

Public Disclosure Copy

Form 990

*****PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS*****

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990-EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: X Address change
C Name of organization: FOOD BANK OF THE ROCKIES
D Employer identification number: 84-0772672
E Telephone number: 303-371-9250
G Gross receipts \$: 179,199,133.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: X 501(c)(3)
J Website: WWW.FOODBANKROCKIES.ORG
K Form of organization: X Corporation
L Year of formation: 1978
M State of legal domicile: CO

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer HEATHER MACKENDRICK COSTA, CFO
Paid: Preparer's name ALYSSA M. KENT, signature ALYSSA M. KENT, Date 05/06/26, PTIN P01701477
Preparer Use Only: Firm's name PLANTE & MORAN, PLLC, Firm's EIN 33-1498605, Firm's address 8181 E TUFTS AVE, SUITE 600 DENVER, CO 80237, Phone no. 303-740-9400

May the IRS discuss this return with the preparer shown above? See instructions X Yes

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 FOOD INSECURITY.

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 \$ 75,069,736. including grants of \$ 0.) (Revenue \$ 13,354,368.) THE CENTRAL DISTRIBUTION PROGRAM OF FOOD BANK OF THE ROCKIES SERVES APPROXIMATELY 623 HUNGER-RELIEF PROGRAMS IN 32 COUNTIES INCLUDING METROPOLITAN DENVER AND WESTERN COLORADO. LAST YEAR, THE COLORADO DISTRIBUTION CENTER DISTRIBUTED 73 MILLION POUNDS OF FOOD AND COMMODITIES - ENOUGH FOR OUR HUNGER RELIEF PARTNERS TO PROVIDE OVER 161,000 MEALS EACH DAY TO CHILDREN, OLDER ADULTS AND FAMILIES FACING FOOD INSECURITY.

4b (Code:) (Expenses \$ 23,263,285. including grants of \$ 0.) (Revenue \$ 0.) FOOD BANK OF THE ROCKIES' FOOD 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 688 LOCAL RETAILERS THROUGHOUT THE STATE OF COLORADO AND DISTRIBUTE IT TO OUR PARTNER AGENCIES.

4c (Code:) (Expenses \$ 22,589,901. including grants of \$ 3,730,779.) (Revenue \$ 2,174,369.) FOOD BANK OF WYOMING WORKS WITH APPROXIMATELY 150 NONPROFIT HUNGER-RELIEF PARTNERS AND SIGNATURE PROGRAMS THAT PROVIDE FOOD AND NUTRITIOUS MEALS DIRECTLY TO OUR FOOD INSECURE NEIGHBORS IN ALL 23 COUNTIES. LAST YEAR, FOOD BANK OF WYOMING DISTRIBUTED OVER 12 MILLION POUNDS OF FOOD AND COMMODITIES. FROM SMALL CHURCH PANTRIES TO LARGE ORGANIZATIONS WITH NATIONAL SUPPORT, FOOD BANK OF WYOMING'S MISSION IS TO IGNITE THE POWER OF COMMUNITY AND NOURISH WYOMING NEIGHBORS FACING HUNGER.

4d Other program services (Describe on Schedule O.) (Expenses \$ 27,620,029. including grants of \$ 16,123,176.) (Revenue \$ 3,455,388.)

4e Total program service expenses 148,542,951.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 15; 1b Enter the number of voting members included... 15; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official... X; 15b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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
20600 EAST 38TH AVE, AURORA, CO 80011

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, box 6 of 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 1.00			X			330,196.	0.	50,970.	
(2) STEVEN KULLBERG CHIEF OF STAFF	55.00 0.00			X			222,393.	0.	33,419.	
(3) JENNIFER LACKEY CHIEF DEVELOPMENT OFFICER	55.00 0.00			X			208,758.	0.	41,219.	
(4) HEATHER MACKENDRICK COSTA CHIEF FINANCIAL OFFICER	55.00 0.00			X			205,268.	0.	24,930.	
(5) LORENA TOLAND PART YEAR CHIEF PEOPLE OFFICER, TERM	55.00 0.00			X			174,926.	0.	38,793.	
(6) MELINDA DAY PART YEAR CHIEF IMPACT OFFICER, TERM	55.00 0.00			X			191,447.	0.	19,374.	
(7) ADITI DESAI CHIEF MARKETING OFFICER	55.00 0.00			X			172,493.	0.	17,361.	
(8) KELLY GREEN CHIEF OPERATING OFFICER	55.00 0.00			X			148,303.	0.	38,817.	
(9) MELANNIE GRIMME VICE PRESIDENT OF PHILANTHROPY	45.00 0.00					X	133,323.	0.	38,677.	
(10) JAMIE HESLIN DIRECTOR OF DEVELOPMENT SYSTEMS	45.00 0.00					X	129,223.	0.	30,356.	
(11) ALEXANDER BOKODY DIRECTOR OF IT	45.00 0.00					X	152,830.	0.	6,636.	
(12) JESSICA MILNES DIRECTOR OF CORPORATE & COMMUNITY EN	45.00 0.00					X	124,416.	0.	15,822.	
(13) MARK RACKLEY DIRECTOR OF BUSINESS OPERATIONS	45.00 0.00					X	116,860.	0.	14,446.	
(14) MONICA BUHLIG CHIEF IMPACT OFFICER, START 8/26/24	55.00 0.00			X			47,254.	0.	8,551.	
(15) CHRISTINA BOWEN BOARD CHAIR	4.00 0.00	X		X			0.	0.	0.	
(16) MARYLOU HOUSTON VICE CHAIR	3.00 0.00	X		X			0.	0.	0.	
(17) RAJU PATEL TREASURER	3.00 0.00	X		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 SECRETARY	3.00 0.00	X		X				0.	0.	0.
(19) NEELMA JOSHI DIRECTOR	2.00 0.00	X						0.	0.	0.
(20) MICHAEL TOUSIGNANT DIRECTOR	2.00 0.00	X						0.	0.	0.
(21) YEE-ANN CHO DIRECTOR	2.00 0.00	X						0.	0.	0.
(22) REID GALBRAITH DIRECTOR	2.00 0.00	X						0.	0.	0.
(23) ERROL BROWN DIRECTOR	2.00 0.00	X						0.	0.	0.
(24) TIFFANY TODD DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) DRU CHIESA DIRECTOR	2.00 0.00	X						0.	0.	0.
(26) SONJA DIMOND DIRECTOR	2.00 0.00	X						0.	0.	0.
1b Subtotal								2,357,690.	0.	379,371.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,357,690.	0.	379,371.

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 33

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMMERCE CONSTRUCTION CO, LP, 13191 CROSSROADS PKWY, SUITE 600, INDUSTRY, CA	CONSTRUCTION	32,534,458.
LIFETIME SOLAR SOLUTIONS, LLC, 9525 E 40TH AVE, SUITE 106C, DENVER, CO 80238	CONSTRUCTION	1,713,514.
RKD GROUP LLC, 7130 S 29TH ST, SUITE B, LINCOLN, NE 68516	DIRECT MAIL	1,588,908.
M AND R STRATEGIC SERVICES, INC, 1101 CONNECTICUT AVE, WASHINGTON, DC 20036	CONSULTING	950,116.
MAJESTIC REALTY CO, 13191 CROSSROADS PKWY, 6TH FLOOR, INDUSTRY, CA 91746	CONSTRUCTION	900,880.

