPERATING MINISTRY OF LOGAN COUNTY - MP TEFAP - 1120 PAWNEE AVE - STERLING, CO 80218-2703		501 (C) 3	0.	83,845. FMV		FOOD	FOOD DISTRIBUTION
COUNCIL OF COMMUNITY SERVICES USDA - 114 S 4J RD - GILLETTE, WY 82716-3621		501 (C) 3	0.	75,520. FMV		FOOD	FOOD DISTRIBUTION
COVENANT CUPBOARD YOSEMITE - TEFAP 5400 S YOSEMITE ST GREENWOOD VILLAGE, CO 81526-8077		501 (C) 3	0.	121,220. FMV		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROOK COUNTY COUNCIL OF COUNTY SERVICES USDA - 122 STATE HIGHWAY 585 - SUNDANCE, WY 82729-1381		501 (C) 3	0.	8,827. FMV		FOOD	FOOD DISTRIBUTION
DEER TRAIL - MP TEFAP 370 ASPEN ST DEER TRAIL, CO 80105		501 (C) 3	0.	40,851. FMV		FOOD	FOOD DISTRIBUTION
DELTA COUNTY - MP TEFAP 510 PALMER ST DELTA, CO 81416-1767		501 (C) 3	0.	30,980. FMV		FOOD	FOOD DISTRIBUTION
DENVER INDIAN CENTER - TEFAP 4407 MORRISON RD DENVER, CO 80207-2661		501 (C) 3	0.	104,347. FMV		FOOD	FOOD DISTRIBUTION
DENVER INNER CITY PARISH - TEFAP 1212 MARIPOSA ST DENVER, CO 80204-3941		501 (C) 3	0.	41,764. FMV		FOOD	FOOD DISTRIBUTION
DENVER RESCUE MISSION - TEFAP 5725 E 39TH AVE DENVER, CO 80216-2026		501 (C) 3	0.	297,542. FMV		FOOD	FOOD DISTRIBUTION
DEPT OF HUMAN SER GILPIN - TEFAP 2960 DORY HILL RD BLACK HAWK, CO 80211-2565		501 (C) 3	0.	49,891. FMV		FOOD	FOOD DISTRIBUTION
DHS CORE PANTRY - TEFAP TM 1200 FEDERAL BLVD DENVER, CO 80216-1933		501 (C) 3	0.	18,761. FMV		FOOD	FOOD DISTRIBUTION
DHS EAST - TEFAP MP 3815 STEELE ST DENVER, CO 80122-2078		501 (C) 3	0.	53,926. FMV		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DHS SUN VALLEY- MP TEFAP 2060 W COLFAX AVE DENVER, CO 80205-4547		501 (C) 3	0.	42,794. FMV		FOOD	FOOD DISTRIBUTION
DICK'S SPORTING GOODS PARK - MP TEFAP - 6000 VICTORY WAY - COMMERCE CITY, CO 80205-2530		501 (C) 3	0.	114,194. FMV		FOOD	FOOD DISTRIBUTION
EL JEBEL, EAGLE COUNTY MP- TEFAP 501 EAGLE COUNT DR EL JEBEL, CO 81623-0000		501 (C) 3	0.	162,686. FMV		FOOD	FOOD DISTRIBUTION
EVERGREEN CHRISTIAN OUTREACH - TEFAP - 27888 MEADOW DR - EVERGREEN, CO 81501-7517		501 (C) 3	0.	31,620. FMV		FOOD	FOOD DISTRIBUTION
FBR TEFAP PEOPLE SHARE DENVER COUNTY - 10700 E 45TH AVE - DENVER, CO 80239-3007		501 (C) 3	0.	353,325. FMV		FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - BUFFALO USDA 18 FAIRGROUNDS RD BUFFALO, WY 82834-0000		501 (C) 3	0.	34,618. FMV		FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - GREYBULL USDA 636 14TH AVE N GREYBULL, WY 82426-0000		501 (C) 3	0.	80,004. FMV		FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - GUERNSEY USDA 81 W WHALEN GUERNSEY, WY 82214-0000		501 (C) 3	0.	67,679. FMV		FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - KAYCEE USDA 210 E CENTER ST KAYCEE, WY 82639-0000		501 (C) 3	0.	21,038. FMV		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

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FBW MOBILE PANTRY - LUSK USDA 611 E 6TH LUSK, WY 82225-0000		501 (C) 3	0.	95,763. FMV		FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY- LYMAN - USDA 504 CLARK STREET LYMAN, WY 82537-0000		501 (C) 3	0.	51,093. FMV		FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - MARBLETON USDA 429 E 1ST MARBLETON, WY 83113-0000		501 (C) 3	0.	218,948. FMV		FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - MOORCROFT USDA 101 S BELLE FOURCHE AVE MOORCROFT, WY 82721-0000		501 (C) 3	0.	123,507. FMV		FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - RAWLINS USDA 222W SPRUCE RAWLINS, WY 82301-1654		501 (C) 3	0.	158,749. FMV		FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - RESERVATION E.S. USDA - 37 NORTH FORT RD. - FORT WASHAKIE, WY 82514-0000		501 (C) 3	0.	62,221. FMV		FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - RESERVATION N.A. USDA - BLUE SKY HALL 490 ETHETE RD. - ETHETE, WY 82520-0000		501 (C) 3	0.	91,335. FMV		FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - ROCK RIVER USDA - 321 AVE D - ROCK RIVER, WY 82803-0000		501 (C) 3	0.	187,693. FMV		FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - ROCK SPRINGS USDA - 2441FOOTHILL BLVD - ROCK SPRINGS, WY 82901-0000		501 (C) 3	0.	18,590. FMV		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

