

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

MONTANA FOOD BANK NETWORK, INC

81-0421243

Name and title of officer

GAYLE GIFFORD

CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>14,078,395.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize JUNKERMIER, CLARK, CAMPANELLA, STEVENS PC to enter my PIN 28080
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature *Gayle Gifford* Date 11-21-16

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

81044801040
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature *[Signature]* Date 11/21/2016

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

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)

2015

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MONTANA FOOD BANK NETWORK, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5625 EXPRESSWAY City or town, state or province, country, and ZIP or foreign postal code MISSOULA, MT 59808 F Name and address of principal officer: GAYLE GIFFORD SAME AS C ABOVE	D Employer identification number 81-0421243 E Telephone number 406-721-3825 G Gross receipts \$ 14,143,384. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.MFBN.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1983 M State of legal domicile: MT		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: END HUNGER IN MT THROUGH EMERGENCY FOOD & PURSUIT OF LASTING SOLUTIONS.			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		13
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5		21
6	Total number of volunteers (estimate if necessary)	6		673
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b		0.
8	Contributions and grants (Part VIII, line 1h)	8	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	9	12,508,017.	12,922,882.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	823,012.	1,057,809.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	743.	9,291.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	55,842.	88,413.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	13,387,614.	14,078,395.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	11,287,071.	11,941,862.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	0.	0.
16 a	Professional fundraising fees (Part IX, column (A), line 11e)	16 a	812,152.	824,188.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 722,912.	16 b	0.	63,141.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	1,077,968.	909,951.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	13,177,191.	13,739,142.
19	Revenue less expenses. Subtract line 18 from line 12	19	210,423.	339,253.
20	Total assets (Part X, line 16)	20	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	21	3,899,798.	4,220,241.
22	Net assets or fund balances. Subtract line 21 from line 20	22	400,054.	362,683.
22		22	3,499,744.	3,857,558.

Part II Signature Block

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

Sign Here	Signature of officer GAYLE GIFFORD, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name NICOLE RIEKER, CPA	Preparer's signature Date
	Check if self-employed <input type="checkbox"/> PTIN P01372764	Firm's name ▶ JUNKERMIER, CLARK, CAMPANELLA, STEVENS PC Firm's address ▶ P.O. BOX 16237 MISSOULA, MT 59808
	Firm's EIN ▶ 81-0348775 Phone no. 406-549-4148	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION: TO END HUNGER IN MONTANA THROUGH FOOD ACQUISITION AND DISTRIBUTION, EDUCATION, AND ADVOCACY. WE ARE THE ONLY STATEWIDE HUNGER ORGANIZATION, PROVIDING EMERGENCY FOOD AND INCREASING FOOD ACCESS AMONG NEEDY CHILDREN, SENIORS AND FAMILIES IN ALL 56 COUNTIES

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 12,706,326. including grants of \$ 11,941,862.) (Revenue \$ 1,066,530.)

EMERGENCY FOOD DISTRIBUTION - THE MONTANA FOOD BANK NETWORK HAS FOUR PROGRAMS THAT PROVIDE INFRASTRUCTURE AND CAPACITY TO FEED MONTANANS LIVING WITH FOOD INSECURITY AND HUNGER. 1.) IN AN EFFORT TO COMBAT CHILDHOOD HUNGER, THE BACK PACK PROGRAM BEGAN IN 2007 AND CURRENTLY SERVES OVER NEARLY 4,000 HUNGRY CHILDREN IN 99 SCHOOLS ACROSS MONTANA. THE PROGRAM IS DESIGNED TO PROVIDE CHILDREN WITH NUTRITIOUS, CHILD FRIENDLY FOOD TO TAKE HOME ON WEEKENDS AND SCHOOL VACATIONS WHEN KIDS ARE AWAY FROM THE SCHOOL LUNCH AND BREAKFAST PROGRAMS THEY DEPEND UPON. LAST YEAR 94,092 PACKS OF FOOD WERE DISTRIBUTED DISCREETLY TO CHILDREN IN NEED, PROVIDING 282,276 MEALS. STATEWIDE SATURATION IS PLANNED, WITH ADDITIONAL LOCATIONS ROLLING OUT EACH YEAR AS FUNDING IS SECURED AND COLLABORATIONS ARE STRENGTHENED. (IN 2015, MFBN ASSISTED IN PLANTING 46

4b (Code:) (Expenses \$ 148,419. including grants of \$) (Revenue \$)