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 14

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	1,526,662.				
	b Membership dues	1b					
	c Fundraising events	1c	554,974.				
	d Related organizations	1d	3,000,000.				
	e Government grants (contributions)	1e	19,087,840.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	130,714,663.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 113,591,052.				
	h Total. Add lines 1a-1f			154,884,139.			
	Program Service Revenue	2 a PURCHASED FOOD	Business Code				
		900099	11,037,754.	11,037,754.			
b GOVERNMENT CONTRACTS		900099	7,830,403.	7,830,403.			
c DELIVERY FEES		900099	115,619.	115,619.			
d AGENCY SUPPORT FEES		900099	349.	349.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f			18,984,125.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,249,543.			1,249,543.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	48,610.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	48,610.				
	d Net rental income or (loss)			48,610.		48,610.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,000,000.	24,119.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	3,031,392.	19,220.			
	c Gain or (loss)	7c	-31,392.	4,899.			
d Net gain or (loss)			-26,493.		-26,493.		
8 a Gross income from fundraising events (not including \$ 554,974. of contributions reported on line 1c). See Part IV, line 18	8a		105,666.				
b Less: direct expenses	8b	172,374.					
c Net income or (loss) from fundraising events			-66,708.		-66,708.		
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 INSURANCE RECOVERY	Business Code					
		900099	868,220.			868,220.	
	b MISCELLANEOUS	900099	23,732.			23,732.	
	c RECYCLING REVENUE	900099	10,979.			10,979.	
	d All other revenue						
e Total. Add lines 11a-11d			902,931.				
12 Total revenue. See instructions			175,976,147.	18,984,125.	0.	2,107,883.	

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 ...	17,418,568.	17,418,568.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,435,387.	2,435,387.		
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	1,974,472.	1,189,243.	366,505.	418,724.
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	13,410,620.	8,077,344.	2,489,302.	2,843,974.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	465,627.	280,452.	86,430.	98,745.
9 Other employee benefits	2,641,594.	1,591,057.	490,337.	560,200.
10 Payroll taxes	1,327,023.	799,279.	246,324.	281,420.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,460.		7,460.	
c Accounting	129,045.	98,718.	17,128.	13,199.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,829,156.			1,829,156.
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.)	1,026,645.	847,230.	66,135.	113,280.
12 Advertising and promotion	787,621.	61,474.	772,501.	-46,354.
13 Office expenses	582,468.	325,162.	70,639.	186,667.
14 Information technology	1,398,543.	687,114.	279,806.	431,623.
15 Royalties				
16 Occupancy	1,349,176.	1,292,759.	44,215.	12,202.
17 Travel	54,930.	30,651.	6,683.	17,596.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	334,382.		334,382.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,964,664.	1,829,131.	100,458.	35,075.
23 Insurance	300,264.	167,549.	36,529.	96,186.
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	90,680,247.	90,680,247.		
b PURCHASED FOOD DISTRIBU	17,125,730.	17,125,730.		
c DISTRIBUTION COSTS	2,143,352.	2,143,352.		
d WAREHOUSE EXPENSE	931,915.	904,830.	20,240.	6,845.
e All other expenses	648,471.	557,674.	15,867.	74,930.
25 Total functional expenses. Add lines 1 through 24e	160,967,360.	148,542,951.	5,450,941.	6,973,468.
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	0.
	2 Savings and temporary cash investments	49,443,544.	2	25,795,349.
	3 Pledges and grants receivable, net	1,461,388.	3	2,402,216.
	4 Accounts receivable, net	3,636,871.	4	1,594,497.
	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	55,570,650.	7	63,468,650.
	8 Inventories for sale or use	5,458,897.	8	6,229,799.
	9 Prepaid expenses and deferred charges	306,466.	9	688,789.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 83,787,779.		
	b Less: accumulated depreciation	10b 9,736,127.		
	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	2,728,106.	15	9,949,839.
16 Total assets. Add lines 1 through 15 (must equal line 33)	155,222,223.	16	184,180,791.	
Liabilities	17 Accounts payable and accrued expenses	5,431,780.	17	9,347,223.
	18 Grants payable		18	
	19 Deferred revenue	165,377.	19	189,999.
	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	78,807,247.	23	86,825,585.
	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	2,728,106.	25	2,552,622.
	26 Total liabilities. Add lines 17 through 25	87,132,510.	26	98,915,429.
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	61,920,501.	27	79,929,541.
	28 Net assets with donor restrictions	6,169,212.	28	5,335,821.
	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	68,089,713.	32	85,265,362.
33 Total liabilities and net assets/fund balances	155,222,223.	33	184,180,791.	

Form **990** (2024)

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	175,976,147.
2	Total expenses (must equal Part IX, column (A), line 25)	2	160,967,360.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,008,787.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	68,089,713.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	2,166,862.
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	85,265,362.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	152,571,434.	139,323,837.	137,518,944.	147,969,375.	154,884,139.	732,267,729.
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	152,571,434.	139,323,837.	137,518,944.	147,969,375.	154,884,139.	732,267,729.
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)						88,515,655.
6 Public support. Subtract line 5 from line 4.						643,752,074.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	152,571,434.	139,323,837.	137,518,944.	147,969,375.	154,884,139.	732,267,729.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,969.	125,442.	903,244.	1,881,289.	1,249,543.	4,164,487.
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.)	729,290.	105,592.	67,724.	112,234.	902,931.	1,917,771.
11 Total support. Add lines 7 through 10						738,349,987.
12 Gross receipts from related activities, etc. (see instructions)					12	76,084,937.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	87.19	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	81.79	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 on line 12 of 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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).		

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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

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

2020 AMOUNT: \$ 729,290.
 2021 AMOUNT: \$ 105,592.
 2022 AMOUNT: \$ 67,724.
 2023 AMOUNT: \$ 112,234.
 2024 AMOUNT: \$ 902,931.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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/>	\$ 13,195,904.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 6,258,349.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 4,021,016.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 3,664,522.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 3,466,063.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	10,095,338 LBS - FOOD _____ _____ _____	\$ 13,195,904.	12/31/24
2	3,293,868 LBS - FOOD _____ _____ _____	\$ 6,258,349.	12/31/24
3	2,116,324 LBS - FOOD _____ _____ _____	\$ 4,021,016.	12/31/24
4	1,928,696 LBS - FOOD _____ _____ _____	\$ 3,664,522.	12/31/24
5	2,727,651 LBS - FOOD _____ _____ _____	\$ 3,466,063.	12/31/24
	_____ _____ _____	\$ _____	_____

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

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

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

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

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

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

Name of organization FOOD BANK OF THE ROCKIES	Employer identification number (EIN) 84-0772672
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political 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 EINs 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)	0.													
c Total lobbying expenditures (add lines 1a and 1b)	0.													
d Other exempt purpose expenditures	148,542,951.													
e Total exempt purpose expenditures (add lines 1c and 1d)	148,542,951.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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	383.	3,946.	1,234.		5,563.
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) 2024

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

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

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

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."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments, and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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 expenditures next year?; 5 Taxable amount of lobbying and political expenditures.

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.

Multiple horizontal lines provided for entering supplemental information.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?

