

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2019

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</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	<b>C</b> Name of organization <b>MONTANA FOOD BANK NETWORK, INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5625 EXPRESSWAY</b> City or town, state or province, country, and ZIP or foreign postal code <b>MISSOULA, MT 59808</b> <b>F</b> Name and address of principal officer: <b>GAYLE CARLSON</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>81-0421243</b> <b>E</b> Telephone number <b>406-721-3825</b> <b>G</b> Gross receipts \$ <b>25,912,522.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.MFBN.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1983</b> <b>M</b> State of legal domicile: <b>MT</b>

## Part I Summary

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>END HUNGER IN MT THROUGH EMERGENCY FOOD &amp; PURSUIT OF LASTING SOLUTIONS.</b>			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		<b>12</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>12</b>
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>		<b>26</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		<b>253</b>
<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>		<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>19,424,271.</b>	<b>Prior Year</b>	<b>23,798,109.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>1,448,429.</b>	<b>Current Year</b>	<b>1,910,163.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>15,709.</b>		<b>16,530.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>147,064.</b>		<b>152,461.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>21,035,473.</b>		<b>25,877,263.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>19,146,389.</b>		<b>22,056,851.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>		<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>973,542.</b>		<b>1,167,322.</b>
<b>16 a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>68,124.</b>		<b>68,937.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>672,107.</b>			
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>872,522.</b>		<b>973,575.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>21,060,577.</b>		<b>24,266,685.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-25,104.</b>		<b>1,610,578.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>4,041,769.</b>	<b>Beginning of Current Year</b>	<b>6,671,808.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>144,912.</b>	<b>End of Year</b>	<b>1,160,941.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>3,896,857.</b>		<b>5,510,867.</b>

## 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.

<b>Sign Here</b>	Signature of officer <b>GAYLE CARLSON, CEO</b> Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DREW RIEKER, CPA/ABV</b>	Preparer's signature	Date
	Firm's name ▶ <b>JUNKERMIER, CLARK, CAMPANELLA, STEVENS PC</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01372762</b>
	Firm's address ▶ <b>P.O. BOX 16237 MISSOULA, MT 59808</b>	Firm's EIN ▶ <b>81-0348775</b>	Phone no. <b>406-549-4148</b>

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 \$ 23,048,153. including grants of \$ 22,056,851. ) (Revenue \$ 1,936,708. )

EMERGENCY FOOD DISTRIBUTION - THE MONTANA FOOD BANK NETWORK (MFBN) IS MONTANA'S ONLY STATEWIDE FOOD BANK. WE WORK WITH THE NATIONAL HUNGER-FIGHTING ORGANIZATION, FEEDING AMERICA, AND HAVE DEVELOPED SEVERAL PROGRAMS SPECIFICALLY TO ADDRESS THE UNIQUE CHALLENGES OF ACCESSING FOOD IN MONTANA. WE WORK WITH OVER 380 OTHER HUNGER-FIGHTING PARTNERS THROUGHOUT THE STATE TO IMPROVE FOOD ACCESS AND SHARE INFORMATION TO ADDRESS HUNGER AND ITS' ROOT CAUSES. LAST YEAR WE DISTRIBUTED OVER 16.1 MILLION POUNDS OF FOOD TO OUR NETWORK PARTNERS THROUGHOUT MONTANA.

MFBN PARTNERS WITH LOCAL EMERGENCY FOOD PROGRAMS, SCHOOLS AND SENIOR CENTERS TO FEED THOSE WHO MAY OTHERWISE GO HUNGRY. WE DELIVER FOOD

4b (Code: ) (Expenses \$ 212,933. including grants of \$ ) (Revenue \$ )

