

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527 or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2000

Open to Public
Inspection

A For the 2000 calendar year, or tax year period beginning 7/01, 2000, and ending 6/30, 2001

- B Check if applicable:
- ☐ Change of address
 - ☐ Change of name
 - ☐ Initial return
 - ☐ Final return
 - ☐ Amended return

Please use IRS label or print or type. See Specific Instructions.

C
MISSOULA FOOD BANK
219 SOUTH 3RD WEST
MISSOULA, MT 59801

D Employer identification number

81-0414143

E Telephone number

406-549-0543

F Check ☐ If application pendingG Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 527 OR ☐ 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ☐K Check here ☐ if the organization's gross receipts are normally not more than \$25,000

The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data

Some states require a complete return

Note H and I are not applicable to section 527 orgs

H(a) Is this a group return filed for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ☐H(c) Are all affiliates included? ☐ Yes ☐ No

(if "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ NoI Enter 4-digit group exemption no (GEN) ☐L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

1	Contributions, gifts, grants, and similar amounts received		
a	Direct public support	1a	1,077,566
b	Indirect public support	1b	28,200
c	Government contributions (grants)	1c	19,000
d	Total (add lines 1a through 1c) (cash \$ 296,628 noncash \$ 828,138)	1d	1,124,766
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	12,818
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less rental expenses	6b	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe <input type="checkbox"/>)	7	
	(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory	8a	
b	Less cost or other basis and sales expenses	8b	
c	Gain or (loss) (attach schedule)	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	
9	Special events and activities (attach schedule)		
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	
b	Less direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,137,584
13	Program services (from line 44, column (B))	13	990,654
14	Management and general (from line 44, column (C))	14	24,481
15	Fundraising (from line 44, column (D))	15	21,559
16	Payments to affiliates (attach schedule)	16	
17	Total expenses (add lines 16 and 44, column (A))	17	1,036,694
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	100,890
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	347,767
20	Other changes in net assets or fund balances (attach explanation)	20	-7,017
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	441,640

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ non cash \$)	22			
23 Specific assistance to individuals (att sch) ST 2	23 795,139	795,139		
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25 33,755	16,968	6,295	10,492
26 Other salaries and wages	26 71,169	71,169		
27 Pension plan contributions	27			
28 Other employee benefits	28 12,494	10,475	751	1,268
29 Payroll taxes	29 11,721	10,198	703	820
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 8,760	6,132	2,628	
34 Telephone	34 2,020		2,020	
35 Postage and shipping	35 2,379		1,665	714
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 5,278	4,750	528	
39 Travel	39 3,455	3,455		
40 Conferences, conventions, and meetings	40 1,019		1,019	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 8,675	7,807	868	
43 Other expenses (itemize) a STATEMENT 3	43a 80,830	64,561	8,004	8,265
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 1,036,694	990,654	24,481	21,559

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? ▶ PROVIDE FOOD

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)

a SEE STATEMENT 4		
(Grants and allocations \$ 0)		990,654
b		
(Grants and allocations \$)		
c		
(Grants and allocations \$)		
d		
(Grants and allocations \$)		
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		990,654

Part IV Balance Sheets (See Specific Instructions on page 23)

Note Where required, attached schedules and amounts within the description column should be for end-of year amounts only		(A) Beginning of year		(B) End of year
ASSETS	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	203,108	46	242,208
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach sch)		50	
	51 a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	23,266	52	47,483
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule) ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
56 Investments - other (attach schedule)		56		
57 a Land, buildings, and equipment basis	203,741			
b Less accumulated depreciation (attach schedule) STMT 5	47,379	118,178	57c	156,362
58 Other assets (describe ▶ SEE STATEMENT 6)	8,261	58	1,000	
59 Total assets (add lines 45 through 58) (must equal line 74)	352,813	59	447,053	
LIABILITIES	60 Accounts payable and accrued expenses	5,046	60	5,413
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶)		65	
66 Total liabilities (add lines 60 through 65)	5,046	66	5,413	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	297,767	67	440,640
	68 Temporarily restricted		68	
	69 Permanently restricted	50,000	69	1,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	347,767	73	441,640
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	352,813	74	447,053