Yes No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 in 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	4,940,754.	4,270,475.	3,942,329.	4,367,889.	3,524,904.
b Contributions	0.	150,000.	11,139.	30,026.	21,851.
c Net investment earnings, gains, and losses	353,209.	520,279.	317,007.	-455,586.	821,134.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,000,000.				
f Administrative expenses					
g End of year balance	2,293,963.	4,940,754.	4,270,475.	3,942,329.	4,367,889.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 94.8470 %
 - c Term endowment 5.1528 %
- 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?
- 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		1,562,992.		1,562,992.
b Buildings		13,362,065.	1,533,943.	11,828,122.
c Leasehold improvements		1,376,612.	660,200.	716,412.
d Equipment		3,941,582.	3,316,696.	624,886.
e Other		63,544,528.	4,225,288.	59,319,240.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				74,051,652.

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, line 12, col. (B))		

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, line 13, col. (B))		

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) RIGHT OF USE ASSET LEASES	2,552,622.
(2) ASSETS HELD FOR SALE	7,397,217.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	9,949,839.

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) OPERATING LEASES	2,552,622.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,552,622.

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	175,670,874.
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	2,347,945.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	353,209.	
e	Add lines 2a through 2d	2e		2,701,154.
3	Subtract line 2e from line 1		3	172,969,720.
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	3,006,427.	
c	Add lines 4a and 4b	4c		3,006,427.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	175,976,147.

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	161,378,321.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	181,083.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	229,878.	
e	Add lines 2a through 2d	2e		410,961.
3	Subtract line 2e from line 1		3	160,967,360.
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	160,967,360.

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 353,209.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 6,427.
 GRANT FROM FBR ENDOWMENT FUND 3,000,000.
 TOTAL TO SCHEDULE D, PART XI, LINE 4B 3,006,427.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 229,878.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF EVENT (event type)	GATHER & SOW EVENT (event type)	NONE (total number)	
Revenue	1	Gross receipts	309,959.	350,681.	660,640.
	2	Less: Contributions	237,593.	317,381.	554,974.
	3	Gross income (line 1 minus line 2)	72,366.	33,300.	105,666.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	1,016.	563.	1,579.
	6	Rent/facility costs	48,000.	21,139.	69,139.
	7	Food and beverages	37,182.	24,910.	62,092.
	8	Entertainment	0.	2,500.	2,500.
	9	Other direct expenses	3,759.	33,305.	37,064.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			172,374.
11	Net income summary. Subtract line 10 from line 3, column (d)			-66,708.	