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FBW MOBILE PANTRY - WORLAND USDA 417 N 10TH ST. HWY 20 WORLAND, WY 82401-0000		501 (C) 3	0.	70,439. FMV		FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - WRIGHT USDA MULTI PURPOSE BUILDING 1233 ELKHORN WRIGHT, WY 82732-0000		501 (C) 3	0.	40,906. FMV		FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY PINEDALE - USDA 425 E MAGNOLIA PINEDALE, WY 82941-0804		501 (C) 3	0.	54,253. FMV		FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY SHERIDAN - USDA 4351 BIGHORN AVE SHERIDAN, WY 82801-4205		501 (C) 3	0.	72,099. FMV		FOOD	FOOD DISTRIBUTION
FEEDING DENVER'S HUNGRY - TEFAP 11402 E 53RD ST SUITE 200 DENVER, CO 80205-3330		501 (C) 3	9,634.	231,161. FMV		FOOD	FOOD DISTRIBUTION
FOOD BANK OF KIOWA CREEK - TEFAP 231 CHEYENNE ST KIOWA, CO 80210-3521		501 (C) 3	0.	32,472. FMV		FOOD	FOOD DISTRIBUTION
FOOD BANK OF SWEETWATER COUNTY GREEN RIVER USDA - 550 UINFA DR - GREEN RIVER, WY 82935-5005		501 (C) 3	0.	295,025. FMV		FOOD	FOOD DISTRIBUTION
FOOD BANK OF SWEETWATER COUNTY ROCK SPRINGS USDA - 90 CENTER ST - ROCK SPRINGS, WY 82901-5122		501 (C) 3	0.	6,568. FMV		FOOD	FOOD DISTRIBUTION
FOUNDATIONS FOR NATIONS USDA 625 PRAIRIE RD. RIVERTON, WY 82501-4609		501 (C) 3	0.	13,581. FMV		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FRANKTOWN SEVENTH DAY ADVENTIST CHURCH - MP TEFAP - 905 N STATE HIGHWAY 83 - FRANKTOWN, CO 80204-2203		501 (C) 3	0.	19,392. FMV		FOOD	FOOD DISTRIBUTION
FRIENDS OF ST ANDREW - TEFAP 1525 DALLAS ST AURORA, CO 80215-0609		501 (C) 3	0.	18,157. FMV		FOOD	FOOD DISTRIBUTION
FROM THE HEART MINISTRIES USDA PO BOX 504 MOUNTAIN VIEW, WY 82939-0000		501 (C) 3	0.	461,191. FMV		FOOD	FOOD DISTRIBUTION
FRUITA COMMUNITY CENTER - TEFAP 324 N COULSON ST FRUITA, CO 81521-9712		501 (C) 3	0.	5,997. FMV		FOOD	FOOD DISTRIBUTION
GATHERING PLACE BETSY'S CUPBOARD - TEFAP - 1535 HIGH ST - DENVER, CO 80226-1528		501 (C) 3	0.	43,224. FMV		FOOD	FOOD DISTRIBUTION
GLENWOOD - GARFIELD COUNTY- MP TEFAP - 120 SOCCER RD - GLENWOOD SPRINGS, CO 81601-0000		501 (C) 3	0.	90,042. FMV		FOOD	FOOD DISTRIBUTION
GOLD MOUNTAIN VILLAGE - MP TEFAP 440 POWDER RUN DR CENTRAL CITY, CO 81505-9628		501 (C) 3	0.	18,250. FMV		FOOD	FOOD DISTRIBUTION
GOOD SHEPHERD FOOD BANK - TEFAP 10785 MELODY DR NORTHGLENN, CO 80218-1470		501 (C) 3	0.	39,568. FMV		FOOD	FOOD DISTRIBUTION
GRACE BIBLE CHURCH - TEFAP 0755 SPENCER PKWY BATTLEMENT MESA, CO 81636-6248		501 (C) 3	0.	43,466. FMV		FOOD	FOOD DISTRIBUTION

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GRAND JUNCTION HIGH SCHOOL MP TEFAP - 1400 N 5TH ST - GRAND JUNCTION, CO 81501-0000		501 (C) 3	0.	5,796. FMV		FOOD	FOOD DISTRIBUTION
GUNNISON CFP GREATER SOMERSET FOOD PANTRY - TEFAP - 3688 HWY 133 - SOMERSET, CO 80218-1470		501 (C) 3	0.	18,532. FMV		FOOD	FOOD DISTRIBUTION
HARVEST BIBLE CHURCH ELIZABETH - TEFAP - 826 S ELBERT ST - ELIZABETH, CO 81501-5040		501 (C) 3	0.	8,227. FMV		FOOD	FOOD DISTRIBUTION
HAXTUN COMMUNITY CENTER - MP TEFAP 125 E WILSON ST HAXTUN, CO 80123-3894		501 (C) 3	0.	14,252. FMV		FOOD	FOOD DISTRIBUTION
HEALING WATERS FAMILY CENTER - MP TEFAP - 6475 W 29TH AVE - WHEAT RIDGE, CO 80107-1598		501 (C) 3	0.	24,243. FMV		FOOD	FOOD DISTRIBUTION
HELP & HOPE CENTER - TEFAP 1638 PARK ST CASTLE ROCK, CO 81620-0000		501 (C) 3	0.	64,026. FMV		FOOD	FOOD DISTRIBUTION
HINKLEY HIGH SCHOOL MP TEFAP 1250 CHAMBERS RD AURORA, CO 80012-3428		501 (C) 3	0.	160,806. FMV		FOOD	FOOD DISTRIBUTION
HIS PROVISION - TEFAP 705 ULYSSES ST GOLDEN, CO 80011-9048		501 (C) 3	0.	10,163. FMV		FOOD	FOOD DISTRIBUTION
HOLY CROSS CENTER INC USDA 1030 N LINCOLN CASPER, WY 82601-1219		501 (C) 3	0.	64,467. FMV		FOOD	FOOD DISTRIBUTION