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	1,112,445
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities	\$	75,751
(2)	Prior year adjustments reported on line 20, Form 990	\$	
(3)	Losses reported on line 20, Form 990	\$	
(4)	Other (specify)	\$	
	Add amounts on lines (1) through (4)	b	75,751
c	Line a minus line b	c	1,036,694
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify)	\$	
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,036,694

Part V	List of Officers, Directors, Trustees, and Key Employees
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[illegible]

▶ ☐ Yes ☒ No

Part VI Other Information (See Specific Instructions on page 26.)

	N/A	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			X
b If "Yes," enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
b Did the organization file Form 1120-POL for this year?	81b		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
c Dues, assessments, and similar amounts from members	85c	N/A	
d Section 162(e) lobbying and political expenditures	85d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 12	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) organizations Enter			
a Gross income from members or shareholders	87a	N/A	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30.7701-3? If "Yes," complete Part IX	88		X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0	
d Enter Amount of tax in 89c, above, reimbursed by the organization		0	
90a List the states with which a copy of this return is filed NONE REQUIRED			
b Number of employees employed in the pay period that includes March 12, 2000 (See instructions.)	90b	0	
91 The books are in care of LYN'S BOOKKEEPING SERVICE Telephone no (406) 721-6268 Located at P.O. BOX 9035, MISSOULA, MT ZIP code 59807			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A	

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated

		Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings & temporary cash investments			14	12,818	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain/loss from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				12,818	
105	Total (add line 104, columns (B), (D), and (E))					12,818

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

including accompanying schedules and statements, and to the best of my knowledge and belief, the information furnished by me is true and correct. I am not aware of any information that would require the filing of a statement of preparer (other than officer) is based on all information of which preparer has knowledge.

Date 5/15/02 Cynthia Roney Executive Director

Department of the Treasury
Internal Revenue Service

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2000

Supplementary Information – (See separate instructions)

► Must be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

Employer identification number

MISSOULA FOOD BANK

81-0414143

Part I	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
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(See page 1 of the instructions List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II	Compensation of the Five Highest Paid Independent Contractors for Professional Services
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(See page 1 of the instructions. List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities

- | | | Yes | No |
|--|----|-----|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?
If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>N/A</u>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | 1 | | X |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary: | | | |
| a Sale, exchange, or leasing of property? | 2a | | X |
| b Lending of money or other extension of credit? | 2b | | X |
| c Furnishing of goods, services, or facilities? | 2c | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE FORM 990, PART V | 2d | X | |
| e Transfer of any part of its income or assets?
If the answer to any question is "Yes," attach a detailed statement explaining the transactions. | 2e | | X |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? | 3 | | X |
| 4a Do you have a section 403(b) annuity plan for your employees? | 4a | | X |
| b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) | | | |

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14
- ☐
- An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	989,962	666,500	460,081	459,783	2,576,326
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose					
18 Gross income from interest, dividends, amounts received from payments on securities (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,225	2,706	2,462	1,086	13,479
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets. SEE ST 7			523	820	1,343
23 Total of lines 15 through 22	997,187	669,206	463,066	461,689	2,591,148
24 Line 23 minus line 17	997,187	669,206	463,066	461,689	2,591,148
25 Enter 1% of line 23	9,972	6,692	4,631	4,617	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24

26a 51,823

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.

26b

c Total support for section 509(a)(1) test. Enter line 24, column (e)

26c 2,591,148

d Add Amounts from column (e) for lines 18 13,479 19 1,343 22 1,343 26b

26d 14,822

e Public support (line 26c minus line 26d total)

26e 2,576,326

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

26f 99.43%

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year N/A

(1999) (1998) (1997) (1996)

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year.