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))
		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 the 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)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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
AFTON FOOD PANTRY USDA 710 N WASHINGTON ST AFTON, WY 83110-0000		501(C)(3)	0.	11,940.	FMV	FOOD	FOOD DISTRIBUTION
BAPTIST YOUTH MISSION USDA 400 LINCOLN AVE SINCLAIR, WY 82334-0004		501(C)(3)	0.	25,400.	FMV	FOOD	FOOD DISTRIBUTION
BREAD USDA 627 PINE ST NEWCASTLE, WY 82701-2132		501(C)(3)	0.	34,097.	FMV	FOOD	FOOD DISTRIBUTION
COUNCIL OF COMMUNITY SERVICES USDA - 114 S 4J RD - GILLETTE, WY 82716-3621		501(C)(3)	0.	132,169.	FMV	FOOD	FOOD DISTRIBUTION
CROOK COUNTY COUNCIL OF COUNTY SERVICES USDA - 122 STATE HIGHWAY 585 - SUNDANCE, WY 82729-1381		501(C)(3)	0.	15,352.	FMV	FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - MOORCROFT USDA 101 S BELLE FOURCHE AVE MOORCROFT, WY 82721-0000		501(C)(3)	0.	10,904.	FMV	FOOD	FOOD DISTRIBUTION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 167.
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FBW MOBILE PANTRY - RESERVATION E.S. USDA - 37 NORTH FORT RD. - FORT WASHAKIE, WY 82514-0000		501(C)(3)	0.	41,374.	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.	41,568.	FMV	FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - ROCK RIVER 321 AVE D ROCK RIVER, WY 82803-0000		501(C)(3)	0.	5,125.	FMV	FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - ROCK SPRINGS USDA - 2441FOOTHILL BLVD - ROCK SPRINGS, WY 82901-0000		501(C)(3)	0.	28,934.	FMV	FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - WORLAND USDA 501 15 MILE ROAD WORLAND, WY 82401		501(C)(3)	0.	9,054.	FMV	FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY - WRIGHT USDA MULTI PURPOSE BUILDING 1233 ELKHORN WRIGHT, WY 82732-0000		501(C)(3)	0.	6,093.	FMV	FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY PINEDALE - USDA 425 E MAGNOLIA PINEDALE, WY 82941-0804		501(C)(3)	0.	9,806.	FMV	FOOD	FOOD DISTRIBUTION
FBW MOBILE PANTRY SHERIDAN - USDA 4351 BIGHORN AVE SHERIDAN, WY 82801-4205		501(C)(3)	0.	13,104.	FMV	FOOD	FOOD DISTRIBUTION
FOOD BANK OF SWEETWATER COUNTY GREEN RIVER USDA - 550 UINTA DR - GREEN RIVER, WY 82935-5005		501(C)(3)	0.	141,709.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF SWEETWATER COUNTY ROCK SPRINGS USDA - 90 CENTER ST - ROCK SPRINGS, WY 82901-5122		501(C)(3)	0.	141,709.	FMV	FOOD	FOOD DISTRIBUTION
FOUNDATIONS FOR NATIONS USDA 625 PRAIRIE RD. RIVERTON, WY 82501-4609		501(C)(3)	0.	93,032.	FMV	FOOD	FOOD DISTRIBUTION
FROM THE HEART MINISTRIES USDA PO BOX 504 MOUNTAIN VIEW, WY 82939-0000		501(C)(3)	0.	25,848.	FMV	FOOD	FOOD DISTRIBUTION
HOLY CROSS CENTER INC USDA 1030 N LINCOLN CASPER, WY 82601-1219		501(C)(3)	0.	172,987.	FMV	FOOD	FOOD DISTRIBUTION
JOSHUAS STOREHOUSE USDA 334 S WOLCOTT ST CASPER, WY 82601-2828		501(C)(3)	0.	161,246.	FMV	FOOD	FOOD DISTRIBUTION
LANDER CARE AND SHARE FOOD BANK USDA - 281 GARFIELD ST - LANDER, WY 82520-3121		501(C)(3)	0.	161,834.	FMV	FOOD	FOOD DISTRIBUTION
LARAMIE INTERFAITH - USDA 712 E CANBY ST LARAMIE, WY 82070-3916		501(C)(3)	0.	60,083.	FMV	FOOD	FOOD DISTRIBUTION
LORDS STOREHOUSE USDA 50 YELLOW CREEK RD EVANSTON, WY 82930-5228		501(C)(3)	0.	155,901.	FMV	FOOD	FOOD DISTRIBUTION
MANNA HOUSE USDA PO BOX 1834 CODY, WY 82414-9754		501(C)(3)	0.	127,593.	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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NEEDS INC USDA 900 CENTRAL AVE CHEYENNE, WY 82007-1372		501(C)(3)	0.	446,733.	FMV	FOOD	FOOD DISTRIBUTION
NIOBRARA SENIOR CENTER USDA 611 E 6TH ST LUSK, WY 82225-0000		501(C)(3)	0.	41,065.	FMV	FOOD	FOOD DISTRIBUTION
POWELL AMERICAN LEGION USDA 143 S CLARK ST POWELL, WY 82435-2717		501(C)(3)	0.	49,412.	FMV	FOOD	FOOD DISTRIBUTION
RAWLINS FOOD PANTRY WYOHELP USDA 2100 EAST CEDAR STREET, SUITE D RAWLINS, WY 82301		501(C)(3)	0.	20,455.	FMV	FOOD	FOOD DISTRIBUTION
RIVER OF LIFE FELLOWSHIP USDA 319 BROADWAY THERMOPOLIS, WY 82443-2713		501(C)(3)	0.	62,961.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY CASPER - USDA 441 S CENTER ST CASPER, WY 82601-2855		501(C)(3)	0.	215,946.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY SERVICE EXTENSION GILLETTE USDA - 620 N HWY 14-16 - GILLETTE, WY 82716-2504		501(C)(3)	0.	352,082.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY SHERIDAN - USDA 150 S TSCHIRGI ST SHERIDAN, WY 82801-4227		501(C)(3)	0.	25,881.	FMV	FOOD	FOOD DISTRIBUTION
SOUTH LINCOLN HRC USDA 506 CEDAR AVE KEMMERER, WY 83101-3015		501(C)(3)	0.	10,278.	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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ST JOHNS LUTHERAN CHURCH USDA 70 E 5TH ST LOVELL, WY 82431-1902		501(C)(3)	0.	14,129.	FMV	FOOD	FOOD DISTRIBUTION
ST JOSEPHS CHURCH USDA 206 VAN LENNEN AVE CHEYENNE, WY 82007-1575		501(C)(3)	0.	770,228.	FMV	FOOD	FOOD DISTRIBUTION
THAYNE COMMUNITY FOOD BANK USDA 250 VANNOY PKWY THAYNE, WY 83127-0000		501(C)(3)	0.	13,076.	FMV	FOOD	FOOD DISTRIBUTION
THE COMMUNITY FOOD CLOSET INC USDA 111 RAKESTRAW BIG PINEY, WY 83113-0133		501(C)(3)	0.	14,978.	FMV	FOOD	FOOD DISTRIBUTION
TORRINGTON FOOD PANTRY WYOHELP USDA - 1933 MAIN ST - TORRINGTON, WY 82240-0000		501(C)(3)	0.	33,266.	FMV	FOOD	FOOD DISTRIBUTION
UPTON COMMUNITY FOOD BANK USDA 821 HOLLY ST UPTON, WY 82730-0000		501(C)(3)	0.	10,696.	FMV	FOOD	FOOD DISTRIBUTION
WFBR PEOPLE SHARE NATRONA USDA 5150 RESERVE DRIVE CASPER, WY 82636		501(C)(3)	0.	9,609.	FMV	FOOD	FOOD DISTRIBUTION
WRIGHT COMMUNITY ASSISTANCE - USDA 265 ROCHELLE DR WRIGHT, WY 82732-0000		501(C)(3)	0.	10,184.	FMV	FOOD	FOOD DISTRIBUTION
ADAMS COUNTY EMERGENCY FOOD BANK - TEFAP - 7111 E 56TH AVE - COMMERCE CITY, CO 80022-4811		501(C)(3)	0.	1,013,478.	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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AGAPE LIFE CHURCH (PANTRY) - TEFAP 5970 W 60TH AVE ARVADA, CO 80003-5702		501(C)(3)	0.	35,858.	FMV	FOOD	FOOD DISTRIBUTION
AGAPE LIFE CHURCH (SK) - TEFAP 5970 W 60TH AVE ARVADA, CO 80003-5702		501(C)(3)	0.	12,085.	FMV	FOOD	FOOD DISTRIBUTION
ARAPAHOE COUNTY DHS AURORA - TEFAP - 14980 E ALAMEDA DR - AURORA, CO 80012-1542		GOV'T	0.	37,169.	FMV	FOOD	FOOD DISTRIBUTION
ARAPAHOE COUNTY DHS LITTLETON - TEFAP - 1690 W LITTLETON BLVD - LITTLETON, CO 80120-5707		GOV'T	0.	11,996.	FMV	FOOD	FOOD DISTRIBUTION
AURORA INTERFAITH COMMUNITY SERVICES - TEFAP - 1553 CLINTON ST - AURORA, CO 80010-2004		501(C)(3)	0.	54,796.	FMV	FOOD	FOOD DISTRIBUTION
BENNETT COMMUNITY FOOD BANK - TEFAP 1100 COLFAX AVE BENNETT, CO 80102-7806		501(C)(3)	0.	8,200.	FMV	FOOD	FOOD DISTRIBUTION
BRIGHTON ERA - MP TEFAP 3551 SOUTHERN ST BRIGHTON, CO 80601-1626		501(C)(3)	0.	68,603.	FMV	FOOD	FOOD DISTRIBUTION
BRUSH UNITED METHODIST CHURCH-TEFAP - 1701 EDMUNDS ST - BRUSH, CO 80723-2325		501(C)(3)	0.	27,923.	FMV	FOOD	FOOD DISTRIBUTION
BURLINGTON COMM CENTER-PRAIRIE FAMILY - MP TEFAP - 340 S 14TH ST - BURLINGTON, CO 80807-1801		501(C)(3)	0.	83,951.	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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CAPITOL HILL COMM SERVICES - TEFAP 1820 BROADWAY DENVER, CO 80202-3815		501(C)(3)	0.	7,184.	FMV	FOOD	FOOD DISTRIBUTION
CHILDREN'S HOSPITAL HEALTHY ROOTS - TEFAP - 860 N POTOMAT CIR - AURORA, CO 80011-6714		501(C)(3)	0.	34,014.	FMV	FOOD	FOOD DISTRIBUTION
COLORADO HEALTH NETWORK - TEFAP 6260 E COLFAX AVE DENVER, CO 80220-1515		501(C)(3)	0.	92,059.	FMV	FOOD	FOOD DISTRIBUTION
COMITIS CRISIS CENTER - TEFAP 2178 VICTOR ST AURORA, CO 80045-7440		501(C)(3)	0.	9,783.	FMV	FOOD	FOOD DISTRIBUTION
COMMUNITY MINISTRY SW - TEFAP 1755 S ZUNI ST DENVER, CO 80223-3717		501(C)(3)	0.	253,377.	FMV	FOOD	FOOD DISTRIBUTION
COMMUNITY TABLE - TEFAP 4600 WEST 60TH AVE ARVADA, CO 80003		501(C)(3)	0.	424,343.	FMV	FOOD	FOOD DISTRIBUTION
COOK PARK REC CENTER - MP TEFAP 7100 CHERRY CREEK S DRIVE DENVER, CO 80224		501(C)(3)	0.	26,469.	FMV	FOOD	FOOD DISTRIBUTION
COOPERATING MINISTRY LOGAN - TEFAP - 230 N 10TH AVE - STERLING, CO 80751-2856		501(C)(3)	0.	51,356.	FMV	FOOD	FOOD DISTRIBUTION
COOPERATING MINISTRY OF LOGAN COUNTY - MP TEFAP - 1120 PAWNEE AVE - STERLING, CO 80751-2856		501(C)(3)	0.	70,941.	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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COVENANT CUPBOARD YOSEMITE - TEFAP 5400 S YOSEMITE ST GREENWOOD VILLAGE, CO 80111-3301		501(C)(3)	4,468.	183,520.	FMV	FOOD	FOOD DISTRIBUTION
DBA NORTHWEST FAMILY ASSISTANCE- TEFAP - 3810 N PECOS ST - DENVER, CO 80211-3318		501(C)(3)	0.	254,148.	FMV	FOOD	FOOD DISTRIBUTION
DEER TRAIL - MP TEFAP 370 ASPEN ST DEER TRAIL, CO 80105		501(C)(3)	0.	49,477.	FMV	FOOD	FOOD DISTRIBUTION
DENVER RESCUE MISSION - TEFAP 5725 E 39TH AVE DENVER, CO 80207-1227		501(C)(3)	0.	196,885.	FMV	FOOD	FOOD DISTRIBUTION
DEPT OF HUMAN SER GILPIN - TEFAP 101 NORTON DRIVE BLACK HAWK, CO 80422-8771		501(C)(3)	0.	99,951.	FMV	FOOD	FOOD DISTRIBUTION
DHS CORE PANTRY - TEFAP 2929 W 10TH AVE DENVER, CO 80204-3221		501(C)(3)	0.	19,560.	FMV	FOOD	FOOD DISTRIBUTION
DICK'S SPORTING GOODS PARK - MP TEFAP - 6000 VICTORY WAY - COMMERCE CITY, CO 80022-3202		501(C)(3)	0.	209,314.	FMV	FOOD	FOOD DISTRIBUTION
EVERGREEN CHRISTIAN OUTREACH - TEFAP - 27888 MEADOW DR - EVERGREEN, CO 80439-8059		501(C)(3)	0.	51,767.	FMV	FOOD	FOOD DISTRIBUTION
FBR TEFAP PEOPLE SHARE DENVER COUNTY - 10700 E 45TH AVE - DENVER, CO 80239-3007		501(C)(3)	0.	176,113.	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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FLAGLER FOOD PANTRY - TEFAP 103 COLORADO AVE SEIBERT, CO 80834-8063		501(C)(3)	0.	33,188.	FMV	FOOD	FOOD DISTRIBUTION
FOOD BANK OF KIOWA CREEK - TEFAP 231 CHEYENNE ST KIOWA, CO 80117-0778		501(C)(3)	0.	21,611.	FMV	FOOD	FOOD DISTRIBUTION
FRANKTOWN SEVENTH DAY ADVENTIST CHURCH - MP TEFAP - 905 N STATE HIGHWAY 83 - FRANKTOWN, CO 80116-9040		501(C)(3)	0.	13,891.	FMV	FOOD	FOOD DISTRIBUTION
FRIENDS OF ST ANDREW - TEFAP 1525 DALLAS ST AURORA, CO 80010-1996		501(C)(3)	0.	8,988.	FMV	FOOD	FOOD DISTRIBUTION
GATHERING PLACE (SK) - TEFAP 1535 HIGH ST DENVER, CO 80218-1470		501(C)(3)	0.	13,834.	FMV	FOOD	FOOD DISTRIBUTION
GATHERING PLACE BETSY'S CUPBOARD - TEFAP - 1535 HIGH ST - DENVER, CO 80218-1470		501(C)(3)	0.	20,478.	FMV	FOOD	FOOD DISTRIBUTION
GOLD MOUNTAIN VILLAGE - MP TEFAP 440 POWDER RUN DR CENTRAL CITY, CO 80427-0000		501(C)(3)	0.	14,945.	FMV	FOOD	FOOD DISTRIBUTION
GOOD SHEPHERD FOOD BANK - TEFAP 10785 MELODY DR NORTHGLENN, CO 80234-4004		501(C)(3)	0.	94,290.	FMV	FOOD	FOOD DISTRIBUTION
GROWING HOME INC. - TEFAP 3489 W 72ND AVE SUITE 112 WESTMINSTER, CO 80030-5305		501(C)(3)	0.	98,677.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