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HOMEWARD BOUND GRAND VALLEY - TEFAP - 2853 N AVE - GRAND JUNCTION, CO 80205-2219		501 (C) 3	0.	10,501. FMV		FOOD	FOOD DISTRIBUTION
IMMACULATE HEART MARY - TEFAP 11426 PEARL ST NORTHGLENN, CO 80233-1931		501 (C) 3	0.	200,602. FMV		FOOD	FOOD DISTRIBUTION
INTEGRATED FAMILY COMMUNITY SERVICES - TEFAP - 3370 S IRVING ST - ENGLEWOOD, CO 80117-0778		501 (C) 3	0.	284,455. FMV		FOOD	FOOD DISTRIBUTION
JACKSON COUNTY FAIRGROUNDS - MP TEFAP - 686 CO RD 42 - WALDEN, CO 80422-8771		501 (C) 3	0.	97,700. FMV		FOOD	FOOD DISTRIBUTION
JEWISH FAMILY SERVICE - TEFAP 3201 S TAMARAC DR DENVER, CO 80045-7440		501 (C) 3	0.	240,728. FMV		FOOD	FOOD DISTRIBUTION
JOSHUA'S STOREHOUSE USDA 334 S WOLCOTT ST CASPER, WY 82601-2828		501 (C) 3	0.	17,578. FMV		FOOD	FOOD DISTRIBUTION
JULESBURG CHRISTIAN CHURCH - TEFAP 510 PINE ST JULESBURG, CO 80221-2234		501 (C) 3	0.	25,441. FMV		FOOD	FOOD DISTRIBUTION
KELVER LIBRARY - MP TEFAP 585 S MAIN ST BYERS, CO 80103-9766		501 (C) 3	0.	29,599. FMV		FOOD	FOOD DISTRIBUTION
LANDER CARE AND SHARE FOOD BANK USDA - 281 GARFIELD ST - LANDER, WY 82520-3121		501 (C) 3	0.	11,670. FMV		FOOD	FOOD DISTRIBUTION

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LARAMIE INTERFAITH - USDA 712 E CANBY ST LARAMIE, WY 82070-3916		501 (C) 3	0.	8,865. FMV		FOOD	FOOD DISTRIBUTION
LATTER GLORY - MP TEFAP 3000 S JAMAICA CT AURORA, CO 80239-3007		501 (C) 3	0.	15,795. FMV		FOOD	FOOD DISTRIBUTION
LIFT UP OF GARFIELD COUNTY PARACHUTE - TEFAP - 201 E 1ST ST - PARACHUTE, CO 80239		501 (C) 3	0.	71,452. FMV		FOOD	FOOD DISTRIBUTION
LIFT UP OF ROUTT COUNTY STEAMBOAT - TEFAP - 2095 CURVE CT - STEAMBOAT SPRINGS, CO 80239-3007		501 (C) 3	0.	62,224. FMV		FOOD	FOOD DISTRIBUTION
LIGHT AND LIFE COMMUNITY - TEFAP 220 S YARROW ST LAKEWOOD, CO 80239-3007		501 (C) 3	0.	10,471. FMV		FOOD	FOOD DISTRIBUTION
LOAVES & FISHES IDAHO SPRINGS - TEFAP - 545 HWY 103 - IDAHO SPRINGS, CO 80758-1800		501 (C) 3	0.	20,283. FMV		FOOD	FOOD DISTRIBUTION
LORDS STOREHOUSE USDA 50 YELLOW CREEK RD EVANSTON, WY 82930-5228		501 (C) 3	0.	121,656. FMV		FOOD	FOOD DISTRIBUTION
LOVE INC OF YAMPA VALLEY - TEFAP 595 BREEZE ST CRAIG, CO 80110-1816		501 (C) 3	0.	54,633. FMV		FOOD	FOOD DISTRIBUTION
LOWRY CAMPUS - MP TEFAP 1070 ALTON WAY DENVER, CO 80601-2149		501 (C) 3	0.	32,634. FMV		FOOD	FOOD DISTRIBUTION