POLICY ADVOCACY AND OUTREACH PROGRAM - THE MONTANA FOOD SECURITY COUNCIL, COMPRISED OF PUBLIC AND PRIVATE GROUPS IN MONTANA, IS THE ADVOCACY ARM OF THE MONTANA FOOD BANK NETWORK. PUBLIC POLICY STAFF AND THE COUNCIL COLLABORATE WITH NATIONAL, REGIONAL, STATEWIDE AND LOCAL GROUPS TO EFFECT POLICY CHANGES THAT WILL BENEFIT THE MOST VULNERABLE. THROUGH ITS WORK, MFBN STRIVES TO ENSURE THAT PUBLIC FOOD PROGRAMS ARE MAXIMIZED TO SUPPORT MONTANANS. BY COLLECTING INFORMATION FROM PUBLIC AND PRIVATE MONTANA FEEDING PROGRAMS THROUGH A BIENNIAL CLIENT HUNGER SURVEY, MFBN THEN EDUCATES THE PUBLIC AND POLICY MAKERS ABOUT HUNGER AND FOOD INSECURITY IN MONTANA. DATA COLLECTED FROM THE HUNGER SURVEY IS USED TO TARGET MFBN'S OUTREACH ACTIVITIES FOR SNAP (FORMERLY FOOD STAMPS), SUMMER FOOD PROGRAM AND OTHER PUBLIC FOOD PROGRAMS. THE

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,854,745.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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 in 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 13		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		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
b	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:		
a	The governing body?	X	
b	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 in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b		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
b	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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MT**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
MONTANA FOOD BANK NETWORK - 406-721-3825
5625 EXPRESSWAY, MISSOULA, MT 59808

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MINKIE MEDORA BOARD MEMBER	1.00	X						0.	0.	0.
(2) CAROL ALLEN BOARD MEMBER	1.00	X						0.	0.	0.
(3) KEITH HAAS BOARD MEMBER	1.00	X						0.	0.	0.
(4) LUKE JACKSON VICE CHAIR	1.00	X		X				0.	0.	0.
(5) TERRY TEICHROW BOARD MEMBER (FORMER)	1.00	X						0.	0.	0.
(6) MARK DVARISHKIS BOARD MEMBER	1.00	X						0.	0.	0.
(7) ROSS TILLMAN CHAIR	1.00	X		X				0.	0.	0.
(8) VICKI JUDD BOARD MEMBER	1.00	X						0.	0.	0.
(9) MAIA LASALLE SECRETARY	1.00	X		X				0.	0.	0.
(10) MARY LEHMAN TREASURER	1.00	X		X				0.	0.	0.
(11) BRETT PIERCE BOARD MEMBER (FORMER)	1.00	X						0.	0.	0.
(12) HANK HUDSON BOARD MEMBER	1.00	X						0.	0.	0.
(13) GAYLE GIFFORD CHIEF EXECUTIVE OFFICER	40.00	X		X				75,574.	0.	5,040.
(14) CLARK TOWER CHIEF FINANCIAL OFFICER	40.00	X		X				57,742.	0.	2,983.
(15) JENNIFER PEREZ COLE BOARD MEMBER	1.00	X						0.	0.	0.
(16) TRACY WORLEY BOARD MEMBER	1.00	X						0.	0.	0.
(17) DAVID SZABO BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							133,316.	0.	8,023.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							133,316.	0.	8,023.	

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 **0**

	Yes	No
3 Did the organization list any former officer, director, or 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
NONE		

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 **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	153,425.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	384,992.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,384,465.				
	g Noncash contributions included in lines 1a-1f: \$		10,559,984.				
	h Total. Add lines 1a-1f		12,922,882.				
	Program Service Revenue	2 a PARTNERSHIP FOOD SALES	Business Code 624210	944,496.	944,496.		
b SHARED MAINTENANCE		624210	113,313.	113,313.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			1,057,809.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		18,205.			18,205.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		8,914.			
		c Gain or (loss)		-8,914.			
	d Net gain or (loss)		-8,914.	-8,914.			
	8 a Gross income from fundraising events (not including \$ 153,425. of contributions reported on line 1c). See Part IV, line 18	a	126,853.				
		b Less: direct expenses	b	56,075.			
c Net income or (loss) from fundraising events			70,778.			70,778.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS	624210	17,635.	17,635.				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		17,635.				
12 Total revenue. See instructions.		14,078,395.	1,066,530.	0.	88,983.		

