

**D Employer identification number**  
81-0414143

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**E Telephone number**  
(406) 549-0543

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**F Accounting method** ☐ Cash ☒ Accrual  
☐ Other (specify) ☐

**H** and **I** are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(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 ☒ No

**I** Group Exemption Number ▶ \_\_\_\_\_

**M** Check ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,066,705

Form **990** (2005)

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 the instructions )

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 (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
	23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23	1,426,169	1,426,169	
	24 Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc . . . . .	25	37,485	33,736	3,749
26	Other salaries and wages . . . . .	26	147,008	138,720	7,460
27	Pension plan contributions . . . . .	27	4,563	3,422	1,004
28	Other employee benefits . . . . .	28	17,984	13,531	4,031
29	Payroll taxes . . . . .	29	20,803	15,642	4,645
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31	21,483	15,038	6,445
32	Legal fees . . . . .	32			
33	Supplies . . . . .	33	15,488	9,639	5,849
34	Telephone . . . . .	34	4,307	4,307	
35	Postage and shipping . . . . .	35	3,674	2,572	1,102
36	Occupancy . . . . .	36			
37	Equipment rental and maintenance . . . . .	37			
38	Printing and publications . . . . .	38	4,693	4,224	469
39	Travel . . . . .	39	6,199	6,199	
40	Conferences, conventions, and meetings . . . . .	40	355	355	
41	Interest . . . . .	41			
42	Depreciation, depletion, etc (attach schedule) <input type="checkbox"/>	42	27,424	24,682	2,742
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,935,255	1,794,218	107,100

**Joint Costs.** Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ **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 the instructions.)

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.

What is the organization's primary exempt purpose? ► PROVIDE EMERGENCY FOOD TO PEOPLE IN NEED	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> DURING THE FISCAL YEAR 2005-2006, THE MISSOULA FOOD BANK PROVIDED MEALS TO 12,689 INDIVIDUALS COMPOSED OF 4,737 UNDUPLICATED HOUSEHOLDS. EACH HOUSEHOLD WAS PROVIDED A 3-DAY SUPPLY OF FOOD.  (Grants and allocations \$ 71,911) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,794,218
<b>b</b> _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b> _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b> _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . ►	1,794,218

Part IV Balance Sheets (See the instructions.)

<b>Note:</b> 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 . . . . .	297,714	46	432,782
	47a	Accounts receivable . . . . .	47a		
	b	Less allowance for doubtful accounts	47b	2,585	47c
	48a	Pledges receivable . . . . .	48a	38,000	
	b	Less allowance for doubtful accounts	48b	50,270	48c 38,000
	49	Grants receivable . . . . .	3,709	49	16,806
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51a	Other notes and loans receivable (attach schedule) . . . . .	51a		
	b	Less allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use . . . . .	21,302	52	19,939
	53	Prepaid expenses and deferred charges . . . . .	4,138	53	4,226
	54	Investments—securities (attach schedule) . <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments—land, buildings, and equipment basis . . . . .	55a		
	b	Less accumulated depreciation (attach schedule) . . . . .	55b		55c
56	Investments—other (attach schedule) . . . . .	1,000	56 	1,000	
57a	Land, buildings, and equipment basis	57a 512,278			
b	Less accumulated depreciation (attach schedule) . . . . .	57b 134,475	377,323	57c 	377,803
58	Other assets (describe <input checked="" type="checkbox"/> )		58		
59	Total assets (must equal line 74) Add lines 45 through 58 . . . . .	758,041	59	890,556	
Liabilities	60	Accounts payable and accrued expenses . . . . .	8,202	60	9,267
	61	Grants payable . . . . .		61	
	62	Deferred revenue . . . . .		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a	Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b	Mortgages and other notes payable (attach schedule) . . . . .		64b	
	65	Other liabilities (describe <input checked="" type="checkbox"/> )		65	
	66	Total liabilities Add lines 60 through 65 . . . . .	8,202	66	9,267
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 . . . . .	690,960	67	790,471
	68	Temporarily restricted . . . . .	57,879	68	89,818
	69	Permanently restricted . . . . .	1,000	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, column (B) must equal line 21) . . . . .	749,839	73	881,289
	74	Total liabilities and net assets / fund balances Add lines 66 and 73 . . . . .	758,041	74	890,556