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MANNA HOUSE USDA PO BOX 1834 CODY, WY 82414-9754		501 (C) 3	0.	37,266. FMV	FOOD		FOOD DISTRIBUTION
MEEKER - RIO BLANCO COUNTY - MP TEFAP - 700 SULPHUR CREEK RD - MEEKER, CO 80226-7339		501 (C) 3	0.	92,452. FMV	FOOD		FOOD DISTRIBUTION
METRO CARING - TEFAP 1100 E 18TH AVE DENVER, CO 81521-0448		501 (C) 3	0.	884,041. FMV	FOOD		FOOD DISTRIBUTION
METRO MINISTRIES INC-TM TEFAP 248 S OSCEOLA ST DENVER, CO 80219-4123		501 (C) 3	0.	391,024. FMV	FOOD		FOOD DISTRIBUTION
MISSISSIPPI AVE BAPTIST CHURCH - TEFAP - 13231 E MISSISSIPPI AVE - AURORA, CO 80751-2856		501 (C) 3	0.	29,721. FMV	FOOD		FOOD DISTRIBUTION
MONTBELLO REC CENTER - MP TEFAP 15555 E 53RD AVE DENVER, CO 80807-1801		501 (C) 3	0.	107,493. FMV	FOOD		FOOD DISTRIBUTION
MOORCROFT INTERFAITH COMMUNITY USDA - 101 S BELLE FOURCHE AVE - MOORCROFT, WY 82721-0000		501 (C) 3	0.	12,924. FMV	FOOD		FOOD DISTRIBUTION
MORGAN COUNTYDHS - MP TEFAP 718 ELLSWORTH ST BRUSH, CO 80751-2856		501 (C) 3	0.	99,734. FMV	FOOD		FOOD DISTRIBUTION
MOUNTAIN FAMILY CENTER GRANBY - TEFAP - 480 E AGATE AVE 1C - GRANBY, CO 80011-6227		501 (C) 3	0.	47,611. FMV	FOOD		FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NIOBRARA SENIOR CENTER USDA 611 E 6TH ST LUSK, WY 82225-0000		501 (C) 3	0.	16,353. FMV	FOOD		FOOD DISTRIBUTION
NORTH SUBURBAN MEDICAL CENTER - MP TEFAP - 9065 GRANT ST - THORNTON, CO 80260-6052		501 (C) 3	0.	59,118. FMV	FOOD		FOOD DISTRIBUTION
NORTHWEST FAMILY ASSISTANCE - TEFAP - 3810 N PECOS ST - DENVER, CO 80229-4659		501 (C) 3	0.	127,180. FMV	FOOD		FOOD DISTRIBUTION
OPEN ARMS FOOD BANK - TEFAP 6500 W COALMINE AVE LITTLETON, CO 80260-5208		501 (C) 3	0.	39,674. FMV	FOOD		FOOD DISTRIBUTION
OPEN BIBLE FELLOWSHIP CHURCH - TEFAP - 697 DENVER STREET - DEBEQUE, CO 80104-1824		501 (C) 3	0.	24,042. FMV	FOOD		FOOD DISTRIBUTION
OUR LADY OF LORETO - MP TEFAP 18000 E ARAPAHOE RD AURORA, CO 80229-3879		501 (C) 3	0.	20,941. FMV	FOOD		FOOD DISTRIBUTION
PHILLIPS COUNTY EVENT CENTER - MP TEFAP - 22505 US HWY 385 - HOLYOKE, CO 81416-1950		501 (C) 3	0.	49,416. FMV	FOOD		FOOD DISTRIBUTION
PHILLIPS UNITED METHODIST CHURCH - MP TEFAP - 1450 S PIERCE ST - LAKEWOOD, CO 80120-5707		501 (C) 3	0.	76,705. FMV	FOOD		FOOD DISTRIBUTION
PLATEAU VALLEY ASSEMBLY -TEFAP 57228 HWY 330 COLLBRAN, CO 80012-1542		501 (C) 3	0.	51,796. FMV	FOOD		FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POWELL AMERICAN LEGION USDA 143 S CLARK ST POWELL, WY 82435-2717		501 (C) 3	0.	10,325. FMV		FOOD	FOOD DISTRIBUTION
PROJECT ANGEL HEART - TEFAP 4950 WASHINGTON ST DENVER, CO 81418-0000		501 (C) 3	0.	31,035. FMV		FOOD	FOOD DISTRIBUTION
RANGLEY FOOD BANK - TEFAP 204 E RIO BLANCO AVE RANGELY, CO 81648		501 (C) 3	0.	83,810. FMV		FOOD	FOOD DISTRIBUTION
RED ROCKS CHURCH - MP TEFAP 5800 W ALAMEDA PKWY LAKEWOOD, CO 80720-1404		501 (C) 3	0.	76,037. FMV		FOOD	FOOD DISTRIBUTION
RED ROCKS COMMUNITY COLLEGE - MP TEFAP - 13300 W 6TH AVE - LAKEWOOD, CO 80759-1916		501 (C) 3	0.	23,495. FMV		FOOD	FOOD DISTRIBUTION
REDEEMING LOVE FELLOW - TEFAP 1201 W 41ST AVE DENVER, CO 80723-0000		501 (C) 3	5,003.	149,265. FMV		FOOD	FOOD DISTRIBUTION
RESTORATION CHRISTIAN FELLOWSHIP - MP TEFAP - 15640 E 6TH AVE - AURORA, CO 80731-0000		501 (C) 3	0.	39,036. FMV		FOOD	FOOD DISTRIBUTION
RIFLE - GARFIELD COUNTY MP TEFAP 753 RAILROAD AVE RIFLE, CO 81650-0000		501 (C) 3	0.	125,526. FMV		FOOD	FOOD DISTRIBUTION
RISEN CHRIST CATHOLIC PARISH - MP TEFAP - 3060 S MONACO PKWY - DENVER, CO 80743-0000		501 (C) 3	0.	57,637. FMV		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RISING UP - TEFAP TM 527 STATE ST FORT MORGAN, CO 80601-1626		501 (C) 3	0.	31,387. FMV		FOOD	FOOD DISTRIBUTION
RIVER OF LIFE FELLOWSHIP USDA 319 BROADWAY THERMOPOLIS, WY 82443-2713		501 (C) 3	0.	28,172. FMV		FOOD	FOOD DISTRIBUTION