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 X

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	11,941,862.	11,941,862.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	141,340.	59,132.	49,742.	32,466.
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	535,429.	358,531.	32,558.	144,340.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	63,710.	41,898.	6,695.	15,117.
10 Payroll taxes	83,709.	54,086.	9,625.	19,998.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,015.	4,285.	16,730.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	63,141.			63,141.
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.)	39,054.	9,623.	12,622.	16,809.
12 Advertising and promotion	3,090.	2,400.		690.
13 Office expenses	61,242.	38,777.	5,435.	17,030.
14 Information technology				
15 Royalties				
16 Occupancy	32,389.	30,725.	336.	1,328.
17 Travel	65,550.	58,831.	4,392.	2,327.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,114.	3,839.	126.	149.
20 Interest	11,157.	10,680.	120.	357.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	168,227.	153,088.	6,696.	8,443.
23 Insurance	23,535.	18,072.	3,238.	2,225.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POSTAGE AND PRINTING FR	394,731.			394,731.
b REPAIRS AND MAINTENANCE	52,015.	51,208.	395.	412.
c TRAINING	30,623.	15,494.	11,780.	3,349.
d OTHER	3,209.	2,214.	995.	0.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,739,142.	12,854,745.	161,485.	722,912.
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 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	948,231.	1	1,218,198.	
	2 Savings and temporary cash investments	173,231.	2	207,454.	
	3 Pledges and grants receivable, net	21,333.	3	32,661.	
	4 Accounts receivable, net	39,154.	4	48,370.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use	666,828.	8		677,708.
	9 Prepaid expenses and deferred charges	18,699.	9		24,735.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,683,271.	10a		
	b Less: accumulated depreciation	1,251,011.	10b		
	11 Investments - publicly traded securities	596,980.	11	10c	1,432,260.
	12 Investments - other securities. See Part IV, line 11			12	
	13 Investments - program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11			15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,899,798.	16		4,220,241.	
Liabilities	17 Accounts payable and accrued expenses	129,778.	17	100,653.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	270,276.	22		246,400.
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		15,630.
	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			25	
	26 Total liabilities. Add lines 17 through 25	400,054.	26		362,683.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,317,599.	27	3,641,638.	
	28 Temporarily restricted net assets	182,145.	28	215,920.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	3,499,744.	33		3,857,558.	
34 Total liabilities and net assets/fund balances	3,899,798.	34		4,220,241.	

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	14,078,395.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,739,142.
3	Revenue less expenses. Subtract line 2 from line 1	3	339,253.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,499,744.
5	Net unrealized gains (losses) on investments	5	-30,851.
6	Donated services and use of facilities	6	49,412.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,857,558.

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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <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 checked="" type="checkbox"/> Separate basis <input 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 in 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 Single Audit Act and OMB Circular A-133? _____		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 in Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization <p align="center">MONTANA FOOD BANK NETWORK, INC</p>	Employer identification number <p align="center">81-0421243</p>
--	--

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,157,669.	11,610,841.	12,908,544.	12,508,017.	12,829,081.	60,014,152.
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	10,157,669.	11,610,841.	12,908,544.	12,508,017.	12,829,081.	60,014,152.
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)						32,867,665.
6 Public support. Subtract line 5 from line 4.						27,146,487.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	10,157,669.	11,610,841.	12,908,544.	12,508,017.	12,829,081.	60,014,152.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,744.	960.	889.	743.	18,205.	22,541.
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.)	4,340.	9,290.			17,635.	31,265.
11 Total support. Add lines 7 through 10						60,067,958.
12 Gross receipts from related activities, etc. (see instructions)					12	3,305,227.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	45.19 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	45.67 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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"/>

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 in 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	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 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		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015
1	Distributable amount for 2015 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2015:		
a			
b			
c			
d	From 2013		
e	From 2014		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2015 distributable amount		
i	Carryover from 2010 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2015 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2015 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		
7	Excess distributions carryover to 2016. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a			
b			
c	Excess from 2013		
d	Excess from 2014		
e	Excess from 2015		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization MONTANA FOOD BANK NETWORK, INC Employer identification number 81-0421243

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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? (Yes/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? (Yes/No)

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 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 2(d) 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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 are a 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 programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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		67,500.		67,500.
b Buildings		1,221,245.	357,823.	863,422.
c Leasehold improvements		310,668.	165,533.	145,135.
d Equipment		868,473.	648,146.	220,327.
e Other		215,385.	79,509.	135,876.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,432,260.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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 FIN 48 (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	14,153,031.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-30,851.
b	Donated services and use of facilities	2b	49,412.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	56,075.
e	Add lines 2a through 2d	2e	74,636.
3	Subtract line 2e from line 1	3	14,078,395.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,078,395.