<b>Part IV-A</b> <b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> <i>(See the instructions.)</i>					
<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .			<b>a</b>	2,066,705
<b>b</b>	Amounts included on line <b>a</b> but not on line 12				
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>			
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>			
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>			
<b>4</b>	Other (specify) _____	<b>b4</b>			
	Add lines <b>b1</b> through <b>b4</b> . . . . .			<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .			<b>c</b>	2,066,705
<b>d</b>	Amounts included on line 12, but not on line <b>a</b>				
<b>1</b>	Investment expenses not included on line 6b . . . . .	<b>d1</b>			
<b>2</b>	Other (specify) _____	<b>d2</b>			
	Add lines <b>d1</b> and <b>d2</b> . . . . .		<b>d</b>		
<b>e</b>	<b>Total revenue</b> (line 12) Add lines <b>c</b> and <b>d</b> . . . . . ▶			<b>e</b>	2,066,705

<b>Part IV-B</b> <b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>					
<b>a</b>	Total expenses and losses per audited financial statements . . . . .			<b>a</b>	1,935,255
<b>b</b>	Amounts included on line <b>a</b> but not on line 17				
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>			
<b>2</b>	Prior year adjustments reported on line 20 . . . . .	<b>b2</b>			
<b>3</b>	Losses reported on line 20 . . . . .	<b>b3</b>			
<b>4</b>	Other (specify) _____	<b>b4</b>			
	Add lines <b>b1</b> through <b>b4</b> . . . . .			<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .			<b>c</b>	1,935,255
<b>d</b>	Amounts included on line 17, but not on line <b>a</b> :				
<b>1</b>	Investment expenses not included on line 6b . . . . .	<b>d1</b>			
<b>2</b>	Other (specify) _____	<b>d2</b>			
	Add lines <b>d1</b> and <b>d2</b> . . . . .		<b>d</b>		
<b>e</b>	<b>Total expenses</b> (line 17) Add lines <b>c</b> and <b>d</b> . . . . . ▶			<b>e</b>	1,935,255

<b>Part V-A</b> <b>Current Officers, Directors, Trustees, and Key Employees</b> (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) <i>(See the instructions.)</i>				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .				
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .			75b	No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			75c	No
d	Does the organization have a written conflict of interest policy? . . . . .			75d	No

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances















Part VI		Other Information <i>(See the instructions.)</i>		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			76	No
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			77	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			78a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .			78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .			79	No
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? . . . . .			80a	No
b	If "Yes," enter the name of the organization ► _____ _____ and check whether it is <input type="checkbox"/> exempt <b>or</b> <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions ) . . . . .			81a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .			81b	No

Part VI

Other Information (continued)

