

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021**2020**▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

MONTANA FOOD BANK NETWORK, INC**81-0421243**

Name and title of officer or person subject to tax

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**, **5a**, **6a**, or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, or **7b**, 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.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>27,308,796.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

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 tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶

DocuSigned by:

*Gayle Carlson*Date ▶ 9/28/2021**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 2020 electronically filed return 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.

DocuSigned by:

ERO's signature ▶

*Nathan Saravalli*Date ▶ 9/28/2021

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2020Open to Public
Inspection**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MONTANA FOOD BANK NETWORK, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5625 EXPRESSWAY City or town, state or province, country, and ZIP or foreign postal code MISSOULA, MT 59808 F Name and address of principal officer: GAYLE CARLSON SAME AS C ABOVE	D Employer identification number 81-0421243 E Telephone number 406-721-3825 G Gross receipts \$ 27,332,056. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.MFBN.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1983 M State of legal domicile: MT		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: END HUNGER IN MT THROUGH EMERGENCY FOOD & PURSUIT OF LASTING SOLUTIONS. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b	3	11
Revenue	8 Contributions and grants (Part VIII, line 1h) 23,798,109. 9 Program service revenue (Part VIII, line 2g) 1,910,163. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,530. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 152,461. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 25,877,263.	Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 22,056,851. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,167,322. 16a Professional fundraising fees (Part IX, column (A), line 11e) 68,937. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 776,172. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 973,575. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 24,266,685. 19 Revenue less expenses. Subtract line 18 from line 12 1,610,578.	22,056,851.	23,725,743.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 6,671,808. 21 Total liabilities (Part X, line 26) 1,160,941. 22 Net assets or fund balances. Subtract line 21 from line 20 5,510,867.	Beginning of Current Year	End of Year
		6,671,808.	7,018,338.
		1,160,941.	357,983.
		5,510,867.	6,660,355.

Part II Signature Block

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

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

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

Part III Statement of Program Service AccomplishmentsCheck 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 ☒ 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 ☒ 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 \$ 24,968,059. including grants of \$ 23,713,243.) (Revenue \$ 1,881,513.)
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 340 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 23 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 \$ 283,823. including grants of \$ 12,500.) (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 **25,251,882.**Form **990** (2020)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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?	X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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
2a 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 27		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a 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)?	4a		X
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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 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? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 11 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 Enter the number of voting members included on line 1a, above, who are independent 1b 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **MT**

18 Section 6104 requires an organization to make its Forms 1023 (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 ContractorsCheck 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) GAYLE CARLSON CHIEF EXECUTIVE OFFICER	40.00	X		X				110,564.	0.	7,884.
(2) MARY LEHMAN CHAIR	1.00	X		X				0.	0.	0.
(3) MATT BALDASSIN VICE CHAIR	1.00	X		X				0.	0.	0.
(4) TIFFANI SWANSON SECRETARY	1.00	X		X				0.	0.	0.
(5) RANDY RILEY TREASURER	1.00	X		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) KEVIN CONDIT BOARD MEMBER	1.00	X						0.	0.	0.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	876,617.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,423,365.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 19,953,797.				
	h Total. Add lines 1a-1f			25,299,982.			
Program Service Revenue			Business Code				
	2 a PARTNERSHIP FOOD SALES		624210	1,651,057.	1,651,057.		
	b SHARED MAINTENANCE		624210	129,859.	129,859.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,780,916.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			18,398.			18,398.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other		82,000.		
	b Less: cost or other basis and sales expenses	7b			0.		
	c Gain or (loss)	7c			82,000.		
	d Net gain or (loss)			82,000.	82,000.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		132,163.			
	b Less: direct expenses	8b		23,260.			
	c Net income or (loss) from fundraising events			108,903.			108,903.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a MISCELLANEOUS		624210	18,597.	18,597.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			18,597.			
12 Total revenue. See instructions				27,308,796.	1,881,513.	0.	127,301.

