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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

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MONTANA FOOD BANK NETWORK INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

5625 EXPRESSWAY

City or town, state or province, country, and ZIP or foreign postal code

MISSOULA, MT 59808

F Name and address of principal officer

GAYLE GIFFORD

5625 EXPRESSWAY

MISSOULA,MT 59808

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3)☐ 501(c) () (insert no)☐ 4947(a)(1) or ☐ 527

J Website:

WWW MFBN ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ 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 ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																															
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>15</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>15</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>21</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>806</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	15	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	21	6	Total number of volunteers (estimate if necessary)	6	806	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0							
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Part II

Signature Block

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

Sign Here

Signature of officer

GAYLE GIFFORD CEO

Type or print name and title

2015-12-22

Date

Paid Preparer Use Only

Print/Type preparer's name

JAMES V GALIPEAU CPA

Preparer's signature

JAMES V GALIPEAU CPA

Date

Check ☐ if self-employed

PTIN

P00087309

Firm's name

JUNKERMIERCLARKCAMPANELLASTEVENS PC

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Check if Schedule O contains a response or note to any line in this Part III ☐ ☒

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 AND ALL 7 RESERVATIONS, IN PARTNERSHIP WITH OUR OVER 200 PARTNER AGENCIES WITH ADMINISTRATIVE COSTS OF JUST 8%, WE ARE A PRIVATE NONPROFIT ORGANIZATION THAT IS THE ONLY FULLY PRIVILEGED MONTANA MEMBER OF FEEDING AMERICA, THE NATIONAL HUNGER ORGANIZATION

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

If "Yes," describe these changes on Schedule O

4a	(Code	(Expenses \$	12,099,188	including grants of \$	11,287,071)	(Revenue \$	837,932)
	EMERGENCY FOOD DISTRIBUTION - THE MONTANA FOOD BANK NETWORK HAS FOUR PROGRAMS THAT PROVIDE INFRASTRUCTURE AND CAPACITY TO FEED MONTANANS LIVING WITH FOOD INSECURITY AND HUNGER 1) IN AN EFFORT TO COMBAT CHILDHOOD HUNGER, THE BACK PACK PROGRAM BEGAN IN 2007 AND CURRENTLY SERVES OVER 3,500 HUNGRY CHILDREN IN 75 SCHOOLS ACROSS MONTANA THE PROGRAM IS DESIGNED TO PROVIDE CHILDREN WITH NUTRITIOUS, CHILD FRIENDLY FOOD TO TAKE HOME ON WEEKENDS AND SCHOOL VACATIONS WHEN KIDS ARE AWAY FROM THE SCHOOL LUNCH AND BREAKFAST PROGRAMS THEY DEPEND UPON LAST YEAR 91,716 PACKS OF FOOD WERE DISTRIBUTED DISCREETLY TO CHILDREN IN NEED, PROVIDING 254,971 MEALS STATEWIDE SATURATION IS PLANNED, WITH ADDITIONAL LOCATIONS ROLLING OUT EACH YEAR AS FUNDING IS SECURED AND COLLABORATIONS ARE STRENGTHENED 2) THE FOOD PURCHASE PROGRAM LEVERAGES PURCHASING POWER IN ORDER TO PROVIDE AS MUCH FOOD AS POSSIBLE TO THOSE MOST IN NEED BY UTILIZING ECONOMIES OF SCALE, MFBN ACQUIRES AND DISTRIBUTES ENOUGH FOOD FOR THREE MEALS FOR EVERY DONATED DOLLAR FOOD IS ACQUIRED BY SECURING SEMI-TRUCKS FULL OF FOOD WHICH ARE DONATED OUTRIGHT BUT COST THE ORGANIZATION THE SIMPLE COSTS OF SENDING A DRIVER AND SEMI TO PICK THEM UP, FOOD WHICH IS PURCHASED FAR BELOW RETAIL THROUGH FEEDING AMERICA (THE NATIONAL FOOD BANK ORGANIZATION), AND FOOD THAT WE PURCHASE IN HUGE PALLET SIZED QUANTITIES NEARLY EIGHT MILLION POUNDS OF FOOD IS PROVIDED ANNUALLY THROUGH THIS PROGRAM TO MEET THE NEED OF HUNGRY MONTANANS 3) THE MFBN FOOD DISTRIBUTION PROGRAM HAS THE EXISTING INFRASTRUCTURE AND CAPACITY TO FEED MONTANANS LIVING WITH FOOD INSECURITY AND HUNGER WE CONSTANTLY PROVIDE SEMI-TRUCKS FULL OF FOOD STATEWIDE TO SUPPORT OVER 200 LOCAL EMERGENCY FEEDING ORGANIZATIONS FROM WIBAUX IN THE EAST, TO THOMPSON FALLS IN THE WEST, FROM HAVRE IN THE NORTH, TO YELLOWSTONE IN THE SOUTH COVERING OVER 10,000 HIGHWAY MILES EVERY MONTH FROM 2008 TO 2014 THE MONTANA FOOD BANK NETWORK'S DISTRIBUTION INCREASED FROM 4.4 MILLION POUNDS TO 8.4 MILLION POUNDS, AND THE NEED IS INCREASING 4) THE MOBILE PANTRY AND MAIL-A-MEAL PROGRAMS DISTRIBUTE FOOD TO GAP AREAS THAT LACK SUFFICIENT INFRASTRUCTURE TO SUPPORT THE LOCAL NEED FOR EMERGENCY FOOD, WHILE DEVELOPING GRASSROOTS RESOURCES GAP AREAS ARE DEFINED AS AREAS OF THE STATE CHARACTERIZED BY SMALL, SCATTERED POPULATION CENTERS, WHERE PEOPLE LACK TRANSPORTATION ADEQUATE TO REACH EMERGENCY FOOD SERVICES THESE ARE UNDERSERVED AREAS IN THE STATE WHERE CURRENT EFFORTS ARE NOT SUFFICIENT AND AREAS OF SPECIAL DESIGNATION WHERE VOLUNTEERS CAN BE MOBILIZED STAFF MEMBERS WORK WITH COMMUNITY LEADERS, VOLUNTEERS, AND AGENCIES TO BUILD CAPACITY AND INFRASTRUCTURE, LINKING TOGETHER TO PROVIDE AN ONGOING SOURCE OF EMERGENCY FOOD FOR HUNGRY PEOPLE						

