orm	990
-----	-----

#### (

F

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

orm	33	U	Lindan		) 507 of 4047(a)							2019
		/ 2020)	► Do				the Internal Revenue I <b>mbers on this fo</b>					Open to Public
		of the Treasury nue Service	·			-	or instructions a		-	-		Inspection
A F	or the	e 2019 caler	dar year, or ta		-				19, and			, 20
_			C Name of orga		-	VAI	LLEY FARM 7	,	,		over ic	dentification number
Ad	dress o	change	Doing busine							-	-	3528080
Na	me cha	ange	<u> </u>		ox if mail is not d	eliver	ed to street address)		Room/			
-	ial retu		РО ВОХ 5									-219-1010
Fin	al retu	-			vince. country	. and	d ZIP or foreign p	ostal cod	de			
L ter	minate	d	BOZEMAN		, ,	,				G Gross recei		263,560
Am	ended	return		bordinates? Yes X No								
Ap	plicatio	on pending	F Name and SEE ATTA						H(b) A	re all subordinates	include	ed? Yes No
I Ta	x-exe	mpt status:	X 501(c)(3)	501(c)(	) ◀ (insert r	10.)	4947(a)(1) or	527	l f	"No," attach a list	. (see in:	structions)
		•	.GVFARMT			,			1	roup exemption n		
			Corporation	Trust	Association	Ot	her 🕨	L Yea	r of format		1	tate of legal domicile: MT
	rt I	Summa								2000	1	
	1		ribe the organiz	zation's mis	sion or most s	ianifi	cant activities:					
	то	-	-			-		S AN	וידי ס	RONG CON	/MIIN	NITIES BY
ЭС							RODUCERS					
nai								<u></u>				1101011111111
Activities & Governance	2	Check this	hox ▶ if the	organizatio	n discontinue	d ite i	operations or disp	nosed of	more the	an 25% of its ne	at accet	 te
ဗီ	3						VI, line 1a)				3	11
š	-		4	11								
tië	4	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a)										11
tivi	5				5	200						
Ac	6				• •		(0) line 10				6	200
	7a						(C), line 12				7a	0
	b	Net unrelati	ed business tax	cable incom	e from Form 9	90-1	, line 39				7b	
		<b>•</b> • • • •		<b>B</b>						Prior Year	,822	Current Year
ue	8											
Revenue	9	-	-							40	,611	54,501
Ве	10						7d)				100	
	11						10c, and 11e) · ·				,122	
	12						t VIII, column (A),			211	,555	263,560
	13					-	es 1–3)					
	14			•	,		. 4)					
es	15		•				(, column (A), line			148	<b>,</b> 753	3 178,435
səsue	16a	Professiona	al fundraising fe	es (Part IX,	column (A), lir	ne 11	e)					
Expe	b	Total fundra	aising expenses	s (Part IX, c	olumn (D), line	25)	▶	55,3	311			
ш	17	Other expe	nses (Part IX, c	olumn (A),	lines 11a-11d,	11f-	·24e) · · · · · · · · ·				<b>,</b> 252	
	18	Total exper	nses. Add lines	13–17 (mus	st equal Part IX	(, col	umn (A), line 25)				,005	
	19	Revenue le	ss expenses. S	ubtract line	18 from line 1	2 · ·				16	,550	35,584
s"-"	,								в	eginning of Curre	nt Year	End of Year
Net Assets or Fund Balances	20	Total assets	s (Part X, line 16	16)			231	,358	3 238,173			
AT Z	21	Total liabilit	ies (Part X, line	26)						31	,865	5 11,374
₽°°	22	Net assets	or fund balance	es. Subtract	line 21 from li	ne 20	D			199	,493	3 226,799
Par		Signat	ure Block						1			<u>.</u>

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

Sign	/	Signature of officer					[	Date	
Here		<u>D JUSTIN HARING</u>							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	Date		Check	if	PTIN	
Paid	DAVID HARING				self-employed P01858057				
Preparer		Firm's name ► H AND R BI		Firm's EIN ▶ 800860695					
Use Only		Firm's address ▶ 2855 N 19	TH AVE		Phone no.			_	
		BOZEMAN MT 59718	(4	06)57	7-2	2600			
May the IRS of	diso	cuss this return with the preparer show	n above? (see instructions)					···· X Yes No	_
For Paperwo	rk	Reduction Act Notice, see the separ	ate instructions.					Form <b>990</b> (2019	)