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	13,795,217.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	56,075.
e	Add lines 2a through 2d	2e	56,075.
3	Subtract line 2e from line 1	3	13,739,142.
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	13,739,142.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENTS 56,075.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENTS 56,075.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ **Attach to Form 990 or Form 990-EZ.**
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

MONTANA FOOD BANK NETWORK, INC

Employer identification number

81-0421243

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUSS REID - 2 N LAKE AVE #600, PASADENA, CA	FUNDRAISING THROUGH BULK MAIL SOLICITATIONS	X		1,173,759.	457,872.	715,887.
Total				1,173,759.	457,872.	715,887.

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

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))
		THE TASTE (event type)	SELLOUT (event type)	1 (total number)	
Revenue	1 Gross receipts	46,247.	45,891.	188,140.	280,278.
	2 Less: Contributions		34,891.	118,534.	153,425.
	3 Gross income (line 1 minus line 2)	46,247.	11,000.	69,606.	126,853.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,049.	39,665.	6,361.	56,075.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				56,075.
11 Net income summary. Subtract line 10 from line 3, column (d)				70,778.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

- 16**
- Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

 Director/officer Employee Independent contractor

- 17**
- Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: RUSS REID

(I) ADDRESS OF FUNDRAISER: 2 N LAKE AVE #600, PASADENA, CA 91101-1868

SCHEDULE G, PART I, LINE 2(B)(III)

RUSS REID DISTRIBUTES ALL BULK MAIL SOLICITATIONS. ALL FUNDS SOLICITED COME DIRECTLY TO THE ORGANIZATION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

MONTANA FOOD BANK NETWORK, INC

Employer identification number

81-0421243

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2ND HARVEST INLAND NW - SPOKANE 1234 E FRONT AVE SPOKANE, WA 99202	23-7173826	501(C)(3)	0.	13,101.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
ALBERTON FOOD BANK 502 5TH ST., FRENCHTOWN FIRE STATIO ALBERTON, MT 59820	26-4222497	501(C)(3)	0.	11,194.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
ALTERNATIVE YOUTH ADVENTURES 105 VENTURE WAY BOULDER, MT 59632	81-0457323	501(C)(3)	0.	5,487.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
ALTERNATIVES, INC. 1001 SOUTH 27TH STREET BILLINGS, MT 59101	81-0382745	501(C)(3)	0.	24,383.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
BEAVERHEAD COMMUNITY FOOD PANTRY 131 E HELENA STREET DILLON, MT 59725	81-0486031	501(C)(3)	0.	27,122.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
BIG TIMBER COMMUNITY FOOD BANK 115 W 5TH ST. BIG TIMBER, MT 59011	30-0516893	501(C)(3)	0.	16,338.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.