POLICY ADVOCACY AND OUTREACH PROGRAM - IN ADDITION TO PROVIDING EMERGENCY FOOD, MFBN WORKS TO END HUNGER THROUGH PUBLIC POLICY SOLUTIONS AT THE LOCAL, STATE, AND FEDERAL LEVELS. MFBN WORKS WITH LEGISLATORS, GOVERNMENT OFFICIALS AND THE HUNGER-RELIEF COMMUNITY TO ENSURE THAT ENDING HUNGER IS A PRIORITY. MFBN STRIVES TO ENSURE THAT PUBLIC FOOD PROGRAMS ARE MAXIMIZED TO SUPPORT MONTANANS. BY COLLECTING INFORMATION FROM PUBLIC AND PRIVATE MONTANA FEEDING PROGRAMS AND 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 (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM), SUMMER FOOD PROGRAM AND OTHER PUBLIC FOOD PROGRAMS. WITH THE ADDITION OF A

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

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

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

4e Total program service expenses 23,261,086.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<b>X</b>
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> 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> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....	<b>X</b>	
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		26
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	13a	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			

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

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</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?		

**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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) MARY LEHMAN CHAIR	1.00	X		X				0.	0.	0.
(2) MATT BALDASSIN VICE CHAIR	1.00	X		X				0.	0.	0.
(3) MAIA LASALLE SECRETARY	1.00	X		X				0.	0.	0.
(4) MARK DVARISHKIS TREASURER	1.00	X		X				0.	0.	0.
(5) LUKE JACKSON BOARD MEMBER	1.00	X						0.	0.	0.
(6) MINKIE MEDORA BOARD MEMBER	1.00	X						0.	0.	0.
(7) KEITH HAAS BOARD MEMBER	1.00	X						0.	0.	0.
(8) JENNIFER PEREZ-COLE BOARD MEMBER	1.00	X						0.	0.	0.
(9) PAUL MILLER BOARD MEMBER	1.00	X						0.	0.	0.
(10) TANYA DVARISHKIS BOARD MEMBER	1.00	X						0.	0.	0.
(11) SCOTT KESLER BOARD MEMBER	1.00	X						0.	0.	0.
(12) RANDY RILEY BOARD MEMBER	1.00	X						0.	0.	0.
(13) GAYLE CARLSON CHIEF EXECUTIVE OFFICER	40.00	X		X				99,428.	0.	6,996.
(14) CLARK TOWER CHIEF FINANCIAL OFFICER	40.00	X		X				74,280.	0.	3,852.