221 III Statement of Program Service Accomplishments         Check if Schedule 0. Contains a response on note to any line in the Part III         1       Briefly describe the organization's mission.         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form sets or gen-E22.         2       Did the organization case conducting, or make significant changes in how it conducts, any program services.         3       Did the organization case conducting, or make significant changes in how it conducts, any program services.         4       State these changes on Schedule 0.         4       Texes:       State these changes on Schedule 0.         5       State these changes on Schedule 0.       Item texes:         4       State:       ) (General:       State:         5       100,020       State:       State:         4       State:       ) (General:       State:         4       State:       State:	Form	990 (2019) GALLATIN VALLEY FARM TO SC 45-3528080	Page <b>2</b>
1       Briefly deaching the organization mission: TO CONNECT SCHOOLS AND LOCAL PRODUCERS IN THE GALLATIN VALLEY          2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 280 or 980-E27	Par		_
To CONNECT SCHOOLS AND LOCAL PRODUCERS IN THE GALLATIN VALLEY         2       Did the organization cases conducting, or make significant program services during the year which were not listed on the prof FORM 900 990-927			
prior Form 390 or 930 or 930-E27       □ Yes       ☑ N         If "Yes," describe these we services on Schedule 0.       3       Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Schedule 0.       Yes       ☑ N         If "Yes," describe the organization's program service accompliations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.       Yes       ☑ N         4a (Code:) (expenses \$	1		
If "Yes," describe these new services on Schedule 0.       Image: Science of the services of the significant changes in how it conducts, any program services, as measured by expenses, accomplation cascomplationers for each of its three largest program services, as measured by expenses, and revenues, tank, the rotal expenses, the rotal expenses, the rotal expenses, and revenues, tank, the rotal expenses, the rotal expenses, the rotal expense is a structure in the rotal expenses, the rotal expense, the rotal expenses, the rotal expense, the rotal expense is a rotal expense, the rotal expense is a rotal expense is a rotal expense.	2		
services?			es 🛛 🕅 No
<ul> <li>4 Describe the organization's program service accompliatments for each of its three largest program services are neasured by expenses, sectors 50(10) and 501(c)40 a</li></ul>	3	services?	es 🛛 🕅 No
SEE ATTACHMENT #2         4b (code:) (Expenses30,960 including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)         4c (code:) (Expenses \$51,380 including grants of \$) (Revenue \$	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others,	
4c       (Code:) (Expenses \$\$11,380 including grants of \$) (Revenue \$)	4a		5,768)
4c       (Code:) (Expenses \$\$11,380 including grants of \$) (Revenue \$)			
4c       (Code:) (Expenses \$\$11,380 including grants of \$) (Revenue \$)			
4c       (Code:) (Expenses \$\$11,380 including grants of \$) (Revenue \$)			
4c       (Code:) (Expenses \$\$11,380 including grants of \$) (Revenue \$)			
4d       Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ▶ 144,422	4b	(Code:) (Expenses \$30,960 including grants of \$) (Revenue \$	10,040)
4d       Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ▶ 144,422			
4d       Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ▶ 144,422			
4d       Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ▶ 144,422			
4d       Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ▶ 144,422			
(Expenses \$ including grants of \$ ) (Revenue \$ )       4e Total program service expenses > 144,422	4c	(Code:) (Expenses \$51, 380 including grants of \$) (Revenue \$)	)
(Expenses \$ including grants of \$ ) (Revenue \$ )       4e Total program service expenses > 144,422			
(Expenses \$ including grants of \$ ) (Revenue \$ )       4e Total program service expenses > 144,422			
(Expenses \$ including grants of \$ ) (Revenue \$ )       4e Total program service expenses > 144,422			
(Expenses \$ including grants of \$ ) (Revenue \$ )       4e Total program service expenses > 144,422			
		(Expenses \$ including grants of \$ ) (Revenue \$	)
FUE IN MARK DWEMMU FORM SOLWARELONVOOT 1995 - 2020 BBB (22/07/00) INC			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III N / A	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		v
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted	9		
10	endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			5.7
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		23	
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the examination operate and or more bespital facilities? If "Vec." complete Schodule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? $N/A$	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

i ai			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part in	21		
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"			
-	complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	<b>0</b> 0 -		37
•••	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
21	conservation contributions? If "Yes," complete Schedule M	30 31		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701–2 and 301.7701–3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	55		
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35a		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Ju		23
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	ĺ
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		Х