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HARVEST BIBLE CHURCH ELIZABETH - TEFAP - 826 S ELBERT ST - ELIZABETH, CO 80107-1598		501(C)(3)	295.	12,528.	FMV	FOOD	FOOD DISTRIBUTION
HCA HEALHTHON MOUNTAIN RIDGE - MP TEFAP - 9065 GRANT ST - THORNTON, CO 80229-4339		501(C)(3)	0.	127,432.	FMV	FOOD	FOOD DISTRIBUTION
HEALING WATERS FAMILY CENTER - MP TEFAP - 6475 W 29TH AVE - WHEAT RIDGE, CO 80214-8002		501(C)(3)	0.	24,821.	FMV	FOOD	FOOD DISTRIBUTION
HELP AND HOPE CENTER - TEFAP 1638 PARK ST CASTLE ROCK, CO 80109-3010		501(C)(3)	0.	81,509.	FMV	FOOD	FOOD DISTRIBUTION
HINKLEY HIGH SCHOOL MP TEFAP 1250 CHAMBERS RD AURORA, CO 80011-7117		501(C)(3)	0.	173,751.	FMV	FOOD	FOOD DISTRIBUTION
HIS PROVISION - TEFAP 705 ULYSSES ST GOLDEN, CO 80401-3684		501(C)(3)	0.	16,839.	FMV	FOOD	FOOD DISTRIBUTION
HOPES PROVISION INC - TEFAP 6825 S GALENA ST CENTENNIAL, CO 80112		501(C)(3)	0.	201,513.	FMV	FOOD	FOOD DISTRIBUTION
IMMACULATE HEART MARY - TEFAP 11426 PEARL ST NORTHGLENN, CO 80233-1931		501(C)(3)	0.	266,286.	FMV	FOOD	FOOD DISTRIBUTION
INTEGRATED FAMILY COMMUNITY SERVICES - TEFAP - 3370 S IRVING ST - ENGLEWOOD, CO 80110-1816		501(C)(3)	4,472.	222,943.	FMV	FOOD	FOOD DISTRIBUTION

Schedule I (Form 990)