Yes

No

<b>82a</b> 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? . . . . .		<b>82a</b>		No
<b>b</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 in Part III) . . . . .		<b>82b</b>		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?		<b>83a</b>	Yes	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . .		<b>83b</b>	Yes	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		<b>84a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>84b</b>		
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? . . . . .		<b>85a</b>		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .		<b>85b</b>		
If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.				
<b>c</b> Dues assessments, and similar amounts from members . . . . .		<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures . . . . .		<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .		<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .		<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .		<b>85g</b>		
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .		<b>85h</b>		
<b>86 501(c)(7) orgs.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12 . . . . .		<b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities . . . . .		<b>86b</b>		
<b>87 501(c)(12) orgs.</b> Enter <b>a</b> Gross income from members or shareholders . . . . .		<b>87a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		<b>87b</b>		
<b>88</b> 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 301.7701-3? If "Yes," complete Part IX . . . . .		<b>88</b>		No
<b>89a 501(c)(3) organizations.</b> Enter Amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955 				
<b>b 501(c)(3) and 501(c)(4) orgs.</b> 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 . . . . .		<b>89b</b>		No
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . 				
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . 				
<b>90a</b> List the states with which a copy of this return is filed 				
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions) . . . . .		<b>90b</b>		7
<b>91a</b> The books are in care of  CYNTHIA LOTTY Telephone no  (406) 549-0543				
219 SOUTH 3RD WEST				
Located at  Missoula, MT ZIP + 4  59801				
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>91b</b>	Yes	No
If "Yes," enter the name of the foreign country 				
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts				
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States?		<b>91c</b>		No
If "Yes," enter the name of the foreign country 				
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> —Check here . . . . . 		<b>92</b>		
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 				

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
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 and temporary cash investments			14	10,590	
96	Dividends and interest from securities . . . .					
97	Net rental income or (loss) from real estate					
a	debt-financed property . . . . .					
b	non debt-financed property . . . . .					
98	Net rental income or (loss) from personal property					
99	Other investment income . . . . .					
100	Gain or (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)) . . . .				10,590	
105	Total (add line 104, columns (B), (D), and (E)) . . . . .					10,590

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 the instructions.)

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)
95	INCOME USED FOR OPERATIONS TO FEED PEOPLE IN NEED

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (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).

Please Sign Here

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.

\*\*\*\*\*

Signature of officer

Cynthia Lotty Executive Director

Type or print name and title

2006-10-11

Date

Paid Preparer's Use Only

Preparer's signature

GREGORY PECK

Date

Check if self-employed ☒

Preparer's SSN or PTIN (See Gen Inst W)

Firm's name (or yours if self-employed), address, and ZIP + 4

JUNKERMIERCLARKCAMPANELLASTEVENSON PC

PO BOX 16237

MISSOULA, MT 59808

EIN

Phone no (406) 549-4148



SCHEDULE A  
(Form 990 or  
990EZ)

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
MISSOULA FOOD BANK

Organization Exempt Under Section 501(c)(3)  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Employer identification number

81-0414143

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees  
(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 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See page 2 of the instructions. List each one (whether individual 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 ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include 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 ►\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )	1	No
	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		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) ☒		
a	Sale, exchange, or leasing property?	2a	No
b	Lending of money or other extension of credit?	2b	No
c	Furnishing of goods, services, or facilities?	2c	No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes
e	Transfer of any part of its income or assets?	2e	No
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	3a	No
b	Do you have a section 403(b) annuity plan for your employees?	3b	No
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	No
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	No
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	No

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	
The organization is not a private foundation because it is (Please check only <b>ONE</b> applicable box )	
5	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V )
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9	<input type="checkbox"/> 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	<input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A )
11a	<input checked="" type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A )
11b	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A )
12	<input type="checkbox"/> An organization that normally receives <b>(1) more than 33 1/3%</b> of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and <b>(2) no more than 33 1/3%</b> 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 <b>Support Schedule</b> in Part IV-A )
13	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in <b>(1)</b> lines 5 through 12 above, or <b>(2)</b> sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 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	<input type="checkbox"/> 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	405,124	333,187	484,214	313,026	1,535,551
16	Membership fees received					0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					0
18	Gross income from interest, dividends, amounts received from payments on securities loans (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	4,140	3,172	5,049	7,383	19,744
19	Net income from unrelated business activities not included in line 18					0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23	Total of lines 15 through 22	409,264	336,359	489,263	320,409	1,555,295
24	Line 23 minus line 17	409,264	336,359	489,263	320,409	1,555,295
25	Enter 1% of line 23	4,093	3,364	4,893	3,204	
26	<b>Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24				26a	31,106
b	Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts				26b	0
c	Total support for section 509(a)(1) test Enter line 24, column (e)				26c	1,555,295
d	Add Amounts from column (e) for lines	18 19,744	19 0		26d	19,744
		22	26b 0		26e	1,535,551
e	Public support (line 26c minus line 26d total)				26f	9873 05 %
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27	<b>Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year (2004) (2003) (2002) (2001)					
b	For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of <b>(1)</b> the amount on line 25 for the year or <b>(2)</b> \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals ) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in <b>(1)</b> or <b>(2)</b> , enter the sum of these differences (the excess amounts) for each year (2004) (2003) (2002) (2001)					
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 from 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	<b>Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant <b>Do not file this list with your return.</b> Do not include these grants in line 15					