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

Part						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change					
Secti	Check if Schedule O contains a response or note to any line in this Part VI					
0000	on A. dovenning body and management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11		-
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	-	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	•				
	any other officer, director, trustee, or key employee?			· 2		Х
3	Did the organization delegate control over management duties customarily performed by or under	er the	direct			
	supervision of officers, directors, or trustees, or key employees to a management company or oth	•				Х
4	Did the organization make any significant changes to its governing documents since the prior Fo					Х
5	Did the organization become aware during the year of a significant diversion of the organization's					X
6	Did the organization have members or stockholders?			• 6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect			_		37
	one or more members of the governing body?			· 7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?			76		v
0	Did the organization contemporaneously document the meetings held or written actions undertail			7b		Х
8	the year by the following:		ining			
а	The governing body?			- 8a	X	
b	Each committee with authority to act on behalf of the governing body?				X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be			0.0	21	
Ŭ	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Interna				1	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of suc					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	ourpos	es? · · · · · N·/ A	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the for	m?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests th		•			
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? I					
40	describe in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?				X	
14 15	Did the organization have a written document retention and destruction policy?			. 14	X	
15	Did the process for determining compensation of the following persons include a review and apprint independent persons, comparability data, and contemporaneous substantiation of the deliberation of the deli		-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization				X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				21	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrar	ngeme	ent			
	with a taxable entity during the year?	-		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva					
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	feguar	d the			
	organization's exempt status with respect to such arrangements?		· · · · · · · · · · · · · · · · · · ·	16b		
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ <u>MT</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 99	0, and	d 990-T (Section 5	601(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that a					
	Own website Another's website X Upon request Other (explain in Sch	edule	O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents	s, con	flict of interest poli	cy, and		
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's	s book	s and records			
	SEE ATTACHMENT #3					

GALLATIN VALLEY FARM TO SC

45-3528080

Form 990 (2019)

Page 6

Form 990 (2019)	GALLATIN	VALLEY FAR	M TO SC	45-3528080	
Part VII Compe	nsation of Of	ficers, Directors	, Trustees, Ke	ey Employees, Highest Compensated	

Employees, and Independent Contractors

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Section A.

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

(A)	(B)			(0	C)	Joinpoin	Jaioa	(D)	(E)	(F)
Name and title	Average hours per		<b>Position</b> (do not check more than one box, unless person is both an			Reportable	Reportable	Estimated		
	keek (list any hours for related organiza- tions below	Individual trustee or director	officer Institutional trustee	Officer	Key employee	trustee) Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W–2/1099–MISC)	amount of other compensation from the organization and related
	dotted line)	æ	tee			sated				organizations
PHIL SARNOFF	40.00				x			8,112	0	0
EXECUTIVE DIRECTOR										
BARB PIERRE	2.00			x				0	0	0
CHAIR										
CHERYL MOORE GOUGH	1.00			X				0	0	0
SECRETARY										
STEFANY KAY	1.00	x						0	0	0
DIRECTOR										
DALTON MCCURDY	1.00			x				0	0	0
VICE CHAIR										
CHRISTINA ANGELL	1.00			x				0	0	0
TREASURER										
ADRIAN ADVINCULA	1.00	x						0	0	0
DIRECTOR										
INGRID ANDERSON	1.00	x						0	0	0
DIRECTOR										
GRAHAM AUSTIN	1.00	x						0	0	0
DIRECTOR										
KELLY HAYDEN	1.00	x						0	0	0
DIRECTOR		v								
CLAUDIA CREVAT	1.00	x						0	0	0
DIRECTOR	1 0 0	x		-						
HILLARY LAFOLEY	1.00	^						0	0	0
DIRECTOR	40.00					x		41.001		
SAM BLOMQUIST	40.00					^		41,371	0	0
EXECUTIVE DIRECTOR	1 0 0	x								
AUBREE ROTH	1.00	^						0	0	0
DIRECTOR										<b>– – – – – – – – – –</b>