[illegible]

4e	Total program service expenses	12,243,823
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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> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
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>		No
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>		No
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>		No
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> 		No
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> 		No
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> 		No
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> 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
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> 	Yes	
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> 		No
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> 		No
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> 		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 		No
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> 		No
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> 	Yes	
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> 		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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>		No
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>		No
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>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) 	Yes	
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> 	Yes	
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> 		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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	No
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	Yes
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	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b	Other officers or key employees of the organization	15b	Yes
	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	No
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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

MONTANA FOOD BANK NETWORK

5625 EXPRESSWAY

MISSOULA, MT 59808 (406) 721-3825

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MINKIE MEDORA BOARD MEMBER	1 00	X						0	0	0
(2) CAROL ALLEN BOARD MEMBER	1 00	X						0	0	0
(3) KEITH HAAS BOARD MEMBER	1 00	X						0	0	0
(4) LUKE JACKSON BOARD TREASURER	1 00	X		X				0	0	0
(5) TERRY TEICHROW BOARD MEMBER	1 00	X						0	0	0
(6) MARK DVARISHKIS BOARD MEMBER	1 00	X						0	0	0
(7) ROSS TILLMAN CHAIR	1 00	X		X				0	0	0
(8) VICKI JUDD BOARD MEMBER	1 00	X						0	0	0
(9) MAIA AAGESON BOARD SECRETARY	1 00	X		X				0	0	0
(10) MARY LEHMAN BOARD MEMBER	1 00	X		X				0	0	0
(11) BRETT PIERCE BOARD MEMBER	1 00	X						0	0	0
(12) HANK HUDSON BOARD MEMBER	1 00	X						0	0	0
(13) GAYLE GIFFORD CHIEF EXECUTIVE OFFICER ST	40 00	X		X				74,963	0	5,174
(14) CLARK TOWER CHIEF FINANCIAL OFFICER	40 00	X		X				56,071	0	2,917