Part V Private School Questionnaire (See page 7 of the instructions.)


(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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?	29	Yes	No
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?	30		
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 )	31		
32	Does the organization maintain the following	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32b		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32c		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d		
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	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	33a		
a	Students' rights or privileges?	33b		
b	Admissions policies?	33c		
c	Employment of faculty or administrative staff?	33d		
d	Scholarships or other financial assistance?	33e		
e	Educational policies?	33f		
f	Use of facilities?	33g		
g	Athletic programs?	33h		
h	Other extracurricular activities?			
	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?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
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 9 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)


Check  **a** ☐ if the organization belongs to an affiliated group

Check  **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
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— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div><div>Not over \$500,000</div><div>Over \$500,000 but not over \$1,000,000</div><div>Over \$1,000,000 but not over \$1,500,000</div><div>Over \$1,500,000 but not over \$17,000,000</div><div>Over \$17,000,000</div></div><div><div>20% of the amount on line 40</div><div>\$100,000 plus 15% of the excess over \$500,000</div><div>\$175,000 plus 10% of the excess over \$1,000,000</div><div>\$225,000 plus 5% of the excess over \$1,500,000</div><div>\$1,000,000</div></div></div>	41	
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 11 of the instructions )

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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 11 of the instructions.)

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	Yes	No	Amount
<b>a</b> Volunteers		No	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)		No	
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- (i) Cash
- (ii) Other assets

- (i)** Sales or exchanges of assets with a noncharitable exempt organization
- (ii)** Purchases of assets from a noncharitable exempt organization
- (iii)** Rental of facilities, equipment, or other assets
- (iv)** Reimbursement arrangements
- (v)** Loans or loan guarantees
- (vi)** Performance of services or membership or fundraising solicitations

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
<b>51a(i)</b>		No
<b>a(ii)</b>		No
<b>b(i)</b>		No
<b>b(ii)</b>		No
<b>b(iii)</b>		No
<b>b(iv)</b>		No
<b>b(v)</b>		No
<b>b(vi)</b>		No
<b>c</b>		No

[illegible]

☐ Yes ☒ No

**b** If "Yes," complete the following schedule

[illegible]

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ROBERTA STENGEL 101 EVANS ST MISSOULA, MT 59801	BOD 0 00	0	0	0
ELENA ZLATNIK 500 N HIGGINS AVE STE 106 MISSOULA, MT 59802	BOD 0 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
MARK CONNELL 502 W SPRUCE ST MISSOULA, MT 59802	BOD 0 00	0	0	0
HEIDI DEARMENT 114 W PINE ST MISSOULA, MT 59802	BOD 0 00	0	0	0
DANIEL D DISCH PO BOX 437 FRENCHTOWN, MT 59834	BOD 0 00	0	0	0
LIZ DYE 319 E BROADWAY MISSOULA, MT 59802	BOD 0 00	0	0	0
JOHN WHART 301 BURLINGTON MISSOULA, MT 59801	BOD 0 00	0	0	0
JOHN A KAPPES 1345 W BROADWAY MISSOULA, MT 59802	BOD 0 00	0	0	0
EMILY LUTGEN 301 WALDER MISSOULA, MT 59802	BOD 0 00	0	0	0
JUDY SATHER PO BOX 4667 MISSOULA, MT 59806	BOD 0 00	0	0	0
ANDY SHOTT 336 CONNELL ST MISSOULA, MT 59801	BOD 0 00	0	0	0
FRED SIMPSON PO BOX 8569 MISSOULA, MT 59807	BOD 0 00	0	0	0