ROSE OF SHARON FOOD BANK - TEFAP 5306 N LINCOLN ST DENVER, CO 80022-3202		501 (C) 3	0.	40,642. FMV		FOOD	FOOD DISTRIBUTION
RURAL COMM RESOURCE YUMA COUNTY FAIR - MP TEFAP - 410 W HOAG AVE - YUMA, CO 80011-7117		501 (C) 3	0.	90,261. FMV		FOOD	FOOD DISTRIBUTION
SALVATION ARMY AURORA - TEFAP 802 QUARI CT AURORA, CO 80016-1575		501 (C) 3	0.	75,237. FMV		FOOD	FOOD DISTRIBUTION
SALVATION ARMY BASIN UNIT USDA 407 W C ST BASIN, WY 82410-0000		501 (C) 3	0.	37,349. FMV		FOOD	FOOD DISTRIBUTION
SALVATION ARMY CENTENNIAL - TEFAP 3900 E ARAPAHOE RD CENTENNIAL, CO 80232-5643		501 (C) 3	0.	33,645. FMV		FOOD	FOOD DISTRIBUTION
SALVATION ARMY DELTA SERVICE EXTENSION-TEFAP - 117 MEEKER ST - DELTA, CO 80222-7012		501 (C) 3	20,000.	202,446. FMV		FOOD	FOOD DISTRIBUTION
SALVATION ARMY DENVER CITADEL - TEFAP - 4505 W ALAMEDA AVE - DENVER, CO 80228-1213		501 (C) 3	0.	12,699. FMV		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY DENVER HOUSING NOW - TEFAP - 2821 W 65TH PL - DENVER, CO 80123-1757		501 (C) 3	0.	57,501. FMV		FOOD	FOOD DISTRIBUTION
SALVATION ARMY DENVER RED SHIELD - TEFAP - 2915 HIGH ST - DENVER, CO 81625-2103		501 (C) 3	0.	8,151. FMV		FOOD	FOOD DISTRIBUTION
SALVATION ARMY HARBOR LIGHT - TEFAP - 2136 CHAMPA ST - DENVER, CO 81641-0000		501 (C) 3	0.	121,788. FMV		FOOD	FOOD DISTRIBUTION
SALVATION ARMY SERVICE EXTENSION GILLETTE USDA - 620 N HWY 14-16 - GILLETTE, WY 82716-2504		501 (C) 3	0.	22,547. FMV		FOOD	FOOD DISTRIBUTION
SECOR - TEFAP 17151 PINE LN PARKER, CO 81402		501 (C) 3	0.	307,791. FMV		FOOD	FOOD DISTRIBUTION
SENIOR HUB - TEFAP 10190 BANNOCK ST THORNTON, CO 80116-9040		501 (C) 3	0.	27,643. FMV		FOOD	FOOD DISTRIBUTION
SHARING MINISTRIES INC - TEFAP 49 N 1ST ST MONTROSE, CO 80480-0000		501 (C) 3	0.	116,732. FMV		FOOD	FOOD DISTRIBUTION
SOUTH LINCOLN HRC USDA 506 CEDAR AVE KEMMERER, WY 83101-3015		501 (C) 3	0.	45,495. FMV		FOOD	FOOD DISTRIBUTION
SOUTH PARK SENIOR INC - TEFAP 298 6TH ST FAIRPLAY, CO 80239-2335		501 (C) 3	0.	31,013. FMV		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ANTHONYS FOOD BANK - TEFAP 3801 W OHIO AVE DENVER, CO 80443-0000		501 (C) 3	0.	31,001. FMV		FOOD	FOOD DISTRIBUTION
ST AUGUSTINE FOOD PANTRY - TEFAP 129 S 6TH AVE BRIGHTON, CO 81424-0602		501 (C) 3	0.	193,335. FMV		FOOD	FOOD DISTRIBUTION
ST FRANCIS DE ASSISI - MP TEFAP 2746 5TH ST CASTLE ROCK, CO 80701-2121		501 (C) 3	0.	20,268. FMV		FOOD	FOOD DISTRIBUTION
ST GEORGE EPISCOPAL CHURCH - MP TEFAP - 200 W 4TH ST - LEADVILLE, CO 80461-3218		501 (C) 3	0.	57,145. FMV		FOOD	FOOD DISTRIBUTION
ST GEORGE EPISCOPAL CHURCH - TEFAP 200 W 4TH ST LEADVILLE, CO 80723-2325		501 (C) 3	0.	49,908. FMV		FOOD	FOOD DISTRIBUTION
ST JAMES PRESBYTERIAN CHURCH - MP TEFAP - 3601 W BELLEVIEW AVE - LITTLETON, CO 80204-3221		501 (C) 3	0.	56,314. FMV		FOOD	FOOD DISTRIBUTION
ST JOHNS LUTHERAN CHURCH USDA 70 E 5TH ST LOVELL, WY 82431-1902		501 (C) 3	0.	19,414. FMV		FOOD	FOOD DISTRIBUTION
ST PAUL'S EPISCOPAL CHURCH - MP TEFAP - 9200 W 10TH AVE - LAKEWOOD, CO 80440-0000		501 (C) 3	0.	78,622. FMV		FOOD	FOOD DISTRIBUTION
STAR VALLEY SENIOR CITIZENS USDA 540 WASHINGTON ST AFTON, WY 83110-0000		501 (C) 3	0.	22,138. FMV		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRASBURG COMMUNITY CHURCH - TEFAP 56155 SUNSET AVE STRASBURG, CO 80136-7832		501 (C) 3	0.	20,680. FMV		FOOD	FOOD DISTRIBUTION
SUMMIT STAGE BUS BARN - MP TEFAP 0222 COUNTY SHOPS RD FRISCO, CO 80205-3657		501 (C) 3	0.	33,642. FMV		FOOD	FOOD DISTRIBUTION
THAYNE COMMUNITY FOOD BANK USDA 250 VANNOY PKWY THAYNE, WY 83127-0000		501 (C) 3	0.	6,266. FMV		FOOD	FOOD DISTRIBUTION
THE ACTION CENTER - TEFAP 8755 W 14TH AVE LAKEWOOD, CO 80204-3221		501 (C) 3	35,000.	915,758. FMV		FOOD	FOOD DISTRIBUTION