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JACKSON COUNTY FAIRGROUNDS - MP TEFAP - 686 CO RD 42 - WALDEN, CO 80480-0000		501(C)(3)	0.	69,241.	FMV	FOOD	FOOD DISTRIBUTION
JEWISH FAMILY SERVICE - TEFAP 3201 S TAMARAC DR DENVER, CO 80231-4394		501(C)(3)	0.	336,093.	FMV	FOOD	FOOD DISTRIBUTION
JULESBURG CHRISTIAN CHURCH - TEFAP 510 PINE ST JULESBURG, CO 80737-0226		501(C)(3)	0.	46,534.	FMV	FOOD	FOOD DISTRIBUTION
KELVER LIBRARY - MP TEFAP 585 S MAIN ST BYERS, CO 80103-9766		501(C)(3)	0.	45,069.	FMV	FOOD	FOOD DISTRIBUTION
LIFEBRIDGE INC - TEFAP PO BOX 312 BAILEY, CO 80421-0312		501(C)(3)	3,105.	60,788.	FMV	FOOD	FOOD DISTRIBUTION
LATTER GLORY - MP TEFAP 3000 S JAMAICA CT AURORA, CO 80014-4600		501(C)(3)	0.	6,065.	FMV	FOOD	FOOD DISTRIBUTION
LIGHT AND LIFE COMMUNITY - TEFAP 220 S YARROW ST LAKEWOOD, CO 80226-1528		501(C)(3)	0.	20,150.	FMV	FOOD	FOOD DISTRIBUTION
LIVING TOWER FOOD BANK - TEFAP 18821 E 22ND PL AURORA, CO 80011-0000		501(C)(3)	0.	14,872.	FMV	FOOD	FOOD DISTRIBUTION
LOAVES & FISHES IDAHO SPRINGS - TEFAP - 545 HWY 103 - IDAHO SPRINGS, CO 80452-9626		501(C)(3)	0.	70,528.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWRY CAMPUS - MP TEFAP 1070 ALTON WAY DENVER, CO 80230-7104		501(C)(3)	0.	32,404.	FMV	FOOD	FOOD DISTRIBUTION
METRO CARING - TEFAP 1100 E 18TH AVE DENVER, CO 80218-1111		501(C)(3)	0.	678,608.	FMV	FOOD	FOOD DISTRIBUTION
METROPOLITAN COMMUNITY CHURCH -TEFAP - 980 N CLARKSON ST - DENVER, CO 80218-2703		501(C)(3)	0.	73,115.	FMV	FOOD	FOOD DISTRIBUTION
MISSISSIPPI AVE BAPTIST CHURCH - TEFAP - 13231 E MISSISSIPPI AVE - AURORA, CO 80012-3428		501(C)(3)	1,777.	25,905.	FMV	FOOD	FOOD DISTRIBUTION
MONTBELLO REC CENTER - MP TEFAP 15555 E 53RD AVE DENVER, CO 80239-5614		501(C)(3)	0.	167,989.	FMV	FOOD	FOOD DISTRIBUTION
MORGAN COUNTYDHS - MP TEFAP 718 ELLSWORTH ST BRUSH, CO 80723-0000		501(C)(3)	0.	88,542.	FMV	FOOD	FOOD DISTRIBUTION
MOUNTAIN FAMILY CENTER GRANBY - TEFAP - 480 E AGATE AVE 1C - GRANBY, CO 80446-0638		501(C)(3)	0.	24,398.	FMV	FOOD	FOOD DISTRIBUTION
OPEN ARMS FOOD BANK - TEFAP 6500 W COALMINE AVE LITTLETON, CO 80123-3894		501(C)(3)	0.	16,658.	FMV	FOOD	FOOD DISTRIBUTION
OUR LADY OF LORETO - MP TEFAP 18000 E ARAPAHOE RD AURORA, CO 80016-1575		501(C)(3)	0.	72,319.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILLIPS COUNTY EVENT CENTER - MP TEFAP - 22505 US HWY 385 - HOLYOKE, CO 80743-0000		501(C)(3)	0.	50,267.	FMV	FOOD	FOOD DISTRIBUTION
PHILLIPS UNITED METHODIST CHURCH - MP TEFAP - 1450 S PIERCE ST - LAKEWOOD, CO 80232-5643		501(C)(3)	0.	101,085.	FMV	FOOD	FOOD DISTRIBUTION
PROJECT ANGEL HEART - TEFAP 4950 WASHINGTON ST DENVER, CO 80216-2026		501(C)(3)	0.	8,402.	FMV	FOOD	FOOD DISTRIBUTION
RED ROCKS CHURCH - MP TEFAP 5800 W ALAMEDA PKWY LAKEWOOD, CO 80226-7339		501(C)(3)	0.	48,588.	FMV	FOOD	FOOD DISTRIBUTION
RED ROCKS COMMUNITY COLLEGE - MP TEFAP - 13300 W 6TH AVE - LAKEWOOD, CO 80228-1213		501(C)(3)	0.	24,991.	FMV	FOOD	FOOD DISTRIBUTION
REDEEMING LOVE FELLOW - TEFAP 1380 AMMONS STREET LAKEWOOD, CO 80214		501(C)(3)	0.	132,207.	FMV	FOOD	FOOD DISTRIBUTION
REGIS UNIVERSITY - MP TEFAP 3333 REGIS BLVD DENVER, CO 80221-1099		501(C)(3)	0.	87,664.	FMV	FOOD	FOOD DISTRIBUTION
RESTORATION CHRISTIAN FELLOWSHIP - MP TEFAP - 15640 E 6TH AVE - AURORA, CO 80011-9048		501(C)(3)	0.	68,933.	FMV	FOOD	FOOD DISTRIBUTION
RISEN CHRIST CATHOLIC PARISH - MP TEFAP - 3060 S MONACO PKWY - DENVER, CO 80222-7012		501(C)(3)	0.	152,669.	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 noncash 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 80701-2121		501(C)(3)	0.	74,459.	FMV	FOOD	FOOD DISTRIBUTION
ROSE OF SHARON FOOD BANK - TEFAP 5306 N LINCOLN ST DENVER, CO 80216-1933		501(C)(3)	0.	36,045.	FMV	FOOD	FOOD DISTRIBUTION
RURAL COMM RESOURCE YUMA COUNTY FAIR - MP TEFAP - 410 W HOAG AVE - YUMA, CO 80759-1916		501(C)(3)	0.	74,500.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY AURORA - TEFAP 802 QUARI CT AURORA, CO 80011-6227		501(C)(3)	0.	135,682.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY CENTENNIAL - TEFAP 3900 E ARAPAHOE RD CENTENNIAL, CO 80122-2078		501(C)(3)	1,777.	74,596.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY DENVER CITADEL - TEFAP - 4505 W ALAMEDA AVE - DENVER, CO 80219-1859		501(C)(3)	0.	63,932.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY DENVER HOUSING NOW - TEFAP - 2821 W 65TH PL - DENVER, CO 80221-2234		501(C)(3)	0.	52,518.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY DENVER RED SHIELD - TEFAP - 2915 HIGH ST - DENVER, CO 80205-4547		501(C)(3)	0.	9,871.	FMV	FOOD	FOOD DISTRIBUTION
SALVATION ARMY HARBOR LIGHT - TEFAP - 2136 CHAMPA ST - DENVER, CO 80205-2530		501(C)(3)	0.	53,475.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOR - TEFAP 17151 PINE LN PARKER, CO 80134-6517		501(C)(3)	0.	238,640.	FMV	FOOD	FOOD DISTRIBUTION
SERVICIOS DE LA RAZA INC - TEFAP 3131 W 14TH AVE DENVER, CO 80204-2203		501(C)(3)	0.	50,013.	FMV	FOOD	FOOD DISTRIBUTION
SIMLA - MP TEFAP 18091 CO RD 125 SIMLA, CO 80835		501(C)(3)	0.	8,831.	FMV	FOOD	FOOD DISTRIBUTION
SOUTH PARK SENIOR INC - TEFAP 298 6TH ST FAIRPLAY, CO 80440-0000		501(C)(3)	5,357.	29,100.	FMV	FOOD	FOOD DISTRIBUTION
ST ANTHONYS FOOD BANK - TEFAP 3801 W OHIO AVE DENVER, CO 80219-3226		501(C)(3)	0.	32,382.	FMV	FOOD	FOOD DISTRIBUTION