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	131,034	0	8,091

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c	43,659			
	d	Related organizations 1d				
	e	Government grants (contributions) 1e	274,537			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	12,189,821			
	g	Noncash contributions included in lines 1a-1f \$	10,221,442			
	h	Total. Add lines 1a-1f	12,508,017			
Program Service Revenue	2a	SHARED MAINTENANCE				
		Business Code				
		624210	823,012	823,012		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
Other Revenue	g	Total. Add lines 2a-2f	823,012			
	3	Investment income (including dividends, interest, and other similar amounts)	616			616
	4	Income from investment of tax-exempt bond proceeds	127			127
	5	Royalties				
	6a	(i) Real				
		(ii) Personal				
		Gross rents				
		b Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	(i) Securities				
		(ii) Other				
		Gross amount from sales of assets other than inventory				
		b Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ 43,659 of contributions reported on line 1c) See Part IV, line 18				
		a	106,038			
	b	Less direct expenses b	65,116			
	c	Net income or (loss) from fundraising events	40,922			40,922
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
		a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code			
	11a	MISCELLANEOUS	624210	14,920	14,920	
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	14,920			
	12	Total revenue. See Instructions	13,387,614	837,932	0	41,665

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	11,287,071	11,287,071		
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.	139,126	58,355	48,594	32,177
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.	530,436	360,358	32,593	137,485
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	67,642	45,003	7,420	15,219
10	Payroll taxes.	74,948	49,870	8,435	16,643
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	14,235		14,235	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	149,585	64,570	16,747	68,268
12	Advertising and promotion.	2,790	2,492		298
13	Office expenses.	548,880	43,809	4,681	500,390
14	Information technology.				
15	Royalties.				
16	Occupancy.	31,338	30,052	324	962
17	Travel.	55,151	50,015	2,206	2,930
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	5,281	4,541	575	165
20	Interest.	11,987	11,627	120	240
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	171,878	164,981	2,218	4,679
23	Insurance.	21,915	17,360	2,896	1,659
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	REPAIRS AND MAINTENANCE	41,439	40,618	270	551
b	TRAINING	17,730	9,414	6,223	2,093
c	OTHER	5,759	3,687	1,825	247
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	13,177,191	12,243,823	149,362	784,006
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			923,628	1	948,231
	2	Savings and temporary cash investments			553,142	2	173,231
	3	Pledges and grants receivable, net			8,400	3	21,333
	4	Accounts receivable, net			18,879	4	39,154
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			622,986	8	666,828
	9	Prepaid expenses and deferred charges			8,468	9	18,699
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,578,457	1,542,558	10c	1,435,342
	b	Less accumulated depreciation	10b	1,143,115			
	11	Investments—publicly traded securities				11	596,980
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,678,061	16	3,899,798
Liabilities	17	Accounts payable and accrued expenses			98,015	17	129,778
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			293,213	22	270,276
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			391,228	26	400,054
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			3,109,750	27	3,317,599
	28	Temporarily restricted net assets			177,083	28	182,145
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,286,833	33	3,499,744
	34	Total liabilities and net assets/fund balances			3,678,061	34	3,899,798

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,387,614
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,177,191
3	Revenue less expenses Subtract line 2 from line 1	3	210,423
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,286,833
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	2,488
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,499,744

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

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

OMB No 1545-0047

2014

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 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,768,263	10,157,669	11,610,841	12,908,544	12,508,017	58,953,334
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	11,768,263	10,157,669	11,610,841	12,908,544	12,508,017	58,953,334
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						32,015,016
6 Public support. Subtract line 5 from line 4						26,938,318

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	11,768,263	10,157,669	11,610,841	12,908,544	12,508,017	58,953,334
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,087	1,744	960	889	743	19,423
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		4,340	9,290			13,630
11	Total support. Add lines 7 through 10						58,986,387
12	Gross receipts from related activities, etc. (see instructions)					12	2,418,712
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	1445.670%
15	Public support percentage for 2013 Schedule A, Part II, line 14	1546.600%
16a	33 1/3% support test—2014. 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 ☒	
b	33 1/3% support test—2013. 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 ☐	
17a	10%-facts-and-circumstances test—2014. 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 ☐	
b	10%-facts-and-circumstances test—2013. 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 ☐	
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 ☐	

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. . . .	4b	
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)? 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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
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))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

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).		