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,725,743.	23,725,743.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	118,448.	24,874.	81,729.	11,845.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	919,168.	589,302.	144,696.	185,170.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	144,071.	94,556.	27,466.	22,049.
10 Payroll taxes	112,850.	75,004.	19,742.	18,104.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	3,500.			3,500.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	295,449.	152,238.	33,918.	109,293.
12 Advertising and promotion	7,153.	630.		6,523.
13 Office expenses	134,195.	88,304.	20,025.	25,866.
14 Information technology				
15 Royalties				
16 Occupancy	32,373.	30,417.	654.	1,302.
17 Travel	48,546.	47,963.	549.	34.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	130.	90.		40.
20 Interest	17,585.	15,127.	1,691.	767.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	302,577.	285,578.	8,067.	8,932.
23 Insurance	26,697.	20,909.	2,117.	3,671.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POSTAGE AND PRINTING FR	369,736.			369,736.
b REPAIRS AND MAINTENANCE	94,578.	88,661.	2,577.	3,340.
c OTHER	17,770.	9,816.	2,663.	5,291.
d TRAINING	4,406.	2,670.	1,027.	709.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	26,374,975.	25,251,882.	346,921.	776,172.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,377,384.	1	1,211,923.
	2 Savings and temporary cash investments	808,580.	2	1,237,339.
	3 Pledges and grants receivable, net	391,608.	3	121,111.
	4 Accounts receivable, net	105,519.	4	94,726.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	666,029.	8	757,157.
	9 Prepaid expenses and deferred charges	6,043.	9	23,938.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,578,878.		
	b Less: accumulated depreciation	1,938,399.		
		2,595,405.	10c	2,640,479.
	11 Investments - publicly traded securities	721,240.	11	931,665.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 33)	6,671,808.	16	7,018,338.
Liabilities	17 Accounts payable and accrued expenses	368,386.	17	351,864.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	560,000.	23	
	24 Unsecured notes and loans payable to unrelated third parties	232,555.	24	6,119.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,160,941.	26	357,983.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,714,006.	27	6,423,491.
	28 Net assets with donor restrictions	796,861.	28	236,864.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,510,867.	32	6,660,355.
	33 Total liabilities and net assets/fund balances	6,671,808.	33	7,018,338.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,308,796.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,374,975.
3	Revenue less expenses. Subtract line 2 from line 1	3	933,821.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,510,867.
5	Net unrealized gains (losses) on investments	5	200,647.
6	Donated services and use of facilities	6	15,020.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,660,355.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

MONTANA FOOD BANK NETWORK, INC

Employer identification number

81-0421243

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,628,524.	16,535,827.	19,424,271.	23,798,109.	25,299,982.	100,686,713.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15,628,524.	16,535,827.	19,424,271.	23,798,109.	25,299,982.	100,686,713.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						46,426,131.
6 Public support. Subtract line 5 from line 4.						54,260,582.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	15,628,524.	16,535,827.	19,424,271.	23,798,109.	25,299,982.	100,686,713.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,673.	22,296.	19,359.	22,106.	18,398.	97,832.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	25,436.	26,201.	27,107.	32,121.	18,597.	129,462.
11 Total support. Add lines 7 through 10						100,914,007.
12 Gross receipts from related activities, etc. (see instructions)					12	7,738,031.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	53.77 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	50.40 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI

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

Schedule 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 for the latest information.

OMB No. 1545-0047

2020

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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