Form 990 (2019)

Part	VII Section A. Officers	, Directors	s, Truste	ees, K	ey En	nploye	es, and	Highe	est Compensated E	mployees (continu	ed)		
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per		box, un	iless pe	tion more th rson is	nan one both an (trustee)		<b>(D)</b> Reportable	<b>(E)</b> Reportable compensation		(F) stimated nount o	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	fr org an	other opensations the anization d relate anization	on d
	ALSENTZER CTOR	1.00	x						0		0		0
KARI	N NEFF	1.00	х						0		0		0
DIRE	CTOR												
1b	Subtotal								49,483				
c	Total from continuation sh		rt VII, S	ectior	י א. י		 						
d	Total (add lines 1b and 1c)								49,483				
2	Total number of individuals ( reportable compensation from				to thos	se liste	d above	) who	received more than	\$100,000 of			
3	Did the organization list any	former off	icer. dire	ector. (	or trus	tee. ke	ev emplo	vee. o	r highest compensat	ed		Yes	No
	employee on line 1a? If "Yes	," complete	Sched	ule J f	or suc	h indiv	vidual .				3		Х
4	For any individual listed on li												57
5	organization and related orga Did any person listed on line										4		X
	for services rendered to the						-		-		5		Х
Sectio	n B. Independent Contractor												
1	Complete this table for your compensation from the organ								r ending with or withi				
	Name and	(A) business	address	;					<b>(B)</b> Description of se	ervices		( <b>C)</b> ensatio	n
2	Total number of independen received more than \$100,000		•	•				e liste	d above) who				

FDA 19 9908 BWF 990 Form Software Copyright 1996 – 2020 HRB Tax Group, Inc.

		Check if Schedule O co		-	onse or	note to any line in th	is Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns			1a			revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues			1b					
۵̈́Ĕ	-	Fundraising events			10	27,845	-			
ifts r A		Related organizations			1d	· · ·	-			
oila		Government grants (contri			1e	38,239	-			
Sin	-	9 (		,	IE	,	-			
er utio	· ·	All other contributions, gift similar amounts not includ			1f	142 <b>,</b> 975				
<u>ę</u> Ę		Noncash contributions include				,	-			
<u>S</u> P	-						209,059			
a C	n	Total. Add lines 1a-1f					2037003			
		DDOODAM THOON	<i>1</i>			Business Code	54,501	54,501		
ice		PROGRAM INCOM	1E				54,501	34,301		
Program Service Revenue	b									
N Sin	С									
eve	d									
<u>o</u> g	е									
ā	f	All other program service					54.504			
	g	Total. Add lines 2a-2f					54,501			
	3	Investment income (includ	-							
		other similar amounts)	• • • •			•••••••••••••••••				
	4	Income from investment o	of tax	-exempt	bond pi	oceeds · · · · · · · · ·				
	5	Royalties								
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss	)							
				(i) Secu	rities	(ii) Other				
	7a	Gross amount from sales								
		of assets other than inventory	7a							
	ь	Less: cost or other basis					-			
		and sales expenses	7b							
	с	Gain or (loss)	7c				-			
		Net gain or (loss)		1						
		Gross income from fundra								
e	Ju	(not including \$	lonig	27,	845					
nu		of contributions reported of	on lir	ne 1c).						
eve		See Part IV, line 18		,	8a					
Other Revenue	ь	Less: direct expenses					-			
the		Net income or (loss) from			L					
0		Gross income from gamin		•						
		See Part IV, line 19	•		9a					
	ь	Less: direct expenses					-			
		Net income or (loss) from				<b>▶</b>				
		Gross sales of inventory, l	-	ing douvi						
	loa	returns and allowances			109					
	h	Less: cost of goods sold								
		•			L					
	6	Net income or (loss) from	Sale	5 UT ITIVEI	1101 y · · ·					
sn	11-					Business Code				
e e	11a									
enu	b									
Miscellaneous Revenue	C.									
ΞË		All other revenue								
		Total. Add lines 11a-11d					263,560	54,501		
	12	Total revenue See instru	inting	20			203,300	34,3U1		1