THE COMMUNITY FOOD CLOSET INC USDA 111 RAKESTRAW BIG PINEY, WY 83113-0133		501 (C) 3	0.	15,001. FMV		FOOD	FOOD DISTRIBUTION
THE KINGS PORTION USDA 1954 E RICHARDS ST DOUGLAS, WY 82633-3089		501 (C) 3	0.	13,573. FMV		FOOD	FOOD DISTRIBUTION
THE SALVATION ARMY A CA CORP CASPER USDA - 441 S CENTER ST - CASPER, WY 82601-2855		501 (C) 3	0.	7,311. FMV		FOOD	FOOD DISTRIBUTION
THE SALVATION ARMY A CA CORP SHERIDAN USDA - 150 S TSCHIRGI ST - SHERIDAN, WY 82801-4227		501 (C) 3	0.	21,560. FMV		FOOD	FOOD DISTRIBUTION
THE SALVATION ARMY GRAND JUNCTION CORPS - TEFAP - 1155 N 4TH ST - GRAND JUNCTION, CO 80033-7119		501 (C) 3	0.	236,909. FMV		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY VALL VALLEY SERVICE EXT - TEFAP - 322 E BEAVER CREEK BLVD - AVON, CO 80440-0000		501 (C) 3	0.	44,356. FMV	FOOD		FOOD DISTRIBUTION
THE SHEPHERDS HAND INC - TEFAP 505 SOUTH 2ND AVE MONTROSE, CO 81504		501 (C) 3	0.	17,606. FMV	FOOD		FOOD DISTRIBUTION
THORNTON COMMUNITY FOOD BANK - TEFAP - 8990 YORK ST - THORNTON, CO 80219-1859		501 (C) 3	0.	63,349. FMV	FOOD		FOOD DISTRIBUTION
THRIVE CHURCH - MP TEFAP 2820 W 92ND AVE FEDERAL HEIGHTS, CO 80229-4339		501 (C) 3	0.	138,216. FMV	FOOD		FOOD DISTRIBUTION
TIN SHED FOOD PANTRY - TEFAP 10555 W 44TH AVE WHEAT RIDGE, CO 80216-3520		501 (C) 3	6,330.	203,399. FMV	FOOD		FOOD DISTRIBUTION
TOWN OF FLAGLER FOOD BANK - TEFAP 311 MAIN AVE FLAGLER, CO 80216-2949		501 (C) 3	0.	35,673. FMV	FOOD		FOOD DISTRIBUTION
TWIN PARISHES - TEFAP 3663 HUMBOLDT ST DENVER, CO 80010-1608		501 (C) 3	0.	216,375. FMV	FOOD		FOOD DISTRIBUTION
UNIVERSITY CHURCH OF CHRIST - TEFAP - 2000 S MILWAUKEE ST - DENVER, CO 80204-3147		501 (C) 3	0.	51,592. FMV	FOOD		FOOD DISTRIBUTION
UPTON COMMUNITY FOOD BANK USDA 821 HOLLY ST UPTON, WY 82730-0000		501 (C) 3	0.	10,731. FMV	FOOD		FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPVALLEY- PITKIN COUNTY - MP TEFAP 2835 BRUSH CREEK RD SNOWMASS VILLAGE, CO 81615-0000		501 (C) 3	0.	58,369. FMV		FOOD	FOOD DISTRIBUTION
VOA SHELTERS - TEFAP 2660 LARIMER ST DENVER, CO 80205-3601		501 (C) 3	0.	22,999. FMV		FOOD	FOOD DISTRIBUTION
WASHINGTON COUNTY CONNECTIONS - MP TEFAP - 551 W 2ND ST - AKRON, CO 80011-6714		501 (C) 3	0.	65,838. FMV		FOOD	FOOD DISTRIBUTION
WE DON'T WASTE 40TH AVE - TEFAP 2535 E 40TH AVE DENVER, CO 81630-0015		501 (C) 3	43,998.	29,600. FMV		FOOD	FOOD DISTRIBUTION
WE DON'T WASTE FOCUS POINTS TEFAP 2501 E 48TH AVE DENVER, CO 80014-4600		501 (C) 3	0.	75,842. FMV		FOOD	FOOD DISTRIBUTION
WE DON'T WASTE GARDEN PLACE ACADEMY - TEFAP - 4425 LINCOLN ST - DENVER, CO 80815-0126		501 (C) 3	0.	26,890. FMV		FOOD	FOOD DISTRIBUTION
WE DON'T WASTE NORTH MIDDLE SCHOOL - TEFAP - 12095 E MONTVIEW BLVD - AURORA, CO 81434		501 (C) 3	0.	67,362. FMV		FOOD	FOOD DISTRIBUTION
WEST END FAMILY LINK CENTER - TEFAP - 853 MAIN ST - NUCLA, CO 81503		501 (C) 3	0.	49,447. FMV		FOOD	FOOD DISTRIBUTION
WESTERN SLOPE FBR - TEFAP 268 N RIVER RD PALISADE, CO 81526		501 (C) 3	0.	6,902. FMV		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WFBR PEOPLE SHARE NATRONA USDA 5150 RESERVE DRIVE EVANSVILLE, WY 82636-8913		501 (C) 3	0.	37,225. FMV		FOOD	FOOD DISTRIBUTION
WRIGHT COMMUNITY ASSISTANCE - USDA 265 ROCHELLE DR WRIGHT, WY 82732-0000		501 (C) 3	0.	49,763. FMV		FOOD	FOOD DISTRIBUTION
METROPOLITAN COMMUNITY CHURCH -TEFAP - 980 N CLARKSON ST - DENVER, CO 80134-6517		501 (C) 3	8,100.	32,209. FMV		FOOD	FOOD DISTRIBUTION
SERVICIOS DE LA RAZA INC - TEFAP 3131 W 14TH AVE DENVER, CO 80427-0000		501 (C) 3	0.	53,586. FMV		FOOD	FOOD DISTRIBUTION
WE DON'T WASTE PRESENTATION OF OUR LADY - TEFAP - 695 JULIAN ST - DENVER, CO 81423		501 (C) 3	0.	38,790. FMV		FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD FOR ELIGIBLE LOW-INCOME INDIVIDUALS	70420	0.	2,183,407.	FMV	FOOD