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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 (e g , recreation or education)

☐ Preservation of an 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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

► \$

(ii) Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in 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

3a(i)

(ii) related organizations

3a(ii)

b

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

3b

4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		67,500		67,500
b Buildings		1,498,313	461,300	1,037,013
c Leasehold improvements				
d Equipment		861,492	602,447	259,045
e Other		151,152	79,368	71,784
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,435,342

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	13,455,218
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	2,488
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	65,116
e	Add lines 2a through 2d	2e	67,604
3	Subtract line 2e from line 1	3	13,387,614
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	13,387,614

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	13,242,307
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	65,116
e	Add lines 2a through 2d	2e	65,116
3	Subtract line 2e from line 1	3	13,177,191
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	13,177,191

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.

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSES FOR FUNDRAISING EVENTS 65,116
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSES FOR FUNDRAISING EVENTS 65,116

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization
MONTANA FOOD BANK NETWORK INC

Employer identification number
81-0421243

Part I Fundraising Activities.

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

1

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

a

☒

Mail solicitations

b

☒

Internet and email solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☒

Special fundraising events

2a

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

☒ Yes ☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 RUSS REID 2 N LAKE AVE 600 PASADENA, CA 911011868	FUNDRAISING THROUGH BULK MAIL SOLICITATIONS		No	1,147,514	536,794	610,720
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				1,147,514	536,794	610,720

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" to 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.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>GALA</u>	<u>BBQ</u>	<u>1</u>	(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	53,167	29,748	25,053	107,968	
	2	Less Contributions . . .	38,047	15,663	24,612	78,322	
3	Gross income (line 1 minus line 2)	15,120	14,085	441	29,646		
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs . . .					
	7	Food and beverages . . .	14,539	4,374		18,913	
	8	Entertainment					
	9	Other direct expenses . .	3,762	6,437	36,004	46,203	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(65,116)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶					-35,470

Part III Gaming. Complete if the organization answered "Yes" to 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	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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 activities 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

\$ and the \$

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 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).

Return Reference	Explanation
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Schedule G (Form 990 or 990-EZ) 2014

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MONTANA FOOD BANK NETWORK INC

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

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" to 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.

(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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

77

3

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

77

Part III

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

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

Part IV

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

Return Reference	Explanation
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