### Part IX Statement of Functional Expenses

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

Do r 8b, 9	not include amounts reported on lines 6b, 7b, bb, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals. See Part IV,				
	lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	148,263	102,518	1,690	44,05
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11 <b>,</b> 154	11,154		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7 <b>,</b> 500	7,125	56	31
10	Payroll taxes	11,518	8,066	122	3,32
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	6,814	4,343	21	2,45
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	3 <b>,</b> 953	3,953		
12	Advertising and promotion	850	686	23	14
13	Office expenses	14,616	10,830	32	3,75
14	Information technology	4,862	3,680	31	1,15
15	Royalties				
16		8,370	8,370		
17	Travel	940	923	4	1
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	563	482		8
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
22 23		8,265	8,265		
23 24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	-				
~	(A) amount, list line 24e expenses on Schedule O.)	308	287		1
a h	MISCELANEOUS		207		1
b					
С с					
d					
e	All other expenses	227,976	170,682	1,982	55,31
25	Total functional expenses. Add lines 1 through 24e	221,910	±/0,002	1,902	JJ, JI
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2	019)	GALL
Part X	Balance	Sheet

			(A)		(B)
			Beginning of year		End of year
	1	Cash non-interest-bearing	231,358	1	238,173
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
SIS	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
.	11	Investments publicly traded securities		11	
	12	Investments other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	231,358	-	238,173
-	17	Accounts payable and accrued expenses	6,865	-	11,374
	18	Grants payable	0,000	18	
	10	Deferred revenue	25,000	19	
			20,000	-	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
12	24	Unsecured notes and loans payable to unrelated third parties		24	
1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
2	26	Total liabilities. Add lines 17 through 25	31,865	26	11,374
		Organizations that follow FASB ASC 958, check here ► 🔀			
Ces		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	161,593	27	188,899
n n	28	Net assets with donor restrictions	37 <b>,</b> 900	28	37,900
		Organizations that do not follow FASB ASC 958, check here			
2		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
Set(	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
AS:	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets of Fund Balances	32	Total net assets or fund balances	199 <b>,</b> 493	32	226,799
	33	Total liabilities and net assets/fund balances	231,358	33	238,173
A		99011 BWF 990 Form Software Copyright 1996 – 2020 HRB Tax Group, Inc.			Form <b>990</b> (2019

Form	990 (2019) GALLATIN VALLEY FARM TO SC 45-352808	0		Pag	e <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12) 1				,560
2	Total expenses (must equal Part IX, column (A), line 25) 2				,976
3	Revenue less expenses. Subtract line 2 from line 1 3				,584
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			199	,493
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments			-8	,277
9	Other changes in net assets or fund balances (explain in Schedule O) 9				-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B)) 10	1		226	,799
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🔀 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	N./.A.	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	N/A	3b		
FDA	<b>19 99012</b> BWF 990 Form Software Copyright 1996 – 2020 HRB Tax Group, Inc.		Form	990 (	2019)

### SCHEDULE A

(Form 990 or 990-EZ)

### Public Charity Status and Public Support

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

OMB No. 1545-0047

	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.	2019	
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest informatio</li> </ul>	on.	Open to Public Inspection
Name of the organization		Employer iden	tification number
GALLATIN VALL	EY FARM TO SCHOOL	45-35280	80
Part I Reason f	or Public Charity Status (All organizations must complete this part.) See ir	nstructions.	
The organization is not a p	ivate foundation because it is: (For lines 1 through 12, check only one box.)		
1 A church, conven	tion of churches, or association of churches described in section 170(b)(1)(A)(i).		
2 A school describe	d in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)		
3 A hospital or a co	$\alpha$		

	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state:
- | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 7  $oxtime{X}$  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

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

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

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

Enter the number of supported organizations f

g	Provide the following	information abou	it the supported	l organization(s	3).
---	-----------------------	------------------	------------------	------------------	-----

g i ternae ane terre	ing memalen abea	and capperted organization(	e).																																							
(i) Name of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	Redeald the second		listed in your		listed in your		listed in your		listed in your		listed in your		listed in your		listed in your		listed in your		listed in your		listed in your		listed in your		listed in your		listed in your		listed in your		listed in your		listed in your		listed in your		listed in your		(V) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		· · · · · ·	Yes	No																																						
(A)																																										
(B)																																										
(C)																																										
(D)																																										
(E)																																										
Total																																										