ST FRANCIS DE ASSISI - MP TEFAP 2746 5TH ST CASTLE ROCK, CO 80104-1824		501(C)(3)	0.	30,654.	FMV	FOOD	FOOD DISTRIBUTION
ST JAMES PRESBYTERIAN CHURCH - MP TEFAP - 3601 W BELLEVIEW AVE - LITTLETON, CO 80123-1757		501(C)(3)	0.	61,778.	FMV	FOOD	FOOD DISTRIBUTION
ST PAUL'S EPISCOPAL CHURCH - MP TEFAP - 9200 W 10TH AVE - LAKEWOOD, CO 80215-4701		501(C)(3)	0.	107,481.	FMV	FOOD	FOOD DISTRIBUTION
SUMMIT STAGE BUS BARN - MP TEFAP 0222 COUNTY SHOPS RD FRISCO, CO 80443-0000		501(C)(3)	0.	45,181.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUN VALLEY- MP TEFAP 2060 W COLFAX AVE (RAICES BREWING) DENVER, CO 80204		501(C)(3)	0.	62,909.	FMV	FOOD	FOOD DISTRIBUTION
THE ACTION CENTER - TEFAP 8755 W 14TH AVE LAKEWOOD, CO 80215-0609		501(C)(3)	0.	417,759.	FMV	FOOD	FOOD DISTRIBUTION
THORNTON COMMUNITY FOOD BANK - TEFAP - 8990 YORK ST - THORNTON, CO 80229-4659		501(C)(3)	0.	101,910.	FMV	FOOD	FOOD DISTRIBUTION
THRIVE CHURCH - MP TEFAP 2820 W 92ND AVE FEDERAL HEIGHTS, CO 80260-5208		501(C)(3)	0.	169,772.	FMV	FOOD	FOOD DISTRIBUTION
TIN SHED FOOD PANTRY - TEFAP 10555 W 44TH AVE WHEAT RIDGE, CO 80033-7119		501(C)(3)	0.	512,136.	FMV	FOOD	FOOD DISTRIBUTION
TWIN PARISHES - TEFAP 3663 HUMBOLDT ST DENVER, CO 80205-3330		501(C)(3)	0.	306,703.	FMV	FOOD	FOOD DISTRIBUTION
UNIVERSITY CHURCH OF CHRIST - TEFAP - 2000 S MILWAUKEE ST - DENVER, CO 80210-3521		501(C)(3)	0.	21,953.	FMV	FOOD	FOOD DISTRIBUTION
VOA SHELTERS - TEFAP 4915 E 52ND AVE COMMERCE CITY, CO 80022-8001		501(C)(3)	0.	13,392.	FMV	FOOD	FOOD DISTRIBUTION
WASHINGTON COUNTY CONNECTIONS - MP TEFAP - 551 W 2ND ST - AKRON, CO 80720-1404		501(C)(3)	0.	78,578.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WE DON'T WASTE BARNUM REC CENTER - TEFAP - 360 HOOKER ST. - DENVER, CO 80219		501(C)(3)	0.	64,045.	FMV	FOOD	FOOD DISTRIBUTION
WE DON'T WASTE BRUCE RANDOLPH - TEFAP - 3955 STEELE ST - DENVER, CO 80205-3601		501(C)(3)	0.	75,727.	FMV	FOOD	FOOD DISTRIBUTION
WE DON'T WASTE COMMERCE CITY/72ND TRAIN - TEFAP - 3838 E 72ND AVE. - COMMERCE CITY, CO 80022		501(C)(3)	0.	60,192.	FMV	FOOD	FOOD DISTRIBUTION
WE DON'T WASTE LA ALMA REC CENTER - TEFAP - 1325 W 11TH AVE. - DENVER, CO 80204		501(C)(3)	0.	85,851.	FMV	FOOD	FOOD DISTRIBUTION
WE DON'T WASTE NORTH MIDDLE SCHOOL - TEFAP - 12095 E MONTVIEW BLVD - AURORA, CO 80010-1608		501(C)(3)	0.	34,848.	FMV	FOOD	FOOD DISTRIBUTION
WELLSPRING CHURCH - TEFAP 3885 S BROADWAY ENGLEWOOD, CO 80113-3613		501(C)(3)	4,928.	90,728.	FMV	FOOD	FOOD DISTRIBUTION
ANGEL BASKETS, INC - TEFAP 335 W COLORADO AVE TELLURIDE, CO 81435		501(C)(3)	0.	30,092.	FMV	FOOD	FOOD DISTRIBUTION
CANYON VIEW VINEYARD CHURCH - TEFAP - 736 24 1/2 RD - GRAND JUNCTION, CO 81505-9628		501(C)(3)	0.	91,241.	FMV	FOOD	FOOD DISTRIBUTION
CHAIN OF LOVE - TEFAP 1402 S MAIN ST DELTA, CO 81418-0000		501(C)(3)	0.	48,681.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF DESTINY-TEFAP 2218 BAKER DRIVE CRAIG, CO 81625		501(C)(3)	1,033.	55,543.	FMV	FOOD	FOOD DISTRIBUTION
CHURCH OF THE NAZARENE-TEFAP 3595 FRONT ST PALISADE, CO 81526-8077		501(C)(3)	0.	101,726.	FMV	FOOD	FOOD DISTRIBUTION
CLIFTON CHRISTIAN CHURCH MP TEFAP 615 I-70 BUSINESS LOOP CLIFTON, CO 81520-7619		501(C)(3)	0.	260,049.	FMV	FOOD	FOOD DISTRIBUTION
FRESH FOUNDATION NORWOOD FOOD BANK TEFAP - 1225 SUMMIT ST - NORWOOD, CO 81423		501(C)(3)	0.	103,934.	FMV	FOOD	FOOD DISTRIBUTION
GLENWOOD-GARFIELD COUNTY MP TEFAP 120 SOCCERFIELD RD GLENWOOD SPRINGS, CO 81601-0000		501(C)(3)	0.	112,327.	FMV	FOOD	FOOD DISTRIBUTION
GUNNISON CFP GREATER SOMERSET FOOD PANTRY - TEFAP - 3688 HWY 133 - SOMERSET, CO 81434		501(C)(3)	0.	100,298.	FMV	FOOD	FOOD DISTRIBUTION
HOMEWARD BOUND GRAND VALLEY - TEFAP - 2853 N AVE - GRAND JUNCTION, CO 81501-5040		501(C)(3)	0.	61,298.	FMV	FOOD	FOOD DISTRIBUTION
LIFT UP OF GARFIELD COUNTY PARACHUTE-TEFAP - 201 E 1ST ST - PARACHUTE, CO 81635		501(C)(3)	0.	37,777.	FMV	FOOD	FOOD DISTRIBUTION
LIFT UP OF ROUTT COUNTY STEAMBOAT - TEFAP - 2095 CURVE CT - STEAMBOAT SPRINGS, CO 80487-4913		501(C)(3)	0.	143,075.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFT UP OF GARFIELD CNTY GLENWOOD WAREHOUSE TEFAP - 100 MIDLAND AVE - GLENWOOD SPRINGS, CO 81601-9809		501(C)(3)	0.	30,444.	FMV	FOOD	FOOD DISTRIBUTION
LOVE INC OF YAMPA VALLEY - TEFAP 106 W VICTORY WAY CRAIG, CO 81625-2608		501(C)(3)	1,777.	115,229.	FMV	FOOD	FOOD DISTRIBUTION
MEEKER - RIO BLANCO COUNTY - MP TEFAP - 700 SULPHUR CREEK RD - MEEKER, CO 81641-0000		501(C)(3)	0.	80,384.	FMV	FOOD	FOOD DISTRIBUTION
MONUMENT VIEW BIBLE CHURCH - TEFAP 1173 17 1/2 RD FRUITA, CO 81521-8077		501(C)(3)	0.	123,357.	FMV	FOOD	FOOD DISTRIBUTION
OPEN BIBLE FELLOWSHIP CHURCH - TEFAP - 697 DENVER ST - DEBEQUE, CO 81630-0015		501(C)(3)	0.	35,575.	FMV	FOOD	FOOD DISTRIBUTION
ORCHARD MESA - MP TEFAP 2785 US-50 GRAND JUNCTION, CO 81503-8077		501(C)(3)	0.	126,925.	FMV	FOOD	FOOD DISTRIBUTION
OURAY COUNTY FOOD BANK - TEFAP 602 N CORA ST RIDGWAY, CO 81432		501(C)(3)	0.	16,999.	FMV	FOOD	FOOD DISTRIBUTION
PLATEAU VALLEY ASSEMBLY -TEFAP 57228 HWY 330 COLLBRAN, CO 81624-0257		501(C)(3)	0.	43,746.	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	73669	0.	2,435,387.	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)**