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

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

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACKFEET FOOD BANK OLD EAGLE BUILDING, 503 POPI MI ST. BROWNING, MT 59417	81-0296234	501(C)(3)	0.	128,808.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
BOYS & GIRLS CLUB OF LEWISTOWN 134 PARK ST. LEWISTOWN, MT 59457	80-0114397	501(C)(3)	0.	14,392.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
BUTTE EMERGENCY FOOD BANK 1019 EAST 2ND STREET BUTTE, MT 59701	81-0469563	501(C)(3)	0.	554,482.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
BUTTE RESCUE MISSION 1204 EAST 2ND ST. BUTTE, MT 59701	81-0410116	501(C)(3)	0.	16,409.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
CENTER POLE FOUNDATION 916 EAST WELLKNOWN BUFFALO/13255 S. GARRYOWEN ROAD - GARRYOWEN, MT 59031	20-8780215	501(C)(3)	0.	43,608.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
CENTRAL MONTANA COMMUNITY CUPBOARD 203 4TH AVENUE NORTH LEWISTOWN, MT 59457	36-3342406	501(C)(3)	0.	70,368.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
CLARK FORK CITY FOODS 2811 LATIMER MISSOULA, MT 59808	81-0387043	501(C)(3)	0.	295,284.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
COLUMBIA FALLS FOOD BANK 82 RAILROAD ST., COLUMBIA FALLS, MT 59912	20-5725475	501(C)(3)	0.	45,152.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
COMMUNITY FOOD BANK OF MINERAL COUNTY - 308 PINE - SUPERIOR, MT 59872	43-2026150	501(C)(3)	0.	10,111.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HOPE INC 204 CEDAR AVENUE LAUREL, MT 59044	81-0424204	501(C)(3)	0.	145,092.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
COMMUNITY SERVICES FELLOWSHIP 1419 MONTANA HWY 200 NOXON, MT 59853	81-0475114	501(C)(3)	0.	8,788.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
CUSTER COUNTY FOOD BANK 210 SOUTH WINCHESTER MILES CITY, MT 59301	81-0541769	501(C)(3)	0.	420,623.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
DARBY BREAD BOX 206 TANNER DARBY, MT 59829	32-0278089	501(C)(3)	0.	28,612.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
DAWSON COUNTY FOOD BANK 112 W. BENHAM GLENDALE, MT 59330	27-4496519	501(C)(3)	0.	140,162.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
FAMILY SERVICE, INC. 1824 1ST AVE NORTH BILLINGS, MT 59103	81-0232120	501(C)(3)	0.	1,785,137.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
FISH 1620 12TH AVE. N. GREAT FALLS, MT 59403	81-0452876	501(C)(3)	0.	7,771.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
FLATHEAD FOOD BANK 1203 HIGHWAY 2 W. SUITE 2 KALISPELL, MT 59901	81-0399818	501(C)(3)	0.	696,200.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
GALLATIN VALLEY FOOD BANK 602 BOND STREET BOZEMAN, MT 59715	81-0350886	501(C)(3)	0.	950,889.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT FALLS COMMUNITY FOOD BANK 1620 12TH AVE. N. GREAT FALLS, MT 59401	36-3540471	501(C)(3)	0.	213,411.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
HARLEM FOOD BANK 10 1ST AVENUE SW HARLEM, MT 59526	81-0375742	501(C)(3)	0.	9,977.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
HAVEN HOUSE 316 N 3RD SUITE 162 HAMILTON, MT 59840	81-0413640	501(C)(3)	0.	232,441.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
HAVRE FOOD BANK 453 5TH STREET N. HAVRE, MT 59501	81-0295420	501(C)(3)	0.	102,466.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
HELENA FOOD SHARE 1616 LEWIS ST HELENA, MT 59624	36-3507623	501(C)(3)	0.	1,132,006.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
HELENA PRE-RELEASE CENTER 805 COLLEEN HELENA, MT 59601	81-0370219	501(C)(3)	0.	6,766.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
HELPING HANDS IN HARDIN 825 WEST 3RD ST HARDIN, MT 59034	81-0512834	501(C)(3)	0.	33,064.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
HIS FOOD PANTRY 1001 CLEVELAND MISSOULA, MT 59801	81-0388449	501(C)(3)	0.	21,366.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
HOT SPRINGS FOOD PANTRY 100 MAIN STREET HOT SPRINGS, MT 59845	81-0515660	501(C)(3)	0.	7,497.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBBY FOOD PANTRY 700 IDAHO AVE LIBBY, MT 59923	81-0414395	501(C)(3)	0.	29,957.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
LIVINGSTON FOOD PANTRY OF PARK COUNTY - 202 SOUTH SECOND STREET - LIVINGSTON, MT 59047	20-3550306	501(C)(3)	0.	80,935.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
MALTA FOOD BANK 110 SOUTH 1ST WEST MALTA, MT 59538	36-2176597	501(C)(3)	0.	6,657.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
MEAGHER COUNTY NUTRITION COALITION 101 WEST CRAWFORD WHITE SULPHUR SPRINGS, MT 59645	84-1402025	501(C)(3)	0.	10,584.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