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

PART I, LINE 2:

TEFAP - ELIGIBLE RECIPIENT AGENCIES RECEIVE MONTHLY AND EQUITABLE TEFAP

PRODUCT ALLOCATIONS BASED ON HOUSEHOLDS/INDIVIDUALS SERVED REPORTED ON

PREVIOUS MONTH'S 152 REPORTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FOOD BANK OF THE ROCKIES

Employer identification number

84-0772672

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERIN PULLING CHIEF EXECUTIVE OFFICER	(i)	224,071.	44,000.	0.	10,414.	295,901.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) STEVEN KULLBERG CHIEF OPERATING OFFICER	(i)	148,919.	24,050.	0.	5,183.	190,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(3) JENNIFER LACKEY CHIEF DEVELOPMENT OFFICER	(i)	148,347.	23,840.	0.	5,022.	185,279.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(4) HEATHER MACKENDRICK COSTA CHIEF FINANCIAL OFFICER	(i)	133,320.	21,388.	0.	5,992.	168,994.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
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(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

ANNUALLY, IF ORGANIZATIONAL GOALS ARE MET, MANAGEMENT-LEVEL EMPLOYEES ARE

ELIGIBLE FOR A BONUS AT A PRESET PERCENTAGE THAT VARIES BY LEVEL. THE CEO

OR BOARD HAS THE OPTION TO DENY PAYMENT OF THE BONUS IF NEEDED FOR

FINANCIAL REASONS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

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- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	60	349,973.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	59682435	105,069,161.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (COMPUTER HARD)	X	1	256,490.	FMV
26 Other (GIFT CARDS)	X	2	9,825.	FMV
27 Other (WINE AND MEAL)	X	2	2,031.	FMV
28 Other (SUPPLIES)	X	3	1,913.	FMV

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

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

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION RECEIVED MULTIPLE CONTRIBUTIONS OF FOOD INVENTORY FROM

MULTIPLE CONTRIBUTORS. IN TOTAL, 59,682,435 POUNDS OF FOOD INVENTORY

WERE DONATED.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

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Inspection

Name of the organization

FOOD BANK OF THE ROCKIES

Employer identification number

84-0772672

PAGE 1 BOX C

THE FOOD BANK OF THE ROCKIES HAS USED THE FOLLOWING NAMES AS TAGLINES

OR TITLES FOR INDIVIDUAL PROJECTS:

COLORADO FOOD CLEARINGHOUSE, INC.

FOOD BANK OF DENVER, INC.

DENVER FOOD BANK, INC.

ROCKY MOUNTAIN FOOD BANK, INC.

COLORADO FOOD BANK, INC.

SECOND HARVEST FOOD BANK OF THE ROCKIES, INC.

FOOD BANK OF COLORADO, INC.

DENVER'S TABLE, INC.

KID'S CAFE, INC.

FOOD BANK OF THE ROCKIES, INC. WESTERN SLOPE DIVISION

FIGHTING HUNGER, FEEDING HOPE

BABY BANK

WESTERN SLOPE FOOD BANK OF THE ROCKIES

WYOMING FOOD BANK OF THE ROCKIES

FOOD BANK OF WYOMING

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

COLORADO MOBILE PANTRY

EXPENSES \$ 3,736,849. INCLUDING GRANTS OF \$ 0. REVENUE \$ 19,751.

COLORADO FOOD FOR KIDS

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization FOOD BANK OF THE ROCKIES	Employer identification number 84-0772672
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EXPENSES \$ 3,388,506. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,138,022.

EVERGREEN BOXES, A PROGRAM OF EVERYDAY EATS

EXPENSES \$ 3,679,633. INCL GRANTS OF \$ 2,114,558. REVENUE \$ 433,949.

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) IS A FEDERAL PROGRAM THAT

HELPS SUPPLEMENT THE DIETS OF LOW-INCOME AMERICANS BY PROVIDING THEM

WITH EMERGENCY FOOD ASSISTANCE AT NO COST.

EXPENSES \$ 14,957,090. INCL GRANTS OF \$ 13,297,864. REVENUE \$ 1,604,896.