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

Schedule A (Form 990 or 990-EZ) 2019

### Schedule A (Form 990 or 990-EZ) 2019 GALLATIN VALLEY FARM TO SC 45-3528080

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			,			
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	62 <b>,</b> 451	108,697	131,678	153 <b>,</b> 696	187,161	643,683
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	62,451	108,697	131,678	153,696	187,161	643,683
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						39,000
6	Public support. Subtract line 5 from line 4.						604,683
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	62,451	108,697	131,678	153,696	187,161	643,683
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						643,683
12	Gross receipts from related activities, etc. (see	instructions)				12	76 <b>,</b> 399
13	First five years. If the Form 990 is for the org						-
	organization, check this box and stop here						
<u>Sec</u>	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (line 6, co					14	93.94 %
15	Public support percentage from 2018 Schedu	le A, Part II, line <sup>-</sup>	14 • • • • • • • • • • •		· · · · · · · · · · · · [	15	53.66%
16a	331/3% support test 2019. If the organizat box and stop here. The organization qualifies						►
b	33 <sup>1</sup> /3% support test 2018. If the organization this box and stop here. The organization qua						 ▶ []
17a	<b>10%-facts-and-circumstances test 2019</b> 10% or more, and if the organization meets th Part VI how the organization meets the "facts-	e "facts-and-circ	cumstances" test	t, check this box	and stop here.	Explain in	ization 🕨 🗌
b	<b>10%-facts-and-circumstances test 2018</b> more, and if the organization meets the "facts- organization meets the "facts-and-circumstan	-and-circumstan	ces" test, check	this box and sto	<b>p here.</b> Explain	in Part VI how th	e . 🗆
18	Private foundation. If the organization did no	t check a box on	i line 13, 16a, 16	b, 17a, or 17b, cl	heck this box an	d see instructions	s▶
FDA	<b>19 990A2</b> BWF 990 Form Software Co	oyright 1996 – 2020	HRB Tax Group, In	с.	Schedule	A (Form 990 or	990-EZ) 2019

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors <ul> <li>Attach to Form 990, Form 990-EZ, or Form 990-PF.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		OMB No. 1545-0047
Name of the organization		Employer	identification number
GALLATIN VALL	EY FARM TO SCHOOL	45-352	8080
Organization type (check	one):		
Filers of:	Section:		
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( 3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		

501(c)(3) taxable private foundation

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

#### General Rule

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>8</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Forn	n 990, 990–EZ,	or 990-PF	-) (201	9) GALLATIN	VALLEY	FARM	TO	SC	45	-3	Page <b>2</b>
Name of organiza	ation									Employ	ver identification number
GALLATIN	VALLEY	FARM	ТО	SCHOOL						45-3	528080

(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	US DEPT OF AGRICULTURE 2229 BOOT HILL CT	-		Person X Payroll
	BOZEMAN, MT 59718	_   \$	24,498	Noncash U (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2	NEW PRIORITIES FOUNDATION	_		Person
	2450 KITTREDGE LP RD BOULDER, CO 80309	\$	20,000	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Fotal contributions	(d) Type of contribution
3	TURNER FOUNDATION			Person X
	133 LUCKIE ST NW 2ND FL ATLANTA, GA 30303	\$	19,000	Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	-	(c) Fotal contributions	(Complete Part II for noncash contributions. (d) Type of contribution
	THE MYSUN CHARITABLE FOUNDATION			
4	PO BOX 11356 SAINT LOUIS, MO 63105	-   \$	7,500	Person 🛛 Payroll Noncash
		_		(Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4 THE MOREY FOUNDATION		(c) Fotal contributions	(d) Type of contribution
5	600 W PICKARD ST	-		Person X Payroll
	MT PLEASANT, MI 48858	\$	7,500	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	-	(c) Fotal contributions	(d) Type of contribution
6	COMMUNITY FOOD CO OP	_		Person X
	908 W MAIN ST BOZEMAN, MT 59715	\$	5,526	Payroll Noncash