**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			
<b>1b Subtotal</b>							173,708.	0.	10,848.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							173,708.	0.	10,848.	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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
<b>5</b> 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	734,935.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	23,063,174.			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 19,324,083.			
	<b>h Total.</b> Add lines 1a-1f		23,798,109.			
	<b>Program Service Revenue</b>	<b>2 a</b> PARTNERSHIP FOOD SALES	Business Code 624210	1,890,821.	1,890,821.	
<b>b</b> SHARED MAINTENANCE		624210	19,342.	19,342.		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			1,910,163.			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		22,106.		22,106.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7b</b> Less: cost or other basis and sales expenses		5,576.		
	<b>7c</b> Gain or (loss)		-5,576.			
	<b>d</b> Net gain or (loss)		-5,576.	-5,576.		
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	150,023.			
		<b>8b</b> Less: direct expenses		29,683.		
		<b>c</b> Net income or (loss) from fundraising events		120,340.		120,340.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>9b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>10b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS	Business Code 624210	32,121.	32,121.		
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		32,121.			
<b>12 Total revenue.</b> See instructions		25,877,263.	1,936,708.	0.	142,446.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,056,851.	22,056,851.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	184,555.	10,642.	168,592.	5,321.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	777,318.	551,617.	48,964.	176,737.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	110,634.	70,502.	22,336.	17,796.
<b>10</b> Payroll taxes	94,815.	61,768.	18,020.	15,027.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	68,937.			68,937.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	176,485.	79,366.	40,029.	57,090.
<b>12</b> Advertising and promotion	6,251.	150.		6,101.
<b>13</b> Office expenses	104,965.	63,575.	16,224.	25,166.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	33,887.	31,795.	702.	1,390.
<b>17</b> Travel	57,927.	52,504.	2,682.	2,741.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	5,046.	2,926.	1,823.	297.
<b>20</b> Interest	471.	144.	165.	162.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	188,764.	171,813.	8,131.	8,820.
<b>23</b> Insurance	20,408.	14,723.	2,036.	3,649.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>POSTAGE AND PRINTING FR</b>	278,183.			278,183.
<b>b</b> <b>REPAIRS AND MAINTENANCE</b>	87,760.	84,048.	1,154.	2,558.
<b>c</b> <b>TRAINING</b>	10,692.	8,605.	1,556.	531.
<b>d</b> <b>OTHER</b>	2,736.	57.	1,078.	1,601.
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	24,266,685.	23,261,086.	333,492.	672,107.
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	974,861.	<b>1</b>	1,377,384.
	<b>2</b> Savings and temporary cash investments .....	162,945.	<b>2</b>	808,580.
	<b>3</b> Pledges and grants receivable, net .....	209,269.	<b>3</b>	391,608.
	<b>4</b> Accounts receivable, net .....	81,032.	<b>4</b>	105,519.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	634,252.	<b>8</b>	666,029.
	<b>9</b> Prepaid expenses and deferred charges .....	13,853.	<b>9</b>	6,043.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,469,600.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,874,195.	1,254,370.	<b>10c</b> 2,595,405.
	<b>11</b> Investments - publicly traded securities .....	711,187.	<b>11</b>	721,240.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	4,041,769.	<b>16</b>	6,671,808.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	133,444.	<b>17</b>	368,386.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	560,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	11,468.	<b>24</b>	232,555.
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	144,912.	<b>26</b>	1,160,941.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,584,343.	<b>27</b>	4,714,006.
	<b>28</b> Net assets with donor restrictions .....	312,514.	<b>28</b>	796,861.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	3,896,857.	<b>32</b>	5,510,867.
<b>33</b> Total liabilities and net assets/fund balances .....	4,041,769.	<b>33</b>	6,671,808.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	25,877,263.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	24,266,685.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,610,578.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,896,857.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-5,135.
<b>6</b>	Donated services and use of facilities	<b>6</b>	8,567.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,510,867.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	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>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12,829,081.	15,628,524.	16,535,827.	19,424,271.	23,798,109.	88,215,812.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	12,829,081.	15,628,524.	16,535,827.	19,424,271.	23,798,109.	88,215,812.
<b>5</b> 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) .....						43,639,065.
<b>6 Public support.</b> Subtract line 5 from line 4.						44,576,747.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	12,829,081.	15,628,524.	16,535,827.	19,424,271.	23,798,109.	88,215,812.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	18,205.	15,673.	22,296.	19,359.	22,106.	97,639.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	17,635.	25,436.	26,201.	27,107.	32,121.	128,500.
<b>11 Total support.</b> Add lines 7 through 10 .....						88,441,951.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,014,924.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	50.40	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	46.58	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2019

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> 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.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>1</b>		
<b>2</b> 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.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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).		
<b>2</b>		
<b>3</b> 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.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.		
<b>2a</b>		
<b>b</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.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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.		
<b>3a</b>		
<b>b</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.		
<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**MONTANA FOOD BANK NETWORK, INC**