MISSION VALLEY FOOD PANTRY 203 BLAINE ST. IGNATIUS, MT 59865	81-0418160	501(C)(3)	0.	6,828.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
MISSOULA FOOD BANK 219 SOUTH 3RD ST WEST MISSOULA, MT 59801	81-0414143	501(C)(3)	0.	873,281.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
MONTANA RESCUE MISSION 2902 MINNESOTA AVE. 59101 BILLINGS, MT 59101	81-6013963	501(C)(3)	0.	19,402.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
MUSSELSHELL COUNTY FOOD BANK 101 2ND STREET EAST ROUNDUP, MT 59072	81-0436361	501(C)(3)	0.	12,831.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
NORTH VALLEY FOOD BANK 251 FLATHEAD AVE WHITEFISH, MT 59937	81-0456048	501(C)(3)	0.	32,342.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH WEST MONTANA VETERANS STAND DOWN - 1349 HWY 2 EAST - KALISPELL, MT 59901	74-3030535	501(C)(3)	0.	18,442.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
OPEN GATE RANCH 48 ALGER RD. N TROUT CREEK, MT 59874	36-3584023	501(C)(3)	0.	9,271.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
PANTRY PARTNERS 3614 ALC WAY STEVENSVILLE, MT 59870	81-0462276	501(C)(3)	0.	12,631.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
PLAINS COMMUNITY FOOD BANK 302 CENTRAL PLAINS, MT 59859	44-0577788	501(C)(3)	0.	59,022.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
POLSON LOAVES & FISH FISH PANTRY 904 1ST STREET EAST POLSON, MT 59860	81-0413726	501(C)(3)	0.	268,937.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
POVERELLO CENTER 1110 WEST BROADWAY MISSOULA, MT 59802	23-7439391	501(C)(3)	0.	469,527.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
PROJECT CARE 700 EAST 4TH STREET ANACONDA, MT 59711	36-3674182	501(C)(3)	0.	72,680.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
REO MIGRANT FARM WORKERS PROGRAM 34190 S. FINLEY POINT ROAD HELENA, MT 59624	81-0397037	501(C)(3)	0.	13,031.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
RIVER OF HOPE FOOD BANK 4007 HWY 200 E, UNIT 1 MISSOULA, MT 59802	36-4625018	501(C)(3)	0.	5,821.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAGEBRUSH FOOD PANTRY 669 PARK DRIVE SHELBY, MT 59474	81-0418718	501(C)(3)	0.	6,795.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
SALVATION ARMY - GREAT FALLS 527 9TH AVE S GREAT FALLS, MT 59405	94-1156347	501(C)(3)	0.	290,686.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
SALVATION ARMY - HELENA 1905 HENDERSON HELENA, MT 59601	81-0476242	501(C)(3)	0.	6,505.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
SEELEY SWAN COMMUNITY FOOD BANK 456 AIRPORT ROAD SEELEY LAKE, MT 59868	81-0523596	501(C)(3)	0.	5,129.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
SET FREE CHRISTIAN FELLOWSHIP 216 9TH STREET N GREAT FALLS, MT 59401	81-0505001	501(C)(3)	0.	255,467.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
ST LABRE FOOD PANTRY 1000 TONGUE RIVER ROAD ASHLAND, MT 59003	81-0369014	501(C)(3)	0.	36,640.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
ST VINCENT DE PAUL 426 CENTRAL AVENUE WEST GREAT FALLS, MT 59404	81-0296475	501(C)(3)	0.	225,016.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
TETON COUNTY FOOD PANTRY 17 MAIN AVE N / 106 NE MAIN CHOTEAU, MT 59422	81-0458566	501(C)(3)	0.	5,437.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
OVERCOMERS CHURCH OF WOLFPOINT, DBA THE FOOD PANTRY - 502 MAIN STREET - WOLF POINT, MT 59201	81-0476242	501(C)(3)	0.	76,342.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE YAAK FOOD CUPBOARD 34 RIVERVIEW DRIVE TROY, MT 59935	81-0533035	501(C)(3)	0.	9,513.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
TOBACCO VALLEY FOOD PANTRY 17 1ST AVENUE W EUREKA, MT 59917	81-0449776	501(C)(3)	0.	10,600.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
TROY COMMUNITY BAPTIST CHURCH FOOD PANTRY - 725 E. MISSOULA AVE. - TROY, MT 59935	81-0466664	501(C)(3)	0.	15,036.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
TROY FOOD PANTRY 301 E KOOTENAI TROY, MT 59935	76-0729519	501(C)(3)	0.	7,373.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
UNION GOSPEL MISSION OF MISSOULA 10450 MULLAN ROAD MISSOULA, MT 59808	81-0531532	501(C)(3)	0.	5,306.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
VALLEY COUNTY COUNCIL ON AGING 328 4TH STREET SOUTH GLASGOW, MT 59230	81-6001443	501(C)(3)	0.	6,216.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
VALLEY COUNTY EMERGENCY FOOD BANK 1020 1ST AVE N GLASGOW, MT 59230	81-0466404	501(C)(3)	0.	5,351.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
WEST SHORE FOOD BANK 140 BILL'S ROAD LAKESIDE, MT 59922	20-0353235	501(C)(3)	0.	6,167.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
WEST YELLOWSTONE FOOD BANK 440 YELLOWSTONE AVE. WEST YELLOWSTONE, MT 59758	81-0299400	501(C)(3)	0.	5,827.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.