Employer identification number

MONTANA FOOD BANK NETWORK, INC**81-0421243****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
<u>1</u>	<div>██████████</div> <div>████████████████████</div> <div>██████████████</div>	\$ <u>3,714,587.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<div>██████████</div> <div>████████████████████</div> <div>██████████████</div>	\$ <u>1,540,914.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<div>██████████</div> <div>████████████████████</div> <div>██████████████</div>	\$ <u>1,032,504.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<div>██████████</div> <div>██████████████</div> <div>████████████████████</div>	\$ <u>5,116,484.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<div>██████████████</div> <div>████████████████████</div> <div>██████████████</div>	\$ <u>2,169,698.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<div>██████████████</div> <div>████████████████████</div> <div>██████████████</div>	\$ <u>522,664.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MONTANA FOOD BANK NETWORK, INC**81-0421243****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>██████████</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 875,799.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<div>██████████████████</div> <div>██████████████████████████████</div> <div>██████████████████</div>	\$ 1,370,062.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<div>██████████</div> <div>██████████████████</div> <div>██████████████████</div>	\$ 714,521.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>_____</div> <div>_____</div> <div>_____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>_____</div> <div>_____</div> <div>_____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>_____</div> <div>_____</div> <div>_____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MONTANA FOOD BANK NETWORK, INC**81-0421243****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>2,075,188 POUNDS OF FOOD</u> _____ _____	\$ <u>3,714,587.</u>	<u>06/30/21</u>
<u>2</u>	<u>848,365 POUNDS OF FOOD.</u> _____ _____	\$ <u>1,518,573.</u>	<u>06/30/21</u>
<u>3</u>	<u>576,818 POUNDS OF FOOD.</u> _____ _____	\$ <u>1,032,504.</u>	<u>06/30/21</u>
<u>4</u>	<u>2,858,371 POUNDS OF FOOD.</u> _____ _____	\$ <u>5,116,484.</u>	<u>06/30/21</u>
<u>5</u>	<u>1,212,122 POUNDS OF FOOD.</u> _____ _____	\$ <u>2,169,698.</u>	<u>06/30/21</u>
<u>6</u>	<u>291,991 POUNDS OF FOOD.</u> _____ _____	\$ <u>522,664.</u>	<u>06/30/21</u>

Name of organization

Employer identification number

MONTANA FOOD BANK NETWORK, INC**81-0421243****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	489,273 POUNDS OF FOOD.	\$ 875,799.	06/30/21
8	338,763 POUNDS OF FOOD.	\$ 606,385.	06/30/21
9	399,174 POUNDS OF FOOD.	\$ 714,521.	06/30/21
		\$	
		\$	
		\$	

Name of organization

Employer identification number

MONTANA FOOD BANK NETWORK, INC**81-0421243**

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

Use duplicate copies of Part III if additional space is needed.

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

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

2020

**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.

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

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

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

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

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

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

▶ \$

b Assets included in Form 990, Part X

▶ \$

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:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,019,873.		1,019,873.
b Buildings		1,614,663.	807,382.	807,281.
c Leasehold improvements				
d Equipment		1,920,367.	1,131,017.	789,350.
e Other		23,975.		23,975.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,640,479.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	27,547,723.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	200,647.
b	Donated services and use of facilities	2b	15,020.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	23,260.
e	Add lines 2a through 2d	2e	238,927.
3	Subtract line 2e from line 1	3	27,308,796.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	27,308,796.

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

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

1	Total expenses and losses per audited financial statements	1	26,398,235.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	23,260.
e	Add lines 2a through 2d	2e	23,260.
3	Subtract line 2e from line 1	3	26,374,975.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	26,374,975.

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 23,260.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENTS 23,260.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2020

Name of the organization

Employer identification number

81-0421243

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

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

☒ Yes☐ No

- | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| RKD ALPHA DOG - 8001 SOUTH 13TH STREET, LINCOLN, NE | FUNDRAISING THROUGH BULK MAIL SOLICITATIONS | X | | 1,913,488. | 357,362. | 1,556,126. |
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| Total | | | | 1,913,488. | 357,362. | 1,556,126. |

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		THE TASTE (event type)	FEED MT (event type)	NONE (total number)	
Revenue	1 Gross receipts	71,121.	61,042.		132,163.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	71,121.	61,042.		132,163.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	21,265.	1,995.		23,260.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				23,260.
	11 Net income summary. Subtract line 10 from line 3, column (d)				108,903.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No**b** If "No," explain: _____**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No**b** If "Yes," explain: _____

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: RKD 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.