(1999) (1998) (1997) (1996)

c Add Amounts from column (e) for lines 15 16 17 20 21

27c

d Add Line 27a total and line 27b total

27d

e Public support (line 27c total minus line 27d total)

27e

f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)

27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

27g %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27h %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V**Private School Questionnaire** (See page 5 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)

Yes No

29

30

31

- 32 Does the organization maintain the following
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

32a

32b

32c

32d

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

- 33 Does the organization discriminate by race in any way with respect to

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

33a

33b

33c

33d

33e

33f

33g

33h

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

- 34a Does the organization receive any financial aid or assistance from a governmental agency?

34a

- b Has the organization's right to such aid ever been revoked or suspended?
If you answered "Yes" to either 34a or b, please explain using an attached statement

34b

- 35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

35

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check here ☐ **a** if the organization belongs to an affiliated groupCheck here ☐ **b** if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36														
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37														
38 Total lobbying expenditures (add lines 36 and 37)	38														
39 Other exempt purpose expenditures	39														
40 Total exempt purpose expenditures (add lines 38 and 39)	40														
41 Lobbying nontaxable amount. Enter the amount from the following table -															
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42 Grassroots nontaxable amount (enter 25% of line 41)	42														
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43														
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44														

Caution If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization

MISSOULA FOOD BANK

Employer identification number

81-0414143

Organization type (check one) - Section

☒ 501(c)(3) ◀ (enter number), ☐ 527 or

☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see **General rule** below)



Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations

KFA For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ

Schedule B (Form 990 or 990-EZ) (2000)

Name of organization

MISSOULA FOOD BANK

Employer identification number

81-0414143

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>10,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>2</u>		\$ <u>10,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>3</u>		\$ <u>7,009</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>4</u>		\$ <u>28,200</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>5</u>		\$ <u>15,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>6</u>		\$ <u>10,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

MISSOULA FOOD BANK

Employer identification number

81-0414143

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>21,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>8</u>		\$ <u>18,500</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
<u>9</u>		\$ <u>18,500</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
<u> </u>		\$ <u> </u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u> </u>		\$ <u> </u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u> </u>		\$ <u> </u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization	Employer identification number
MISSOULA FOOD BANK	81-0414143

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	1/2 OF TRUCK USED FOR FOOD TRANSPORTATION	\$ 18,500	
9	1/2 TRUCK USED FOR FOOD TRANSPORTATION	\$ 18,500	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

MISSOULA FOOD BANK

81-0414143

STATEMENT 1
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

REMOVE MT COMM. ENDOWMENT	\$	-6,801
UNREALIZED LOSS ON ENDOWMENT		-216
TOTAL	\$	<u>-7,017</u>

STATEMENT 2
FORM 990, PART II, LINE 23
SPECIFIC ASSISTANCE TO INDIVIDUALS

FOOD, SHELTER AND CLOTHING	\$	795,139
TOTAL	\$	<u>795,139</u>

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	\$ 572	572		
CHARITABLE CONTRIBUTION	232	232		
DUES AND SUBSCRIPTIONS	490	441	49	
EQUIP EXP	2,594	2,594		
FOOD PURCHASE	42,816	42,816		
FUNDRAISING EXPENSES	5,414			5,414
INSURANCE	6,435	5,791	644	
LEGAL & PROFESSIONAL	9,502		6,651	2,851
MISC.	867	867		
RENT	1,282	1,282		
REPAIRS & MAINT	1,480	1,480		
TAXES CITY/COUNTY	115	115		
UTILITIES	5,014	4,513	501	
VEHICLE EXP	1,589	1,430	159	
VOLUNTEER & PUBLIC RELATIONS	2,428	2,428		
TOTAL	\$ <u>80,830</u>	<u>64,561</u>	<u>8,004</u>	<u>8,265</u>