**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CYNTHIA LOTTY 219 S Third West MISSOULA, MT 59801	EXECUTIVE DIRECTOR 40 00	37,485	0	0
CHRIS SIEGLER 300 N HIGGINS AVE MISSOULA, MT 59802	BOD PRESIDENT 0 00	0	0	0
SARAH MCMILLAN PO BOX 7435 MISSOULA, MT 59807	BOD VICE PRESIDENT 0 00	0	0	0
CHARLIE BEATON 631 S HIGGINS AVE MISSOULA, MT 59801	BOD SECRETARY 0 00	0	0	0
CONNIE VOTH 3819 STEPHENS AVE MISSOULA, MT 59801	BOD TREASURER 0 00	0	0	0
LINDA RAYFIELD 2610 N RESERVE ST MISSOULA, MT 59808	BOD AT-LARGE 0 00	0	0	0
GREG NEMOFF 825 COOPER ST MISSOULA, MT 59802	BOD PROGRAM EXECUTIVE 0 00	0	0	0
KEN ALLEN PO BOX 819 MISSOULA, MT 59806	BOD 0 00	0	0	0
ANNE BERTSCHE 463 SPAINISH PEAKS MISSOULA, MT 59801	BOD 0 00	0	0	0
DALE BICKELL 275 KENSINGTON AVE MISSOULA, MT 59801	BOD 0 00	0	0	0

Additional Data

Software ID:  
Software Version:  
EIN: 81-0414143  
Name: MISSOULA FOOD BANK

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> ADVERTISING	<b>43a</b>	1,226	1,226		
<b>b</b> DUES AND MEMBERSHIPS	<b>43b</b>	1,808	1,627	181	
<b>c</b> EQUIPMENT EXPENSE	<b>43c</b>	2,594	2,594		
<b>d</b> FOOD PURCHASE	<b>43d</b>	101,897	101,897		
<b>e</b> INSURANCE	<b>43e</b>	9,659	8,693	966	
<b>f</b> MISCELLANEOUS	<b>43f</b>	3,014	3,014		
<b>g</b> RENT	<b>43g</b>	31,786	11,125	19,072	1,589
<b>h</b> REPAIRS AND MAINTENANCE	<b>43h</b>	1,638	1,638		
<b>i</b> TAXES - CITY/COUNTY	<b>43i</b>	3,679	1,288	2,207	184
<b>j</b> UTILITIES	<b>43j</b>	14,104	11,283	2,821	
<b>k</b> VEHICLE EXPENSE	<b>43k</b>	1,145	1,031	114	
<b>l</b> VOLUNTEER AND PUBLIC RELATIONS	<b>43l</b>	1,386	1,386		
<b>m</b> FUND-RAISING EXPENSES	<b>43m</b>	18,496			18,496
<b>n</b> DONATED SERVICES EXPENSED	<b>43n</b>	1,220	1,220		
<b>o</b> CHARITABLE CONTRIBUTIONS	<b>43o</b>	3,968	3,968		

Form **4562**  
(Rev. January 2006)  
Department of the Treasury  
Internal Revenue Service

Depreciation and Amortization  
(Including Information on Listed Property)

▶ See separate instructions.    ▶ Attach to your tax return.

OMB No 1545-0172

**2005**

Attachment  
Sequence No **67**

Name(s) shown on return MISSOULA FOOD BANK	Business or activity to which this form relates  Form 990 Page 2	Identifying number  81-0414143
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Part I Election to Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	\$105,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$420,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562 . . . . .	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13 Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12 .▶	13	

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

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

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	27,424

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

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2005 . . . . .	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .▶		

Section B—Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28 . . . . .	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr . . . . .	22	27,424
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? Yes No

24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special allowance for for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI

Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year (see instructions)					
43 Amortization of costs that began before your 2005 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

TY 2005 Individual Assistance Schedule

**Name:** MISSOULA FOOD BANK

**EIN:** 81-0414143

Class of Activity	Amount
FOOD PROVIDED FOR FAMILIES IN NEED	1,426,169

TY 2005 Investments - Other Schedule

**Name:** MISSOULA FOOD BANK

**EIN:** 81-0414143

Description	Book Value	Cost/FMV
ENDOWMENT FUND	1,000	C

TY 2005 Land etc. Schedule

Name: MISSOULA FOOD BANK  
EIN: 81-0414143

Category /Item	Cost/Other Basis	Accumulated Depreciation	Book Value
DECK AREA REMODEL	16,017	4,805	11,212
ADDITIONAL BUILDING IMPROVEMENT	390	113	277
WIRING	405	97	308
HANDICAP DOOR	3,378	788	2,590
PHONE SYSTEM	2,338	545	1,793
GARLAND ELECTRIC	1,518	327	1,191
DOWN RIGHT FLOORING CARPET INSTALL	856	844	12
BUILDING	77,925	39,908	38,017
INTERIOR PAINT	174	85	89
OFFICE DESK	100	100	0
VCR	100	100	0
REFRIGERATOR	300	300	0
WAITING ROOM BENCHES	150	150	0
WAREHOUSE IMPROVEMENTS	129	61	68
FRONT DOOR	180	84	96
PRODUCE STATION	3,500	1,622	1,878
HEATING SYSTEM	1,700	1,331	369
FOOD BANK TRUCK	7,458	7,458	0
COMPUTER	350	350	0
DISHWASHER	450	450	0
COMPUTER UPGRADE	442	442	0
PROJECTOR AND CAROUSEL	500	464	36
SCALE	825	727	98
COOLER	3,000	2,608	392
MOUNTAIN VIEW SUPPLY COOLER	2,638	2,261	377
MODERN TOUR RETER UNIT	2,980	2,377	603
BEST BUY COMPUTER SYSTEM	954	954	0
BEST BUY COMPAQ COMPUTER	913	898	15
LAND	26,000		26,000
NEWMAN'S OWN DONATED TRUCK	37,000	26,869	10,131
2 COMPUTERS	2,098	2,098	0
KIRBY VACUUM	400	400	0
TOSHIBA COPIER	1,850	1,850	0
COMPUTER & MONITOR	780	780	0
DISHWASHER	1,500	1,410	90
DELL COMPUTER	1,123	1,049	74
COOLER	1,000	691	309
FREEZER	630	599	31
PHONE SYSTEM	2,350	1,880	470
HANDICAPPED ACCESSIBLE DOOR	4,205	2,704	1,501
COPIER E STUDIO 250 CTC313040	2,925	1,804	1,121
Scale	1,692	363	1,329
BUILDING REMODEL	245,230	9,432	235,798
Building Remodel	23,775	9,510	14,265
Kitchen Equipment	789	169	620
Computer equipment	100	30	70
Phone system	1,055	226	829
Signs	145	44	101
Equipment install	58	12	46
Dell Computer	1,023	102	921
Norlift	7,850	841	7,009
3-door Freezer	3,850	504	3,346
Door to cooler	2,650	315	2,335
2-door Freezer	2,870	376	2,494
Refrigerator unit for truck	8,600	143	8,457
Building REMODEL	1,060	25	1,035

# **TY 2005 Officer Compensation Schedule**

**Name:** MISSOULA FOOD BANK

**EIN:** 81-0414143

**CYNTHIA LOTTY**

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	37,485		
Fundraising			



TY 2005 Self Dealing Statement

**Name:** MISSOULA FOOD BANK

**EIN:** 81-0414143

Line Number	Explanation
2d	See Part V-A, Form 990.