[illegible]

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

MONTANA FOOD BANK NETWORK, INC

Employer identification number

81-0421243

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TROY FOOD PANTRY 301 EAST KOOTENAI TROY, MT 59935	76-0729519	501(C)(3)	0.	11,245.	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.	444,703.	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 EAST HELENA DILLON, MT 59725	81-0486031	501(C)(3)	0.	154,572.	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 59703	81-0469563	501(C)(3)	0.	419,624.	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.	7,655.	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 320 WEST BROADWAY LEWISTOWN, MT 59457	36-3342406	501(C)(3)	0.	119,408.	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 **97.**

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

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARK FORK CITY FOODS 2811 LATIMER MISSOULA, MT 59808	81-0387043	501(C)(3)	0.	316,659.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
CHOUTEAU COUNTY FOOD BANK 1020 13TH STREET FORT BENTON, MT 59442	81-0267701	501(C)(3)	0.	14,932.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
CHRISTIAN LIFE CENTER 3801 SOUTH RUSSELL MISSOULA, MT 59806	44-0577787	501(C)(3)	0.	8,996.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
COMMUNITY FOOD BANK OF MINERAL COUNTY - 308 PINE STREET - SUPERIOR, MT 59872	43-2026150	501(C)(3)	0.	17,762.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
COMMUNITY HARVEST FOOD PANTRY 704 1/2 PRESTON THOMPSON FALLS, MT 59873	36-3444093	501(C)(3)	0.	7,009.	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.	112,111.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
COMMUNITY SERVICES FELLOWSHIP 1419 MT HIGHWAY 200 NOXON, MT 59853	81-0475114	501(C)(3)	0.	7,714.	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 15 NORTH 8TH STREET MILES CITY, MT 59301	81-0541769	501(C)(3)	0.	359,356.	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 WEST BENHAM GLENDAVE, MT 59330	27-4496519	501(C)(3)	0.	224,093.	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 Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE, INC. 3927 1ST AVE S BILLINGS, MT 59101	81-0232120	501(C)(3)	0.	5,862,716.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
FISH 1620 12TH AVENUE NORTH GREAT FALLS, MT 59401	81-0452876	501(C)(3)	0.	21,721.	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 WEST KALISPELL, MT 59901	81-0399818	501(C)(3)	0.	2,422,140.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
GALLATIN VALLEY FOOD BANK 602 BOND STREET BOZEMAN, MT 59715	81-0350886	501(C)(3)	0.	1,202,535.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
HEADWATERS AREA FOOD BANK 216 1ST AVE WEST THREE FORKS, MT 59752	81-0350886	501(C)(3)	0.	18,211.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
GALLATIN VALLEY KIDSPAK 602 BOND STREET BOZEMAN, MT 59715	81-0350886	501(C)(3)	0.	52,313.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
HAVEN HOUSE 316 NORTH 3RD STREET SUITE 162 HAMILTON, MT 59840	81-0413640	501(C)(3)	0.	284,610.	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 STREET HELENA, MT 59624	36-3507623	501(C)(3)	0.	1,863,011.	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 STREET HARDIN, MT 59034	81-0512834	501(C)(3)	0.	106,174.	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 Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOT SPRINGS FOOD PANTRY 100 MAIN ST HOT SPRINGS, MT 59845	81-0515660	501(C)(3)	0.	19,011.	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 AVENUE LIBBY, MT 59923	81-0418833	501(C)(3)	0.	43,908.	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.	5,208.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
MISSION VALLEY FOOD PANTRY 203 BLAINE STREET ST IGNATIUS, MT 59865	81-0418160	501(C)(3)	0.	9,219.	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.	1,411,605.	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.	241,372.	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.	7,094.	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 7TH AVE NORTH HAVRE, MT 59501	81-0295420	501(C)(3)	0.	212,286.	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 AVENUE WHITEFISH, MT 59937	81-0456048	501(C)(3)	0.	438,737.	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 Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PANTRY PARTNERS 3614 ALC WAY STEVENSVILLE, MT 59870	81-0462276	501(C)(3)	0.	25,730.	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 AVENUE PLAINS, MT 59859	44-0577787	501(C)(3)	0.	47,651.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
PONDERA FOOD PANTRY 220 SOUTH FRONT CONRAD, MT 59425	81-0415427	501(C)(3)	0.	7,854.	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.	858,627.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
BREAD BASKET 10 6TH AVENUE SW RONAN, MT 59864	81-0458935	501(C)(3)	0.	6,427.	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.	883,309.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
TETON COUNTY FOOD PANTRY 17 MAIN AVENUE NORTH CHOTEAU, MT 59422	81-0458566	501(C)(3)	0.	5,712.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
SALVATION ARMY - GREAT FALLS 1000 17TH AVE S GREAT FALLS, MT 59405	94-1156347	501(C)(3)	0.	916,661.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
SALVATION ARMY - HELENA 1905 HENDERSON HELENA, MT 59624	94-1156347	501(C)(3)	0.	6,336.	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 Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOBACCO VALLEY FOOD PANTRY 17 1ST AVENUE WEST EUREKA, MT 59917	81-0449776	501(C)(3)	0.	9,251.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
VALLEY COMMUNITY EMERGENCY FOOD BANK INC. - 1020 1ST AVENUE NORTH - GLASGOW, MT 59230	81-0466404	501(C)(3)	0.	16,805.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
WIBAUX FOOD BANK 203 1ST AVE SW WIBAUX, MT 59353	36-3629135	501(C)(3)	0.	5,650.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
FOOD CUPBOARD YAAK 34 RIVERVIEW DRIVE TROY, MT 59935	81-0533034	501(C)(3)	0.	18,559.	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 AVENUE WEST YELLOWSTONE, MT 59758	81-0299400	501(C)(3)	0.	10,507.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
CENTER POLE FOUNDATION 916 EAST WELLKNOWN BUFFALO GARRYOWEN, MT 59031	20-8780215	501(C)(3)	0.	602,840.	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.	25,779.	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.	205,687.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
PROJECT CARE PO BOX 1280 ANACONDA, MT 59711	81-0413419	501(C)(3)	0.	100,477.	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 Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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TOBACCO VALLEY SENIOR CITIZENS 310 1ST AVENUE EAST EUREKA, MT 59917	81-0333410	501(C)(3)	0.	40,233.	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.	36,471.	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 PO BOX 630 LAKESIDE, MT 59922	20-0353235	501(C)(3)	0.	165,695.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
CHINOOK FOOD PANTRY 112 6TH STREET WEST CHINOOK, MT 59523	81-0526790	501(C)(3)	0.	10,455.	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 HI-LINE 500 1ST AVENUE HAVRE, MT 59501	81-0408011	501(C)(3)	0.	13,597.	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 STREET COLUMBIA FALLS, MT 59912	20-5725475	501(C)(3)	0.	44,668.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
LIBBY CHRISTIAN CHURCH FOOD PANTRY 100 KOOTENAI RIVER ROAD LIBBY, MT 59923	81-0418833	501(C)(3)	0.	6,486.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
FERGUS COUNTY COUNCIL ON AGING 307 WEST WATSON LEWISTOWN, MT 59457	81-0364657	501(C)(3)	0.	10,099.	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.	13,669.	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 Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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JOLIET FOOD PANTRY 206 STATE STREET JOLIET, MT 59041	01-0693898	501(C)(3)	0.	7,877.	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 10 BRIDGE ST. BIG TIMBER, MT 59011	30-0516893	501(C)(3)	0.	7,768.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
ALBERTON SCHOOL PANTRY 306 RAILROAD AVE ALBERTON, MT 59820	26-4222497	501(C)(3)	0.	7,143.	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 AVENUE NORTH GREAT FALLS, MT 59401	81-0450372	501(C)(3)	0.	68,001.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
TROY COMMUNITY BAPTIST CHURCH FOOD PANTRY - 725 EAST MISSOULA AVENUE - TROY, MT 59935	81-0466664	501(C)(3)	0.	9,564.	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.	10,920.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
DARBY BREAD BOX 304 E TANNER AVE DARBY, MT 59829	32-0278089	501(C)(3)	0.	8,999.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
RIVER OF HOPE FOOD BANK 4007 HWY 200 E, UNIT 1 MISSOULA, MT 59802	36-4625018	501(C)(3)	0.	156,329.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
HIS FOOD PANTRY 1001 CLEVELAND MISSOULA, MT 59801	81-0388449	501(C)(3)	0.	7,489.	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)

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FELLOWSHIP FOOD PANTRY 2181 WEST HOLLY STREET SIDNEY, MT 59270	62-0535346	501(C)(3)	0.	5,292.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
SUPERIOR BACKPACK 1003 5TH AVENUE E SUPERIOR, MT 59872	81-6000657	501(C)(3)	0.	6,904.	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.	25,535.	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.	86,535.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
OPEN BIBLE CHRISTIAN CENTER 302 19TH STREET WEST BILLINGS, MT 59102	23-7134333	501(C)(3)	0.	14,123.	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	32-0449809	501(C)(3)	0.	31,430.	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 NORTH GREAT FALLS, MT 59406	81-0505001	501(C)(3)	0.	396,094.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
LAME DEER BACKPACK 634 S. CHEYENNE AVE. LAME DEER, MT 59043	36-3945776	501(C)(3)	0.	20,338.	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 - PO BOX 309 - LAME DEER, MT 59043	36-3945776	501(C)(3)	0.	67,239.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.

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BOYS & GIRLS CLUB OF RICHLAND COUNTY - 200 3RD AVENUE SE - SIDNEY, MT 59270	11-3694698	501(C)(3)	0.	21,069.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
HAVRE BACKPACK 1441 11TH ST. W HAVRE, MT 59501	81-0408011	501(C)(3)	0.	7,602.	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 1003 5TH AVE E SUPERIOR, MT 59872	20-0775875	501(C)(3)	0.	41,208.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
BIG SKY COMMUNITY FOOD BANK 47995 GALLATIN RD. BIG SKY, MT 59716	81-0350886	501(C)(3)	0.	6,657.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
BLACKFEET FOOD PANTRY PROGRAM 500 POPI MI ST. BROWNING, MT 59417	81-0212955	501(C)(3)	0.	115,994.	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 12 MAXVILLE ROAD MAXVILLE, MT 59858	82-2548760	501(C)(3)	0.	63,144.	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 24 NORTH 11TH ST. MILES CITY, MT 59301	26-4690544	501(C)(3)	0.	16,138.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
WINDS OF CHANGE/FOUR WINDS MINISTRIES - P.O. BOX 1116 - BIG TIMBER, MT 59011	81-2801775	501(C)(3)	0.	17,186.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
SINCERELY PAUL FEEDING HIS SHEEP 7 WEST LEGION WHITEHALL, MT 59759	83-2369250	501(C)(3)	0.	24,580.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.

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ABSAROEKEE AREA FOOD BANK 101 SOUTH WOODARD AVE. ABSAROEKEE, MT 59001	82-2874247	501(C)(3)	0.	10,478.	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.	53,347.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
HAYS LODGE POLE SCHOOL PANTRY 163 DORA HELGESON RD HAYS, MT 59527	81-2884581	501(C)(3)	0.	33,446.	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) - 201 2ND STREET NW - BROWNING, MT 59714	81-3755269	501(C)(3)	0.	136,908.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
UNIVERSITY OF MONTANA FOOD PANTRY UNIVERSITY CENTER #119 32 CAMPUS DR MISSOULA, MT 59812	81-0362989	501(C)(3)	0.	10,957.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
FAIRFIELD FOOD PANTRY 603 CENTRAL AVE FAIRFIELD, MT 59436	82-2828836	501(C)(3)	0.	6,576.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
FARM HANDS NOURISH THE FLATHEAD- CFALLS SCHL PNTRY - 100 E. 2ND ST. SUITE 305 - WHITEFISH, MT 59937	27-2056363	501(C)(3)	0.	14,337.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
SHERIDAN COUNTY FOOD BANK 113 SOUTH JACKSON PLENTYWOOD, MT 59254	81-0360354	501(C)(3)	0.	13,938.	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER.
ARLEE COMMUNITY DEVELOPMENT CORPORATION - 92555 US HWY 93 - ARLEE, MT 59821	77-0591042	501(C)(3)	0.	52,326.	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)

[illegible]

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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

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

Name of the organization

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		19,953,797	PER POUND RATE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

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

29

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

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

Schedule M (Form 990) 2020

Part II

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

SCHEDULE 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 for the latest information.

OMB No. 1545-0047

2020

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 340 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:

BENEFIT ACCESS COORDINATOR, MFBN IS ALSO ABLE TO PROVIDE CLIENTS WITH
ONE-ON-ONE ASSISTANCE TO NAVIGATE THE COMPLEX PUBLIC BENEFITS 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) 2020

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	Employer identification number
MONTANA FOOD BANK NETWORK, INC	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.