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
DURING THE FISCAL YEAR 2000 - 2001, THE MISSOULA		

MISSOULA FOOD BANK

81-0414143

STATEMENT 4 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
FOOD BANK PROVIDED EMERGENCY FOOD TO 28,781 PEOPLE COMPOSED OF 5,346 UNDUPLICATED HOUSEHOLDS. EACH HOUSEHOLD WAS PROVIDED A 3-DAY SUPPLY OF FOOD	\$ 0	990,654
THE MISSOULA FOOD BANK ALSO PROVIDED FOOD TO LOCAL NON-PROFITS WITH ON-SITE MEAL PROGRAMS. FOOD BANK STAFF & VOLUNTEERS COLLECTED 400,626 POUNDS OF FOOD (VALUED @ THE SECOND HARVEST RATE OF \$1.67/LB) FROM LOCAL CITIZENS, STORES ETC. FOR DISTRIBUTION.		
THE MISSOULA FOOD BANK SERVED 1,209 SENIORS WITH A MONTH'S SUPPLY OF FOOD.	0	0
	<u>\$ 0</u>	<u>990,654</u>

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

ASSET	BASIS	ACCUM. DEPREC	BOOK VALUE
MISCELLANEOUS	\$ 203,741	47,379	156,362
TOTAL	<u>\$ 203,741</u>	<u>47,379</u>	<u>156,362</u>

STATEMENT 6
FORM 990, PART IV, LINE 58
OTHER ASSETS

	ENDING
ENDOWMENT FUND	\$ 1,000
TOTAL	<u>\$ 1,000</u>

STATEMENT 7
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 1999	(B) 1998	(C) 1997	(D) 1996	(E) TOTAL
MISC	\$ 0	\$ 0	\$ 523	\$ 820	\$ 1,343
TOTAL	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 523</u>	<u>\$ 820</u>	<u>\$ 1,343</u>



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BOARD OF DIRECTORS
 2001-2002

Missoula Food Bank
Depreciation Expense [Depreciation]
GAAP
For the Period July 1, 2000 to June 30, 2001