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 non-cash assistance

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:

IN ORDER TO MONITOR GRANT USE THE AGENCY PROVIDES THE ORGANIZATION WITH PERIODIC NARRATIVE REPORTS OF ITS ACTIVITIES. THE ORGANIZATION SUBSTANTIATES THE AMOUNT OF GRANTS THROUGH THEIR ACCOUNTING SYSTEM WHERE THEY TRACK ALL AGENCY GRANT ACTIVITIES.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open To Public Inspection

Name of the organization

MONTANA FOOD BANK NETWORK, INC

Employer identification number

81-0421243

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
FIRST SECURITY		REFINANC	X		327,815.	246,400.		X	X		X	
Total						▶ \$	246,400.					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**(A) NAME OF PERSON: FIRST SECURITY BANK****(C) PURPOSE OF LOAN: REFINANCE PURCHASE OF BUILDING LOANS****(D) LOAN TO OR FROM ORGANIZATION? = TO****(E) ORIGINAL PRINCIPAL AMOUNT \$ 327,815. (F) BALANCE DUE \$ 246,400.****(G) LOAN IN DEFAULT? = NO****(H) APPROVED BY BOARD OR COMMITTEE? = YES****(I) WRITTEN AGREEMENT? = YES****PART II**

ONE BOARD MEMBER IS AN OFFICER OF FIRST SECURITY BANK. LOANS WERE MADE AT THE TERMS AND CONDITIONS GENERALLY AVAILABLE TO SIMILAR ORGANIZATIONS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MONTANA FOOD BANK NETWORK, INC

Employer identification number

81-0421243

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				
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		10,559,984	PER POUND RATE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

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

SCHEDULE M, PART I, COLUMN (B):

FOOD INVENTORY: 6,323,343 POUNDS OF DONATED FOOD WERE RECEIVED AND
VALUED USING FEEDING AMERICA'S STANDARD PER POUND RATE OF \$1.67.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

MONTANA FOOD BANK NETWORK, INC

Employer identification number

81-0421243

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND ALL 7 RESERVATIONS, IN PARTNERSHIP WITH OUR OVER 150 PARTNER

AGENCIES. WITH ADMINISTRATIVE COSTS OF JUST 7%, WE ARE A PRIVATE

NONPROFIT ORGANIZATION THAT IS THE ONLY FULLY PRIVILEGED MONTANA MEMBER

OF FEEDING AMERICA, THE NATIONAL HUNGER ORGANIZATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SCHOOL-BASED PANTRIES PROVIDING FOOD TO STUDENTS IN MIDDLE-SCHOOL AND

HIGH-SCHOOL). 2.) THE FOOD PURCHASE PROGRAM LEVERAGES PURCHASING POWER

IN ORDER TO PROVIDE AS MUCH FOOD AS POSSIBLE TO THOSE MOST IN NEED. BY

UTILIZING ECONOMIES OF SCALE, MFBN ACQUIRES AND DISTRIBUTES ENOUGH FOOD

FOR THREE MEALS FOR EVERY DONATED DOLLAR. FOOD IS ACQUIRED BY SECURING

SEMI-TRUCKS FULL OF FOOD WHICH ARE DONATED OUTRIGHT BUT COST THE

ORGANIZATION THE SIMPLE COSTS OF SENDING A DRIVER AND SEMI TO PICK THEM

UP, FOOD WHICH IS PURCHASED FAR BELOW RETAIL THROUGH FEEDING AMERICA

(THE NATIONAL FOOD BANK ORGANIZATION), AND FOOD THAT WE PURCHASE IN

HUGE PALLET SIZED QUANTITIES. NEARLY 400,000 POUNDS OF FOOD IS PROVIDED

ANNUALLY THROUGH THIS PROGRAM TO MEET THE NEED OF HUNGRY MONTANANS. 3.)

THE MFBN FOOD DISTRIBUTION PROGRAM HAS THE EXISTING INFRASTRUCTURE AND

CAPACITY TO FEED MONTANANS LIVING WITH FOOD INSECURITY AND HUNGER. WE

CONSTANTLY PROVIDE SEMI-TRUCKS FULL OF FOOD STATEWIDE TO SUPPORT OVER

150 LOCAL EMERGENCY FEEDING ORGANIZATIONS FROM WIBAUX IN THE EAST, TO

THOMPSON FALLS IN THE WEST, FROM HAVRE IN THE NORTH, TO YELLOWSTONE IN

THE SOUTH. COVERING OVER 10,000 HIGHWAY MILES EVERY MONTH. FROM 2008 TO

2014 THE MONTANA FOOD BANK NETWORK'S DISTRIBUTION INCREASED FROM 4.4

MILLION POUNDS TO 8.4 MILLION POUNDS, AND THE NEED IS INCREASING. 4.)