(Rev. December 2024)
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

Open to Public
Inspection

Name of the organization FOOD BANK OF THE ROCKIES	Employer identification number 84-0772672
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Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERIN PULLING CHIEF EXECUTIVE OFFICER	(i)	276,417.	53,779.	0.	18,089.	32,881.	381,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN KULLBERG CHIEF OF STAFF	(i)	193,824.	28,569.	0.	8,267.	25,152.	255,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER LACKEY CHIEF DEVELOPMENT OFFICER	(i)	181,820.	26,938.	0.	8,485.	32,734.	249,977.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HEATHER MACKENDRICK COSTA CHIEF FINANCIAL OFFICER	(i)	179,181.	26,087.	0.	15,314.	9,616.	230,198.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LORENA TOLAND PART YEAR CHIEF PEOPLE OFFICER, TERM	(i)	151,366.	23,560.	0.	9,578.	29,215.	213,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MELINDA DAY PART YEAR CHIEF IMPACT OFFICER, TERM	(i)	165,282.	26,165.	0.	134.	19,240.	210,821.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ADITI DESAI CHIEF MARKETING OFFICER	(i)	150,988.	21,505.	0.	6,718.	10,643.	189,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KELLY GREEN CHIEF OPERATING OFFICER	(i)	133,530.	14,773.	0.	6,226.	32,591.	187,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MELANNIE GRIMME VICE PRESIDENT OF PHILANTHROPY	(i)	120,498.	12,825.	0.	6,070.	32,607.	172,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JAMIE HESLIN DIRECTOR OF DEVELOPMENT SYSTEMS	(i)	119,541.	9,682.	0.	5,388.	24,968.	159,579.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ALEXANDER BOKODY DIRECTOR OF IT	(i)	140,830.	12,000.	0.	6,297.	339.	159,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

ANNUALLY, IF ORGANIZATIONAL/INDIVIDUAL 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

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I 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	70	3,568,478.	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	62982914	109,958,078.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (FURNITURE)	X	1	43,550.	FMV
26 Other (GIFT CARDS)	X	27	9,950.	FMV
27 Other (EMPLOYEE INCENT)	X	1	7,222.	FMV
28 Other (GIFTS FOR VOLUN)	X	1	1,531.	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 on Part I, lines 1 through 28, that it must hold for at least 3 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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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

PART I, OTHER TYPES OF PROPERTY:

TAKING ROOT EVENT

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1368.
- (D) METHOD OF DETERMINING REVENUE: FMV

TRUCK REPAIRS

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 875.
- (D) METHOD OF DETERMINING REVENUE:

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION RECEIVED MULTIPLE CONTRIBUTIONS OF FOOD INVENTORY FROM MULTIPLE CONTRIBUTORS. IN TOTAL, 62,982,914 POUNDS OF FOOD INVENTORY WERE DONATED.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FOOD BANK OF THE ROCKIES

Employer identification number

84-0772672

PAGE 1, BOX C

THE FOOD BANK OF THE ROCKIES USES 'FOOD BANK OF WYOMING' AS A DBA FOR
ITS WYOMING OPERATIONS. IT ALSO 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 \$ 4,330,349. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COLORADO FOOD FOR KIDS

EXPENSES \$ 3,740,855. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,043,864.

EVERYDAY EATS, FUNDED BY CSFP

EXPENSES \$ 3,991,889. INCL GRANTS OF \$ 2,361,589. REVENUE \$ 674,087.

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 \$ 15,556,936. INCL GRANTS OF \$ 13,761,587. REVENUE \$ 737,437.

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 2024 IN

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization FOOD BANK OF THE ROCKIES	Employer identification number 84-0772672
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PARTNERSHIP WITH A THIRD PARTY ORGANIZATION SPECIALIZING IN TOTAL REWARDS. BEGINNING IN 2025, PREVIOUS RELEVANT EXPERIENCE IS NOW CONSIDERED AS AN ADDITIONAL FACTOR WHEN DETERMINING COMPENSATION, ALONGSIDE EXISTING FACTORS SUCH AS MERIT AND COST OF LABOR. COMPENSATION CHANGES ARE DEVELOPED BY COMPARING INDIVIDUAL ROLES TO INDUSTRY AVERAGES AND OTHER COMPARATIVE MARKET DATA. COMPENSATION CHANGES DUE TO COST OF LABOR, MARKET SHIFTS, OR RELEVANT EXPERIENCE ARE RECOMMENDED BY THE PEOPLE & CULTURE DEPARTMENT AND LEADERSHIP TEAM, AND APPROVED BY THE CEO. COMPENSATION CHANGES BASED ON MERIT ARE RECOMMENDED BY THE RESPECTIVE MANAGER THROUGH AN INTERNAL COLLABORATION PROCESS AND APPROVED BY THE RESPECTIVE MEMBER OF THE LEADERSHIP TEAM, THE CHIEF PEOPLE OFFICER, AND THE CEO. FOR OFFICERS, COMPENSATION CHANGES BASED ON MERIT OR RELEVANT EXPERIENCE ARE APPROVED BY THE CEO. 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, CT, VA, WA, WI, HI, OH, RI, SC

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 FOOD BANK OF THE ROCKIES, 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.

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 FOOD BANK OF THE ROCKIES 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 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

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization <p align="center">FOOD BANK OF THE ROCKIES</p>	Employer identification number <p align="center">84-0772672</p>
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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 - 26-0211983, 20600 EAST 38TH AVE, AURORA, CO 80011	INVESTMENTS	COLORADO	501(C)(3)	LINE 7	FOOD BANK OF THE ROCKIES	X	

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

Schedule R (Form 990) (Rev. 1-2025)

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

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

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) FOOD BANK OF THE ROCKIES ENDOWMENT FUND	C	3,000,000.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