Asset ID	Placed in Service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depreciation This Period	YEAR TO DATE				
						Beginning Accum Depr	Current Depreciation	Net Sec 179/179A	Net Additions Delations	Ending Accum Depr
000030	PRINTER									
	02/01/1990	SL100FM	7 0	395 00	0 00	395 00	0 00	0 00	0 00	395 00
000040	COMPUTER TABLE									
	02/01/1990	SL100FM	7 0	140 00	0 00	140 00	0 00	0 00	0 00	140 00
000050	FLOPPY DRIVE									
	05/01/1990	SL100FM	5 0	100 00	0 00	100 00	0 00	0 00	0 00	100 00
000060	COMPUTER CABLES									
	10/01/1992	SL100FM	5 0	1,320 00	0 00	1 320 00	0 00	0 00	0 00	1,320 00
000070	COMPUTER CABLES									
	10/01/1992	SL100FM	5 0	1,320 00	0 00	1,320 00	0 00	0 00	0 00	1,320 00
000080	COMPUTER DESK									
	07/01/1992	SL100FM	7 0	199 97	0 00	199 97	0 00	0 00	0 00	199 97
000090	COLOR MONITOR									
	11/01/1992	SL100FM	5 0	200 00	0 00	200 00	0 00	0 00	0 00	200 00
000100	OKIDATA PRINTER									
	07/01/1993	SL100FM	5 0	269 00	0 00	269 00	0 00	0 00	0 00	269 00
000110	AUDITORS UPDATE TO VALUE									
	10/01/1993	SL100FM	7 0	500 00	17 85	482 15	17 85	0 00	0 00	500 00
000120	OFFICE DESK									
	06/01/1993	SL100FM	7 0	100 00	0 00	100 00	0 00	0 00	0 00	100 00
000130	VCR									
	06/01/1993	SL100FM	7 0	100 00	0 00	100 00	0 00	0 00	0 00	100 00
000140	REFRIGERATOR									
	07/01/1993	SL100FM	7 0	300 00	0 00	300 00	0 00	0 00	0 00	300 00
000150	WAITING ROOM BENCHES									
	07/01/1993	SL100FM	7 0	150 00	0 00	150 00	0 00	0 00	0 00	150 00
000160	BUILDING ADJUSTED									
	06/01/1992	SL100FM	27 6	77,925 04	2,833 64	22,905 26	2,833 64	0 00	0 00	25,738 90
000170	LAND									
	06/01/1992	None	27 6	26,000 00	0 00	0 00	0 00	0 00	0 00	0 00
000180	INTERIOR PAINTING									
	02/01/1993	SL100FM	27 6	174 29	6 34	47 02	6 34	0 00	0 00	53 36
000190	WAREHOUSE IMPROVEMENTS									
	07/01/1993	SL100FM	27 6	129 00	4 69	32 83	4 69	0 00	0 00	37 52
000200	FRONT DOOR									
	09/01/1993	SL100FM	27 6	180 00	6 55	44 75	6 55	0 00	0 00	51 30
000210	PRODUCE STATION									
	10/01/1993	SL100FM	27 6	3,500 00	127 27	859 07	127 27	0 00	0 00	986 34
000220	HEATING SYSTEM									
	10/01/1994	SL100FM	15 0	1 700 00	113 33	651 65	113 33	0 00	0 00	764 98
000230	Food Bank Truck									
	09/01/1996	SL100FM	5 0	7,457 75	1,491 55	5,717 61	1,491 55	0 00	0 00	7,209 16
000240	COMPUTER									
	02/10/1998	SL100FM	5 0	350 00	70 00	169 17	70 00	0 00	0 00	239 17
000250	DISHWASHER									
	04/30/1998	SL100FM	7 0	450 00	64 29	144 65	64 29	0 00	0 00	208 94
000260	COMPUTER UPGRADE									
	02/10/1998	SL100FM	5 0	441 60	88 32	213 44	88 32	0 00	0 00	301 76
000270	BACK AREA REMODEL									
	04/01/1998	SL100FM	27 6	16,016 68	582 42	1,310 45	582 42	0 00	0 00	1 892 87
000280	2 Computers									
	01/15/1999	SL100FM	5 0	2,098 00	419 60	629 40	419 60	0 00	0 00	1,049 00
000290	Kirby Vacuum									
	03/17/1999	SL100FM	7 0	400 00	57 14	76 19	57 14	0 00	0 00	133 33
000300	Additional Building Improvements									
	07/15/1998	SL100FM	27 6	390 00	14 18	28 36	14 18	0 00	0 00	42 54
000310	TOSHIBA COPIER									
	07/06/1999	SL100FM	5 0	1,850 00	370 00	370 00	370 00	0 00	0 00	740 00
000320	COMPUTER & MONITOR									
	10/25/1999	SL100FM	5 0	779 96	155 99	116 99	155 99	0 00	0 00	272 98
000330	DISHWASHER									
	12/13/1999	SL100FM	7 0	1,500 00	214 29	125 00	214 29	0 00	0 00	339 29