SCHEDULE G				-	g Fundraising or		-	OMB No. 1545-004	47
(Form 990 or 990-EZ)	-	-			es" on Form 990, Part I han \$15,000 on Form 9			2019	
Department of the Treasury	_	-			90 or Form 990-EZ.	,		Open to Public	
Internal Revenue Service		Go to www.irs.g	gov/Form9	90 for ins	structions and the lates	st inform		Inspection	
Name of the organization								tification number	
GALLATIN VALL								528080	
	-	ties. Complete in the complete in the complete in the complete the com	-		iswered "Yes" on Form 9	990, Part	IV, line 17.		
1 Indicate whether the	organization	raised funds thr	ough any o	of the follo	wing activities. Check al	I that app	oly.		
a Mail solicitations			е	Solici	tation of non-governme	nt grants			
b Internet and email solicitations f Solicitation of government grants									
c Phone solicitations g Special fundraising events									
d 🔄 In-person solicita	tions								
2a Did the organization	have a writte	n or oral agreen	nent with a	ny individu	ual (including officers, di	rectors, t	rustees,		
					vith professional fundrais				No
<b>b</b> If "Yes," list the 10 hi	ighest paid in	dividuals or enti	ties (fundra	aisers) pur	suant to agreements une	der whicl	h the fundraiser i	s to be	
compensated at leas	st \$5,000 by t	he organization.							
			1			1			
(i) Name and address of	individual			fundraiser custody	(iv) Gross receipts		mount paid to	(vi) Amount paid to	С
or entity (fundraiser) (ii) Activity or control of from activity (or retained by) fund-						(or retained by) organization			
				outions?		1013011		organization	
			Yes	No					
1									
2									
L									
3									
Ū									
4									
5									
6									
7									
8									
9									
-									
10									
Total				🕨					

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

### Schedule G (Form 990 or 990-EZ) 2019 GALLATIN VALLEY FARM TO SC 45-3528080

Page 2

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
Ë	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro				
Pa	rt I	<b>Gaming.</b> Complete if the organizati	ion answered "Yes" on F			1
۵ ۵		than \$15,000 on Form 990-EZ, line 6		<b>(b)</b> Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d) 🕠		▶	
	8	Net gaming income summary. Subtract lin	ne 7 from line 1, column	(d)		
9 a b	ls	ter the state(s) in which the organization co the organization licensed to conduct gamin 'No," explain:	ng activities in each of the	ese states?		Yes No
10a b		ere any of the organization's gaming license 'Yes," explain:	es revoked, suspended,	or terminated during the	tax year?	···· Yes No

FDA

Sched	lule G (Form 990 or 990-EZ) 2019 GALLATIN VALLEY FARM TO SC 45-3528080	Page 3
11	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	_
	formed to administer charitable gaming? Yes	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility · · · · · · · · · · · · · · · · · · ·	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name	
	Address ►	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	No
b	If "Yes," enter the amount of gaming revenue received by the organization  \$ and the amount	
	of gaming revenue retained by the third party	
с	If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
	spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$	
Part	IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines	; 9,
	9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990–EZ Complete to provide information for responses to specific questions on Form 990 or 990–EZ or to provide any additional information.	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	Open to Public Inspection

Depar Interna Name of the organization

GALLATIN VALLEY FARM TO SCHOOL

Employer identification number 45-3528080

P XI L9 - ROUNDING

P XII L1 - ACCOUNTING METHOD CHANGED TO CASH TO BETTER REFLECT ACTUAL REVENUE AND EXPENSES

P VI L11A - 99 REVIEWED BY EXECUTIVE DIRECTOR AND TREASURER PRIOR TO FILING

P VI L19 - GOVERNING DOCS AVAILABLE UPON REQUEST

## 2019 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 PAGE 1, LINE F	
OPEN TO PUBLIC	
INSPECTION For calendar year 2019, or tax period beginning	
Name of Organization	Employer Identification Number
GALLATIN VALLEY FARM TO SCHOOL	45-3528080
990, Page 1, Line F	
Principal officer nameor Business Name:	BARB PIERRE
Street Address	PO BOX 563
U.S. Address: Zip code <u>59771</u> City <u>BOZEMAN</u>	State <u>MT</u>
or Foreign Address	
City	
Country	······
Postal code	

### 2019 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT	2: FORM 990 P	AGE 2, PAR	T III			
OPEN TO PUBLIC		•				
INSPECTION	For calendar year 2	2019, or tax period b	eginning	, and ending		
Name of Organizatio	n				Employer Identification	Number
<u>GALLATIN V</u>	ALLEY FARM TO	SCHOOL			45-3528080	
Part III - Statemer	nt of Program Service Accor	mplishments				
Code:	Expenses:	62,082	including Grants of:		Revenue:	5,768
		Exem	npt Purpose Achievement	S		