Name of the organization

MONTANA FOOD BANK NETWORK, INC

Employer identification number

81-0421243

THE MOBILE PANTRY AND MAIL-A-MEAL PROGRAMS DISTRIBUTE FOOD TO GAP AREAS THAT LACK SUFFICIENT INFRASTRUCTURE TO SUPPORT THE LOCAL NEED FOR EMERGENCY FOOD, WHILE DEVELOPING GRASSROOTS RESOURCES. GAP AREAS ARE DEFINED AS AREAS OF THE STATE CHARACTERIZED BY SMALL, SCATTERED POPULATION CENTERS, WHERE PEOPLE LACK TRANSPORTATION ADEQUATE TO REACH EMERGENCY FOOD SERVICES. THESE ARE UNDERSERVED AREAS IN THE STATE WHERE CURRENT EFFORTS ARE NOT SUFFICIENT AND AREAS OF SPECIAL DESIGNATION WHERE VOLUNTEERS CAN BE MOBILIZED. STAFF MEMBERS WORK WITH COMMUNITY LEADERS, VOLUNTEERS, AND AGENCIES TO BUILD CAPACITY AND INFRASTRUCTURE, LINKING TOGETHER TO PROVIDE AN ONGOING SOURCE OF EMERGENCY FOOD FOR HUNGRY PEOPLE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PUBLIC POLICY PROGRAM IS WORKING TOWARD LONG TERM SOLUTIONS TO HUNGER IN MONTANA WITH THE MOST RECENT EMPHASIS ON FACILITATING HOLISTIC COUNTY-LEVEL INITIATIVES.

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

THE FINANCE COMMITTEE WILL COMPLETE A DETAIL REVIEW OF THE 990 AND APPROVE THE DOCUMENT. IT WILL THEN BE PROVIDED TO THE FULL BOARD FOR REVIEW AND APPROVAL. THE 990 WILL BE APPROVED BY THE BOARD PRIOR TO FILING WITH THE IRS.

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

A WRITTEN CONFLICT OF INTEREST POLICY IS IN EFFECT THAT MUST BE AGREED TO AND SIGNED BY EACH INDIVIDUAL EMPLOYEE AND BOARD MEMBER. THE POLICY IS ENFORCED IF THERE IS A CASE OF A PERCEIVED OR POSSIBLE CONFLICT. IF SUCH A SITUATION OCCURS, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE ISSUE

Name of the organization

MONTANA FOOD BANK NETWORK, INC

Employer identification number

81-0421243

AND BRINGS IT BEFORE THE FULL BOARD FOR ACTION. ACTION COULD INVOLVE
DISMISSAL IF THE CONFLICT OF INTEREST IS NOT RESOLVED.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED, DELIBERATED AND
DECIDED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY. THE
EXECUTIVE COMMITTEE DETERMINES THE EXECUTIVE DIRECTOR'S SALARY BASED ON
PERFORMANCE AND MARKET INDICATORS. THE COMMITTEE COMPLETES A WRITTEN REPORT
OF THE RESULTS OF THEIR EVALUATION WHICH IS PROVIDED TO THE EXECUTIVE
DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 18:

BOTH THE FORM 1023 AND FORM 990 ARE AVAILABLE UPON REQUEST. IN ADDITION,
THE FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE.

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

THE MOST RECENTLY ISSUED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE VIA THE
ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST
POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINES 11E AND 24A

IN THE PRIOR YEAR, AMOUNTS PAID TO RUSS REID FOR DIRECT MAIL
FUNDRAISING SERVICES WERE INCLUDED IN PROFESSIONAL SERVICES AND OFFICE
EXPENSES. PAYMENTS TO RUSS REID DURING THE YEAR ENDED JUNE 30, 2015
TOTALLED \$536,794, WHICH INCLUDED CONTRACTED SERVICES OF \$52,315 AND
PAYMENTS FOR POSTAGE, PRINTING, AND CREDIT CARD FEES OF \$484,479.

Name of the organization

MONTANA FOOD BANK NETWORK, INC

Employer identification number

81-0421243

FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
REGARDING THE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF
THE AUDIT AND FOR THE SELECTION OF THE INDEPENDENT AUDITOR.

Depreciation and Amortization
(Including Information on Listed Property) **990**

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return MONTANA FOOD BANK NETWORK, INC	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 81-0421243
--	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	121,271.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2015	17	32,606.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		125,407.	5 YRS	MM	S/L	12,367.
c 7-year property		9,644.	7 YRS	MM	S/L	1,378.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	10 / 15	35,380.	39 yrs.	MM	S/L	605.
	/			MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	168,227.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use?

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2015 tax year: 43 Amortization of costs that began before your 2015 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. MONTANA FOOD BANK NETWORK, INC	Employer identification number (EIN) or 81-0421243
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5625 EXPRESSWAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MISSOULA, MT 59808	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MONTANA FOOD BANK NETWORK

- The books are in the care of ▶ **5625 EXPRESSWAY - MISSOULA, MT 59808**
Telephone No. ▶ **406-721-3825** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.