Asset ID	Placed in Service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depreciation This Period	YEAR TO DATE				
						Beginning Accum Depr	Current Depreciation	Net Sec 179/179A	Net Additions Deletions	Ending Accum Depr
000340	SCALE									
	05/25/2000	SL100FM	7 0	825 00	117 86	19 64	117 86	0 00	0 00	137 50
000350	COOLER									
	06/01/2000	SL100FM	7 0	3 000 00	428 57	35 71	428 57	0 00	0 00	464 28
000360	WIRING									
	12/13/1999	SL100FM	27 6	404 73	14 72	8 59	14 72	0 00	0 00	23 31
000370	PHONE SYSTEM AND WIRING									
	02/25/2000	SL100FM	27 6	2,338 00	85 02	35 42	85 02	0 00	0 00	120 44
000380	HANDICAP DOOR AND INSTALLATION									
	02/10/2000	SL100FM	27 6	3,377 87	122 83	51 18	122 83	0 00	0 00	174 01
000390	PROJECTOR & CAROUSEL									
	01/03/2000	SL100FM	7 0	500 00	71 43	35 71	71 43	0 00	0 00	107 14
000400	MOUNTAIN VIEW SUPPLY COOLER									
	07/25/2000	SL100FM	7 0	2,637 93	376 85	0 00	376 85	0 00	0 00	376 85
000410	MODERN TOUR REFER UNIT									
	12/05/2000	SL100FM	7 0	2,980 00	248 33	0 00	248 33	0 00	0 00	248 33
000420	BEST BUY COMPUTER SYSTEM									
	04/05/2001	SL100FM	5 0	954 09	47 70	0 00	47 70	0 00	0 00	47 70
000430	BEST BUY COMPAQ COMPUTER									
	05/04/2001	SL100FM	5 0	913 00	30 43	0 00	30 43	0 00	0 00	30 43
000440	GARLAND ELECTRIC									
	08/04/2000	SL100FM	27 6	1,517 94	50 60	0 00	50 60	0 00	0 00	50 60
000450	DOWN RIGHT FLOORING CARPET INSTALL									
	06/01/2001	SL100FM	27 6	856 00	2 59	0 00	2 59	0 00	0 00	2 59
000520	NEWMANN'S OWN DONATED TRUCK									
	06/15/2001	SL100FM	7 0	37,000 00	440 48	0 00	440 48	0 00	0 00	440 48
Grand Total				203 740 85	8,674 86	38,704 21	8,674 86	0 00	0 00	47,379 07

Form **8868**

(December 2000)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

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

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization		Employer Identification Number
	MISSOULA FOOD BANK		81-0414143
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions		
	219 SOUTH 3RD WEST		
City, Town or Post Office. For a foreign address, see instructions		State	ZIP Code
MISSOULA, MT 59801			

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ☐ If it is for **part of the group**, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 2/15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☐ calendar year 20 ____ or
- ▶ ☒ tax year beginning 7/01, 20 00, and ending 6/30, 20 01

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶

Nancy Harrington

Title ▶

CPA

Date ▶

11-13-01

KFA For Paperwork Reduction Act Notice, see Instructions

Form 8868 (12-2000)

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box. ☒

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy

Type or Print	Name of Exempt Organization	Employer Identification Number
	MISSOULA FOOD BANK	81-0414143
	Number, Street and Room or Suite Number If a P.O. Box See instructions	For IRS Use Only
	219 SOUTH 3RD WEST	
File by the extended due date for filing the return See instructions	City, Town or Post Office, State and ZIP Code For a Foreign Address See instructions	
	MISSOULA, MT 59801	

Check type of return to be filed (file a separate application for each return)

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a group return, enter the organizations four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 5/15, 2002
- 5 For calendar year _____, or other tax year beginning 7/01, 2000 and ending 6/30, 2001
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION FOR A COMPLETE AND ACCURATE RETURN

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c Balance due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct and complete, and that I am authorized to prepare this form

Signature Nancy Harrington Title CPA Date 2-14-02

Notice to Applicant - To be Completed by the IRS

- ☐ We have approved this application Please attach this form to the organization's return
- ☐ We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return
- ☐ We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- ☐ Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or Print	Name	EXTENSION APPROVED
	BOYLE, DEVENY & MEYER, P.C.	
	Number and Street (include suite room, or apartment number) or a P.O. Box Number	
	405 S. FIRST WEST	
City or Town, Province or State, and Country (including postal or ZIP code)		FEB 9 7 2002
	MISSOULA, MT 59801	