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

THE FINANCE AND AUDIT COMMITTEE REVIEWS THE RETURN IN DETAIL BEFORE THE

RETURN IS FILED. AFTER THE REVIEW BY THE FINANCE AND AUDIT COMMITTEE, THE

BOARD OF DIRECTORS RECEIVES A COPY OF THE FORM 990 PRIOR TO IT BEING FILED.

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

THE BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE ON AN ANNUAL

BASIS. IF ANY CONFLICTS OF INTEREST EXIST, THE BOARD MEMBERS RECUSE

THEMSELVES FROM VOTING ON ANY MATTERS PERTAINING TO THE CONFLICT.

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

FOOD BANK OF THE ROCKIES CONDUCTS AN ORGANIZATION-WIDE COMPENSATION REVIEW

FOR ALL STAFF POSITIONS ANNUALLY WITH MORE DETAILED COMPARATIVE DATA

COLLECTED AND ASSESSED EVERY TWO TO THREE YEARS. A FULL ANALYSIS OF THE

COMPENSATION STRUCTURE WITH COMPARATIVE DATA WAS LAST CONDUCTED IN 2021.

COMPENSATION CHANGES FOR STAFF MEMBERS ARE BASED ON MERIT AND COST OF LABOR

AND DEVELOPED BY COMPARING COMPENSATION TO INDUSTRY AVERAGES AND OTHER

COMPARATIVE DATA. COMPENSATION CHANGES DUE TO COST OF LABOR OR CHANGE IN

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

MARKET ARE RECOMMENDED BY THE LEADERSHIP TEAM AND APPROVED BY THE CEO.

COMPENSATION CHANGES BASED ON MERIT ARE RECOMMENDED BY THE RESPECTIVE

MANAGER VIA AN INTERNAL CALIBRATION PROCESS AND APPROVED BY THE RESPECTIVE

MEMBER OF LEADERSHIP TEAM, VP OF PEOPLE & CULTURE, AND CEO. COMPENSATION

CHANGES BASED ON MERIT FOR OFFICERS ARE APPROVED BY CEO ALONE.

COMPENSATION CHANGES FOR THE CEO ARE APPROVED BY THE EXECUTIVE COMMITTEE OF

THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, FL, GA, IL, KS, MN, NC, NJ, NM, NY, OR, PA, UT, VA, WA, WI

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

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

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

POLICY ARE NOT AVAILABLE TO THE PUBLIC.

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

SECTION 9.1 EXECUTIVE COMMITTEE.

A. THE EXECUTIVE COMMITTEE WILL CONSIST OF THOSE MEMBERS OF THE BOARD

WHO ARE FROM TIME TO TIME SERVING AS OFFICERS OF FBR, AND THE

CHAIRPERSONS OF EACH STANDING COMMITTEE WHO ARE SERVING AS DIRECTORS.

IN ADDITION, THE CHAIRPERSON OF THE BOARD SHALL SERVE AS THE

CHAIRPERSON OF THE EXECUTIVE COMMITTEE, AND THE CEO WILL BE A

NON-VOTING EX OFFICIO MEMBER OF THE EXECUTIVE COMMITTEE. THE OUTGOING

CHAIRPERSON OF THE EXECUTIVE COMMITTEE SHALL BE A MEMBER OF THE

EXECUTIVE COMMITTEE UNTIL JUNE 30 OF THE FOLLOWING YEAR FOLLOWING THEIR

DEPARTURE FROM THE POST OF CHAIRPERSON.

Name of the organization FOOD BANK OF THE ROCKIES	Employer identification number 84-0772672
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B. THE EXECUTIVE COMMITTEE WILL MEET AT LEAST ONCE EVERY CALENDAR QUARTER, AND MORE OFTEN AS DEEMED APPROPRIATE BY ITS CHAIRPERSON. THE DATE, TIME AND LOCATION OF MEETINGS, NOTICE OF MEETINGS, WAIVER OF NOTICE, AND CONSENT TO MEETINGS WITHOUT NOTICE WILL BE DETERMINED OR GIVEN AS PROVIDED IN ARTICLE VII FOR MEETINGS OF THE BOARD.

C. THE EXECUTIVE COMMITTEE WILL: (1) REVIEW THE OPERATIONS OF FBR AND RECEIVE THE REPORTS AND RECOMMENDATIONS OF THE CEO; (2) ESTABLISH DIRECTION, GOALS, PRIORITIES, AND ASSIGNMENTS FOR THE OTHER COMMITTEES, IF ANY, CREATED PURSUANT TO SECTION 9.3; (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 CEO AT LEAST ANNUALLY; AND (6) REPORT TO THE BOARD WITH RESPECT TO ITS ACTIONS.

D. EACH MEMBER OF THE BOARD WILL RECEIVE NOTICE OF EACH MEETING OF THE EXECUTIVE COMMITTEE, AND ANY MEMBER OF THE BOARD MAY ATTEND ANY MEETING 10 OF THE EXECUTIVE COMMITTEE AS A NON-VOTING OBSERVER. PURSUANT TO SECTION 6.2C HEREOF, THE SECRETARY OR FBR STAFF MEMBER ASSIGNED TO ASSIST THE SECRETARY, SHALL PREPARE DETAILED MINUTES OF THE MEETINGS OF THE EXECUTIVE COMMITTEE AND SHALL PROVIDE SUCH MINUTES TO ALL MEMBERS OF THE BOARD.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FOOD BANK OF THE ROCKIES ENDOWMENT FUND - 26-02111983, 10700 EAST 45TH AVENUE, DENVER, CO 80239	INVESTMENTS	COLORADO	501(C) (3)	LINE 7	FOOD BANK OF THE ROCKIES		X

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

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

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

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

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.