CLASSROOM- INCREASING THE DEPTH AND BREADTH OF KNOWLEDGE THAT LOCAL SCHOOL CHILDREN HAVE ABOUT WHERE FOOD COMES FROM, THE IMPORTANCE OF LOCAL AGRICULTURE, AND HEALTHY FOOD CHOICES

# 2019 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT	2: FORM 990 PA	GE 2, PAR	T III			
OPEN TO PUBLIC		•				
INSPECTION	For calendar year 20	19, or tax period b	eginning	, and ending		
Name of Organizatio	n				Employer Identificati	on Number
<u>GALLATIN V</u>	ALLEY FARM TO S	CHOOL			45-3528080	
Part III - Statemer	nt of Program Service Accom	plishments				
Fait III - Statemen	it of thogram dervice Accom					
Code:	Expenses:	30,960	including Grants of:		Revenue:	10,040
		30,960	including Grants of: npt Purpose Achievements		Revenue:	10,040
Code:		30,960 Exem	npt Purpose Achievements		Revenue: IENCES FOR	

FDA Form Software Copyright 1996 – 2020 HRB Tax Group, Inc. K05

COOKING PRACTICES

# 2019 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT	2: FORM 99	90 PAGE 2,	PART	III				
OPEN TO PUBLIC								
INSPECTION	For calenda	ar year 2019, or tax p	eriod beg	inning	, and end	ling		
Name of Organization	n					Employer Id	entificati	on Number
GALLATIN V	ALLEY FARM	TO SCHOOL				45-3528	3080	
Part III - Statemen	Part III – Statement of Program Service Accomplishments							
Code:	Expenses	s: 51,3	380 i	ncluding Grants	of:	Revenu	ie:	
			Exempt	Purpose Achieve	ements			
COMMINITY-	ENHANCING	THE LOCAL	FOOD	ECONOMY	THROUGH F		ΔND	COMMINTTY

COMMUNITY- ENHANCING THE LOCAL FOOD ECONOMY THROUGH EDUCATION AND COMMUNITY COLLABORATION

# 2019 FORM 990 BOOKS ARE IN CARE OF

ATTA	CHMENT 3: FORM 990 PAGE 6, PART VI, SECTION (	C, LINE 20
	I TO PUBLIC	
INSP	ECTION For calendar year 2019, or tax period beginning	, and ending .
Name o	fOrganization	Employer Identification Number
GALI	ATIN VALLEY FARM TO SCHOOL	45-3528080
Part VI	- Line 20	
Individu	al Name	
0		
	s Name:	
GALI	ATIN VALLEY FARM TO SCHOOL	
Street A	ddress $\frac{104 \text{ E MA}}{2000 \text{ C}}$	
	PO BOX 5	63
U.S. Ad	tree:	
0.5. AU	JI 655.	
	Zip code 59771 City BOZEMAN	State <u>MT</u>
	or	
Foreign	Address	
FUIEIgII	Address	
	City	
	Province or State	
	Country	
	Postal code	
	Postal code	
	Postal code	

## **2019 DETAIL STATEMENTS**

GALLATIN VALLEY FARM TO SCHOOL 45-3528080

PAGE 1

STATEMENT #1 - ALL OTHER CONTRIBUTIONS ETC. (990-EO PG 9	LINE 11	<u>-</u> )
GRANTS FOUNDATION AND TRUST GRANTS NONPROFIT ORGANIZATION GRANTS CONTRIBUTIONS MISC	5,000 85,420 1,500 48,535 2,520	
TOTAL CARRIED TO 990-EO PG 9 LINE 1F	•••	142,975
STATEMENT #2 - OCCUPANCY (990 EO PG 10 LINE 16A)		
RENT, PARKING, UTILITIES	8,370	
TOTAL CARRIED TO 990 EO PG 10 LINE 16A		8,370
STATEMENT #3 - INSURANCE (990 EO PG 10 LINE 23A)		
INSURANCE	6,486 1,779	
TOTAL CARRIED TO 990 EO PG 10 LINE 23A	•••	8,265