Employer identification number

**81-0421243**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>MONTANA FOOD BANK NETWORK, INC</b>	Employer identification number <b>81-0421243</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	██████████ ████████████████████ ██████████████████	\$ 4,438,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	██████████ ████████████████████ ██████████████████	\$ 1,637,196.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	██████████ ████████████████████ ██████████████████	\$ 1,197,350.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	██████████ ████████████████████ ████████████████████	\$ 3,840,295.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	██████████ ████████████████████ ██████████████████	\$ 1,916,191.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	██████████ ████████████████████ ██████████████████	\$ 499,787.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>MONTANA FOOD BANK NETWORK, INC</b>	Employer identification number  <b>81-0421243</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 180px; height: 15px;"></div>	\$ <u>748,360.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 180px; height: 15px;"></div>	\$ <u>814,716.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 180px; height: 15px;"></div>	\$ <u>646,626.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MONTANA FOOD BANK NETWORK, INC</b>	Employer identification number <b>81-0421243</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	<u>2,520,507 POUNDS OF FOOD</u> _____ _____	\$ <u>4,385,682.</u>	<u>06/30/20</u>
<u>2</u>	<u>940,907 POUNDS OF FOOD.</u> _____ _____	\$ <u>1,637,178.</u>	<u>06/30/20</u>
<u>3</u>	<u>688,132 POUNDS OF FOOD.</u> _____ _____	\$ <u>1,197,350.</u>	<u>06/30/20</u>
<u>4</u>	<u>2,205,342 POUNDS OF FOOD.</u> _____ _____	\$ <u>3,837,295.</u>	<u>06/30/20</u>
<u>5</u>	<u>1,101,259 POUNDS OF FOOD.</u> _____ _____	\$ <u>1,916,191.</u>	<u>06/30/20</u>
<u>6</u>	<u>287,234 POUNDS OF FOOD.</u> _____ _____	\$ <u>499,787.</u>	<u>06/30/20</u>



Name of organization <b>MONTANA FOOD BANK NETWORK, INC</b>	Employer identification number <b>81-0421243</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>7</u>	<u>430,092 POUNDS OF FOOD.</u> _____ _____	\$ <u>748,360.</u>	<u>06/30/20</u>
<u>9</u>	<u>371,624 POUNDS OF FOOD.</u> _____ _____	\$ <u>646,626.</u>	<u>06/30/20</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>MONTANA FOOD BANK NETWORK, INC</b>	Employer identification number <b>81-0421243</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for compliance questions.

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

Form for Part II with multiple sections: 1. Purpose(s) of conservation easements (checkboxes); 2. Conservation contribution details (table); 3-7. Monitoring and expenses; 8-9. Reporting requirements.

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.

Form for Part III with sections 1a, 1b, 2 for reporting on art and historical treasures.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 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		1,019,873.		1,019,873.
b Buildings		1,614,663.	759,460.	855,203.
c Leasehold improvements				
d Equipment		1,835,064.	1,114,735.	720,329.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,595,405.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	25,910,378.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	-5,135.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	8,567.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	29,683.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	33,115.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	25,877,263.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	25,877,263.

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	24,296,368.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	29,683.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	29,683.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	24,266,685.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	24,266,685.

**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 29,683.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

DIRECT EXPENSES FOR FUNDRAISING EVENTS 29,683.



**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))
		<b>THE TASTE</b> (event type)	<b>FEED MT</b> (event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	90,114.	59,909.		150,023.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	90,114.	59,909.		150,023.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	28,470.	1,213.		29,683.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				29,683.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				120,340.	

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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

(I) NAME OF FUNDRAISER: RKD ALPHA DOG

(I) ADDRESS OF FUNDRAISER: 8001 SOUTH 13TH STREET, LINCOLN, NE 68512

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

**RKD ALPHA DOG DISTRIBUTES ALL BULK MAIL SOLICITATIONS. ALL FUNDS**

**SOLICITED COME DIRECTLY TO THE ORGANIZATION.**



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

**Open to Public  
Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 noncash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE, INC. 1824 1ST AVE NORTH BILLINGS, MT 59103	81-0232120	501(C)(3)	0.	4,227,382.	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.	1,989,848.	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.	1,971,660.	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 AND COMMUNITY CENTER - 1720 WYOMING ST. - MISSOULA, MT 59801	81-0414143	501(C)(3)	0.	1,433,522.	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	81-0350836	501(C)(3)	0.	1,182,807.	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.	1,081,182.	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 ▶ 57.