Additional Data

Software ID:
Software Version:
EIN: 81-0421243
Name: MONTANA FOOD BANK NETWORK INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TROY FOOD PANTRY301 EAST KOOTENAI TROY,MT 59935	76-0729519	501(C)(3)		17,175	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
POLSON LOAVES & FISH FISH PANTRY904 1ST STREET EAST POLSON, MT 59860	81-0413726	501(C)(3)		302,756	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ALTERNATIVES INC1001 SOUTH 27TH STREET BILLINGS,MT 59101	81-0382745	501(C)(3)		16,320	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BEAVERHEAD COMMUNITY FOOD PANTRY131 EAST HELENA DILLON,MT 59725	81-0486031	501(C)(3)		28,439	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BITTERROOT VALLEY CALVARY CHAPEL700 NORTH 4TH STREET HAMILTON,MT 59840	81-0488339	501(C)(3)		9,146	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOYS & GIRLS CLUB OF MISSOULA COUNTY1515 FAIRVIEW AVENUE MISSOULA, MT 59801	84-1414110	501(C)(3)		7,690	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BUTTE EMERGENCY FOOD BANK1019 EAST 2ND STREET BUTTE,MT 59703	81-0469563	501(C)(3)		859,810	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CENTRAL MONTANA COMMUNITY CUPBOARD 203 4TH AVENUE NORTH LEWISTOWN, MT 59457	36-3342406	501(C)(3)		94,436	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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)		328,337	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOOD BANK OF MINERAL COUNTY308 PINE STREET SUPERIOR,MT 59872	43-2026150	501(C)(3)		22,534	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HARVEST FOOD PANTRY704 1/2 PRESTON THOMPSON FALLS,MT 59873	36-3444093	501(C)(3)		5,746	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HOPE INC204 CEDAR AVENUE LAUREL, MT 59044	81-0424204	501(C)(3)		149,319	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICES FELLOWSHIP1419 MT HIGHWAY 200 NOXON,MT 59853	81-0475114	501(C)(3)		10,682	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CULBERTSON FOOD BANK 307 BROADWAY CULBERTSON, MT 59218	41-1568278	501(C)(3)		12,447	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CUSTER COUNTY FOOD BANK210 SOUTH WINCHESTER MILES CITY,MT 59301	81-0541769	501(C)(3)		412,273	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DAWSON COUNTY FOOD BANK112 WEST BENHAM GLENDIVE,MT 59330	27-4496519	501(C)(3)		111,814	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 INC1824 NORTH 1ST AVENUE BILLINGS, MT 59103	81-0232120	501(C)(3)		1,570,093	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FISH1620 12TH AVENUE NORTH GREAT FALLS, MT 59401	81-0452876	501(C)(3)		12,512	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FLATHEAD FOOD BANK 1203 HIGHWAY 2 WEST KALISPELL,MT 59901	81-0399818	501(C)(3)		667,043	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GALLATIN VALLEY FOOD BANK602 BOND STREET BOZEMAN, MT 59715	81-0350886	501(C)(3)		790,210	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT FALLS COMMUNITY FOOD BANK1620 12TH AVENUE NORTH GREAT FALLS, MT 59403	36-3540471	501(C)(3)		875,393	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAVEN HOUSE316 NORTH 3RD STREET SUITE 162 HAMILTON,MT 59840	81-0413640	501(C)(3)		203,767	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HELENA FOOD SHARE1616 LEWIS STREET HELENA, MT 59624	36-3507623	501(C)(3)		573,213	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HELPING HANDS IN HARDIN825 WEST 3RD STREET HARDIN, MT 59034	81-0512834	501(C)(3)		24,824	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 PANTRY48 HOT SPRINGS ROAD HOT SPRINGS, MT 59845	81-0515660	501(C)(3)		10,345	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
REO MIGRANT FARM WORKERS PROGRAMPO BOX 831 HELENA, MT 59624	81-0397037	501(C)(3)		7,958	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBBY FOOD PANTRY700 IDAHO AVENUE LIBBY, MT 59923	81-0418833	501(C)(3)		41,158	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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LIGHTHOUSE CHRISTIAN HOME384 NORTH SOMERS ROAD KALISPELL, MT 59901	36-3766292	501(C)(3)		5,701	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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MALTA FOOD BANK110 SOUTH 1ST STREET WEST MALTA,MT 59538	36-2176597	501(C)(3)		9,173	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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MEAGHER COUNTY NUTRITION COALITION 101 WEST CRAWFORD WHITE SULPHUR SPRINGS, MT 59645	84-1402025	501(C)(3)		12,974	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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MISSION VALLEY FOOD PANTRY203 BLAINE STREET ST IGNATIUS, MT 59865	81-0418160	501(C)(3)		6,013	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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MISSOULA CORRECTIONAL SERVICES2350 MULLAN ROAD MISSOULA, MT 59808	81-0492805	501(C)(3)		16,219	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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MISSOULA FOOD BANK219 SOUTH 3RD STREET WEST MISSOULA, MT 59802	81-0414143	501(C)(3)		620,395	