**3** Enter total number of other organizations listed in the line 1 table ▶

**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
SALVATION ARMY - GREAT FALLS 527 9TH AVE S GREAT FALLS, MT 59405	94-1156347	501(C)(3)	0.	816,150.	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.	699,246.	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.	490,089.	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.	478,700.	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.	472,509.	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 PANTRY 904 1ST STREET EAST POLSON, MT 59860	81-0413726	501(C)(3)	0.	424,565.	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.	417,591.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
BLACKFEET FOOD PANTRY PROGRAM 500 POPI MI ST. BROWNING, MT 59417	81-0212955	501(C)(3)	0.	388,581.	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.	307,341.	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
HAVEN HOUSE 316 N 3RD SUITE 162 HAMILTON, MT 59840	81-0413640	501(C)(3)	0.	307,016.	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 GLENDEIVE, MT 59330	27-4496519	501(C)(3)	0.	268,613.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
NORTH WEST MONTANA VETERANS STAND DOWN - 1349 HWY 2 EAST - KALISPELL, MT 59901	74-3030535	501(C)(3)	0.	237,856.	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 PO BOX 3232 BILLINGS, MT 59101	81-6013963	501(C)(3)	0.	208,330.	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.	202,748.	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 13255 S. GARRYOWEN ROAD GARRYOWEN, MT 59031	20-8780215	501(C)(3)	0.	181,175.	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.	159,217.	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.	151,062.	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.	107,821.	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
PROJECT CARE 700 EAST 4TH STREET ANACONDA, MT 59711	36-3674182	501(C)(3)	0.	86,275.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
SAGEBRUSH FOOD PANTRY 669 PARK DRIVE SHELBY, MT 59474	81-0418718	501(C)(3)	0.	74,376.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
FOOD PANTRY 502 MAIN STREET WOLF POINT, MT 59201	81-0476242	501(C)(3)	0.	65,219.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
LIVINGSTON FOOD RESOURCE CENTER 202 SOUTH 2ND ST. LIVINGSTON, MT 59047	20-3550306	501(C)(3)	0.	63,968.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
COMMUNITY HOPE INC 204 CEDAR AVENUE LAUREL, MT 59044	81-0424204	501(C)(3)	0.	63,794.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
GRANITE COUNTY FOOD PANTRY P.O. BOX 25 PHILLIPSBURG, MT 59858	82-2548760	501(C)(3)	0.	59,304.	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.	54,038.	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 THE NORTHERN CHEYENNE NATION - P.O. BOX 309 - LAME DEER, MT 59043	36-3945776	501(C)(3)	0.	52,731.	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.	46,096.	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
RIVER OF HOPE FOOD BANK 4007 HWY 200 E, UNIT 1 MISSOULA, MT 59802	36-4625018	501(C)(3)	0.	38,278.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
VINEYARD MERCY MINISTRY 1617 6TH AVE. N. GREAT FALLS, MT 59401	81-0450372	501(C)(3)	0.	35,292.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
HARVEST FOOD PANTRY INC. 12 NORTH CENTRAL AVE. CUT BANK, MT 59427	81-0467593	501(C)(3)	0.	33,888.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
LIBBY FOOD PANTRY 700 IDAHO AVE LIBBY, MT 59923	81-0418833	501(C)(3)	0.	29,420.	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	44-0577787	501(C)(3)	0.	14,120.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
MILES CITY SOUP KITCHEN 210 SOUTH WINCHESTER MILES CITY, MT 59301	26-4690544	501(C)(3)	0.	12,853.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
BIGFORK FOOD BANK 7535 HWY 35 BIGFORK, MT 59911	47-2397420	501(C)(3)	0.	12,638.	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.	10,581.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
SUPERIOR SCHOOL PANTRY P.O. BOX 281 SUPERIOR, MT 59872	81-6000657	501(C)(3)	0.	10,250.	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
VALLEY COUNTY EMERGENCY FOOD BANK 1020 1ST AVENUE NORTH GLASGOW, MT 59230	81-0466404	501(C)(3)	0.	10,125.	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.	9,822.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
CARTER COUNTY FOOD BANK 214 PARK STREET EKALAKA, MT 59324	90-0145438	501(C)(3)	0.	9,500.	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.	9,363.	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	81-0244542	501(C)(3)	0.	9,107.	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 P.O. BOX 3046 BUTTE, MT 59701	81-0410116	501(C)(3)	0.	8,896.	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.	8,713.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
FAST BLACKFEET FOOD CENTER (O'YO'P' FOOD PANTRY) - P.O. BOX 2460 - BROWNING, MT 59417	81-3755269	501(C)(3)	0.	8,634.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
RED PAINT CREEK TRADING POST & PANTRY - 3527 MONUMENT PEAK RD. - LODGE POLE, MT 59524	81-2884581	501(C)(3)	0.	8,620.	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
FOOD CUPBOARD YAAK 34 RIVERVIEW DRIVE TROY, MT 59935	81-0533034	501(C)(3)	0.	6,887.	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 134 PARK ST. LEWISTOWN, MT 59457	80-0114397	501(C)(3)	0.	6,468.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER
PROJECT HOPE OF COLUMBUS 428 PIKE AVE COLUMBUS, MT 59019	81-0534238	501(C)(3)	0.	6,139.	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.	5,802.	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.	5,074.	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 RICHLAND COUNTY - P.O. BOX 416 - SIDNEY, MT 59270	11-3694698	501(C)(3)	0.	5,027.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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		19,312,583.	PER POUND RATE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( SOFTWARE SUBS )	X	20	11,500.	FAIR MARKET VALUE
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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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 380 NETWORK PARTNERS. WITH ADMINISTRATIVE COSTS OF JUST 4.3%, 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:

ACROSS THE 150,000 SQUARE MILES OF MONTANA FROM LARGER TOWNS TO REMOTE COMMUNITIES AND INDIAN RESERVATIONS THAT OFTEN RELY ON MFBN TO PROVIDE MOST OF THE FOOD THEY DISTRIBUTE. WE HAVE A NUMBER OF PROGRAMS SUCH AS THE BACK PACK PROGRAM, SCHOOL PANTRY, MAIL-A-MEAL AND MOBILE FOOD PANTRY. THE BACK PACK AND SCHOOL PANTRY PROGRAMS PROVIDE SUPPLEMENTAL FOOD FOR SCHOOL AGED CHILDREN AND THEIR YOUNGER SIBLINGS ON WEEKENDS AND HOLIDAYS FROM SCHOOL. MAIL-A-MEAL SHIPS EMERGENCY FOOD BOXES TO PEOPLE IN VERY REMOTE AREAS OF MONTANA WITHOUT OTHER SERVICES NEARBY. THE MOBILE FOOD PANTRY PARTNERS WITH SOCIAL SERVICE ORGANIZATIONS IN UNDERSERVED OR UNSERVED COMMUNITIES FOR FOOD DISTRIBUTION UNTIL A MORE PERMANENT SOLUTION IS ESTABLISHED.

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

SNAP OUTREACH POSITION, MFBN IS ALSO ABLE TO PROVIDE CLIENTS WITH ONE-ON-ONE ASSISTANCE TO NAVIGATE THE APPLICATION PROCESS. THE PUBLIC POLICY PROGRAM GOAL IS TO ENCOURAGE LONG TERM SOLUTIONS TO HUNGER IN MONTANA WITH BOTH PUBLIC AND PRIVATE PARTNERSHIPS.

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

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

MONTANA FOOD BANK NETWORK, INC

Employer identification number

81-0421243

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 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

Name of the organization

MONTANA FOOD BANK NETWORK, INC

Employer identification number

81-0421243

POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

# 2019

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**MONTANA FOOD BANK NETWORK, INC**

**81-0421243**

Name and title of officer

**GAYLE CARLSON**  
**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 one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>25,877,263.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b> _____

## 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 2019 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 2019 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 2019 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 \_\_\_\_\_ Date \_\_\_\_\_

## 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 2019 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 \_\_\_\_\_ Date \_\_\_\_\_

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