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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UNION GOSPEL MISSION OF MISSOULA10450 MULLAN ROAD MISSOULA, MT 59808	81-0531532	501(C)(3)		10,957	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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MONTANA RESCUE MISSIONPO BOX 3232 BILLINGS, MT 59101	81-6013963	501(C)(3)		7,818	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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MUSSELSHELL COUNTY FOOD BANK101 2ND STREET EAST ROUNDUP, MT 59072	81-0436361	501(C)(3)		11,801	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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NEW LIFE MISSION509 2ND AVENUE WEST POPLAR,MT 59255	81-0461444	501(C)(3)		5,497	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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HAVRE FOOD BANK453 5TH STREET NORTH HAVRE,MT 59501	81-0295420	501(C)(3)		138,646	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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NORTH VALLEY FOOD BANK251 FLATHEAD AVENUE WHITEFISH,MT 59937	81-0456048	501(C)(3)		48,971	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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PANTRY PARTNERS3614 ALC WAY STEVENSVILLE, MT 59870	81-0462276	501(C)(3)		17,946	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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BUTTE RESCUE MISSION 1204 EAST 2ND STREET BUTTE, MT 59701	81-0410116	501(C)(3)		6,856	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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PLAINS COMMUNITY FOOD BANK302 CENTRAL AVENUE PLAINS, MT 59859	44-0577788	501(C)(3)		69,585	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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POLSON SENIOR CITIZENS504 3RD AVENUE EAST POLSON, MT 59860	81-6033074	501(C)(3)		7,914	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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POVERELLO CENTER1110 WEST BROADWAY MISSOULA, MT 59802	23-7439391	501(C)(3)		391,978	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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ST VINCENT DE PAUL426 CENTRAL AVENUE WEST GREAT FALLS, MT 59404	81-0296475	501(C)(3)		46,982	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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TETON COUNTY FOOD PANTRY17 MAIN AVENUE NORTH CHOTEAU, MT 59422	81-0458566	501(C)(3)		6,820	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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SALVATION ARMY - GREAT FALLS527 9TH AVENUE SOUTH GREAT FALLS,MT 59403	94-1156347	501(C)(3)		84,155	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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TOBACCO VALLEY FOOD PANTRY17 1ST AVENUE WEST EUREKA, MT 59917	81-0449776	501(C)(3)		14,022	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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VALLEY COUNTY EMERGENCY FOOD BANK 1020 1ST AVENUE NORTH GLASGOW, MT 59230	81-0466404	501(C)(3)		10,995	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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VALLEY COUNTY COUNCIL ON AGING501 COURT SQUARE BOX 16 GLASGOW,MT 59230	81-6001443	501(C)(3)		7,905	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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THE YAAK FOOD CUPBOARD34 RIVERVIEW DRIVE TROY, MT 59935	81-0533035	501(C)(3)		15,857	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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WEST YELLOWSTONE FOOD BANK440 YELLOWSTONE AVENUE WEST YELLOWSTONE, MT 59758	81-0299400	501(C)(3)		9,009	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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CENTER POLE FOUNDATION916 EAST WELLKNOWN BUFFALO GARRYOWEN,MT 59031	20-8780215	501(C)(3)		51,073	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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EUREKA FOURSQUARE CHURCH FOOD PANTRY406 2ND AVENUE EUREKA,MT 59917	95-1684062	501(C)(3)		7,877	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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ST LABRE FOOD PANTRY 1000 TONGUE RIVER ROAD ASHLAND, MT 59003	81-0369014	501(C)(3)		55,039	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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NORTH WEST MONTANA VETERANS STAND DOWN 1349 HWY 2 EAST KALISPELL, MT 59901	74-3030535	501(C)(3)		24,827	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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LIVINGSTON FOOD PANTRY OF PARK COUNTY 112 NORTH M STREET LIVINGSTON, MT 59047	20-3550306	501(C)(3)		82,443	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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WEST SHORE FOOD BANK 140 BILLS ROAD LAKESIDE, MT 59922	20-0353235	501(C)(3)		13,096	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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GARDINER FOOD PANTRY OF PARK COUNTY108 3RD STREET GARDINER,MT 59030	45-2291552	501(C)(3)		9,444	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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COLUMBIA FALLS FOOD BANK82 RAILROAD STREET COLUMBIA FALLS, MT 59912	20-5725475	501(C)(3)		47,189	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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LIBBY CHRISTIAN CHURCH FOOD PANTRY100 KOOTENAI RIVER ROAD LIBBY,MT 59923	81-0414395	501(C)(3)		13,185	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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OPEN GATE RANCH48 ALGER ROAD NORTH TROUT CREEK, MT 59874	36-3584023	501(C)(3)		18,016	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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GRANITE COUNTY FOOD BANK11 MAXVILLE ROAD PHILLIPSBURG, MT 59858	20-3715970	501(C)(3)		11,064	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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FERGUS COUNTY COUNCIL ON AGING307 WEST WATSON LEWISTOWN, MT 59457	81-0364657	501(C)(3)		5,850	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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PROJECT HOPE OF COLUMBUS414 PIKE AVE COLUMBUS,MT 59019	81-0534238	501(C)(3)		8,825	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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ALTERNATIVE YOUTH ADVENTURES105 VENTURE WAY BOULDER,MT 59632	81-0457323	501(C)(3)		9,574	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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BIG TIMBER COMMUNITY FOOD BANK115 WEST 5TH AVENUE BIG TIMBER, MT 59011	30-0516893	501(C)(3)		19,782	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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HARLEM FOOD BANK10 1ST AVENUE SW HARLEM,MT 59526	81-0375742	501(C)(3)		9,588	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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ALBERTON FOOD BANK502 5TH STREET ALBERTON,MT 59820	26-4222497	501(C)(3)		11,387	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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TROY COMMUNITY BAPTIST CHURCH FOOD PANTRY725 EAST MISSOULA AVENUE TROY,MT 59935	81-0466664	501(C)(3)		14,545	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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DARBY BREAD BOX206 TANNER DARBY, MT 59829	32-0278089	501(C)(3)		32,836	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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EDDY MUECHEL GROUP HOME1205 WEST MAIN STREET HAMILTON, MT 59840	81-0307814	501(C)(3)		5,881	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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RIVER OF HOPE FOOD BANK4007 HWY 200 E UNIT 1 MISSOULA, MT 59802	36-4625018	501(C)(3)		11,161	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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HIS FOOD PANTRY1001 CLEVELAND MISSOULA, MT 59801	81-0388449	501(C)(3)		28,770	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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BLACKFEET FOOD BANK OLD EAGLE BUILDING 503 POPIMI ST BROWNING, MT 59417	81-0296234	501(C)(3)		39,085	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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SET FREE MINISTRIESPO BOX 409 HARDIN,MT 59034	81-0515513	501(C)(3)		9,534	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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BIGFORK FOOD PANTRY 7535 HWY 35 BIGFORK, MT 59911	47-2397420	501(C)(3)		11,936	PRICE PER POUND	STAPLE FOODS	RESPOND TO THE EMERGENCY FOOD NEEDS OF THE HUNGRY AND WORKING TO REDUCE THE INCIDENCE OF HUNGER

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization MONTANA FOOD BANK NETWORK INC	Employer identification number 81-0421243
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II
Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) FIRST SECURITY BANK		REFINANCE PURCHASE OF BUILDING LOANS	X		327,815	270,276		No	Yes		Yes	

Total	▶ \$	270,276			
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Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
PART II	ONE BOARD MEMBER IS AN OFFICER OF FIRST SECURITY BANK LOANS WERE MADE AT THE TERMS AND CONDITIONS GENERALLY AVAILABLE TO SIMILAR ORGANIZATIONS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MONTANA FOOD BANK NETWORK INC

Employer identification number
81-0421243

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X		10,221,442	PER POUND RATE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶ ()				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2014)

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.

Return Reference	Explanation
PART I, COLUMN (B)	FOOD INVENTORY 6,012,613 POUNDS OF FOOD WERE DONATED AND VALUED BY FEEDING AMERICA'S STANDARD PER POUND RATE OF \$1 70

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2014

**Open to Public
Inspection**

Name of the organization
MONTANA FOOD BANK NETWORK INC

Employer identification number

81-0421243

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
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 POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST