Form	990
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## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2020

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.

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

Denar	tmento	of the Treasur	Do not enter social security numbers on this form as it m	nay be mad	e public.		Open to Public				
		enue Service	Go to www.irs.gov/Form990 for instructions and the late	est informat	ion.		Inspection				
A F	or the	e 2020 cale		, and endin	g		, 20				
B Ch	eck if a	applicable:	CName of organization GALLATIN VALLEY FARM TO SCHO	0	D Emplo	oyer ide	ntification number				
A	ddress	s change	Doing business as		4	15-35	528080				
Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone num											
lr	Initial return PO BOX 563 406-21										
L F	inal ret		City or town, state or province, country, and ZIP or foreign postal code		G Gross						
n te	erminat	ted	BOZEMAN MT 59771		receip	ots \$	263,297				
A	mende	ed return		<b>(a)</b> Is this a	group returr	n for subo	rdinates? Yes X No				
A	pplicat	tion pending		( <b>b)</b> Are all su	ubordinates	included	? Yes No				
-		empt status:	X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1) or 527	lf "No," a	attach a list.	See instr	uctions				
				(C) Group ex	kemption nu	mber 🕨	•				
		organization:	Corporation Trust Association Other L Year of	f formation:	2008	M Stat	e of legal domicile: $\mathrm{MT}$				
Pa	rtl	Summ									
	1	-	cribe the organization's mission or most significant activities:								
ě			VALLEY FARM TO SCHOOL CONNECTS KIDS								
Activities & Governance	LOC	CAL FO	OD IN THE GARDEN, CLASSROOM, CAFETER	IA, AN	D COM	IMUNI	TY.				
ern											
Š	2	Check this	box $\blacktriangleright$ if the organization discontinued its operations or disposed of n	nore than 25	5% of its n	et assets					
ۍ ه	3	Number of	voting members of the governing body (Part VI, line 1a)			3	11				
es	4	Number of	independent voting members of the governing body (Part VI, line 1b) $\cdots$			4	11				
iviti	5		per of individuals employed in calendar year 2020 (Part V, line 2a) $\cdots \cdots$			5	11				
Act	6		per of volunteers (estimate if necessary)			6	10				
•	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12			7a					
	b	Net unrela	ed business taxable income from Form 990-T, Part I, line 11			7b	0				
					ior Year		Current Year				
e	8		ns and grants (Part VIII, line 1h)			,059	217,671				
ent	9	Program s	ervice revenue (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · ·		54	<b>,</b> 501	45,626				
Revenue	10	Investmen	income (Part VIII, column (A), lines 3, 4, and 7d)								
-	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
	12	Total rever	ue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		263	,560	263,297				
	13	Grants and	I similar amounts paid (Part IX, column (A), lines 1-3)	••							
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)								
es	15	Salaries, o	ther compensation, employee benefits (Part IX, column (A), lines 5–10) $\ldots$		178	<b>,</b> 435	163,051				
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)								
, adx	b		aising expenses (Part IX, column (D), line 25)  47, 58				35,096				
ш	17	Other expe	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)								
	18	Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)			<b>,</b> 976	198,147				
	19	Revenue le	ess expenses. Subtract line 18 from line 12		35	,584	65 <b>,</b> 150				
ats -	2				ng of Currer		End of Year				
und	20		s (Part X, line 16)			<b>,</b> 173	299,330				
A La	21		ties (Part X, line 26)			<b>,</b> 374	7,382				
ž°ä	22	Net assets	or fund balances. Subtract line 21 from line 20		226	<b>,</b> 799	291 <b>,</b> 948				
Dar	•	Cianat	ure Block								

Signature Block Part II

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	7	Signature of officer						Date	
Here		D JUSTIN HARING		FREASURER					
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	Date		Check	if	PTIN	
Paid		DAVID HARING				self-emp	loyed	P018580	57
Preparer		Firm's name 🕨 H AND R BI		Firm's EIN ▶ 800860695					
Use Only		Firm's address ► 2855 N 19	TH AVE STE J		Ph	one no.			
		BOZEMAN MT 59718			(4	06)57	7-2	600_	
May the IRS	dis	cuss this return with the preparer show	n above? See instructions					X Yes	No
For Paperwo	ork	Reduction Act Notice, see the separ	ate instructions.					Form <b>990</b>	(2020)

FDA	20 9901	BWF 990	Form Software Copyright 1996 – 2021 HRB 1	ax Group. Inc.

Form	990 (2020) GALLATIN VALLEY FARM TO SC 45-3528080	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	GALLATIN VALLEY FARM TO SCHOOL CONNECTS KIDS AND FAMILIES WITH	
	LOCAL FOOD IN THE GARDEN, CLASSROOM, CAFETERIA, AND COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a		42,228)
	SEE ATTACHMENT #2	
4b		)
40	(Code:)         (Expenses \$ including grants of \$)         (Revenue \$)	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
	Total program service expenses ►     140,935	
FDA	20 9902 BWF 990 Form Software Copyright 1996 – 2021 HRB Tax Group, Inc. Form	n <b>990</b> (2020)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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			
	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, VIII, 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		Х
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		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If i Yes, î 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	<u> </u>		
-	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?	-		
-	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? $\dots \dots N/A$	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

ŭ			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
•••	If "Yes," complete Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
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>h</b>	A family member of any individual described in line 00e2 If Wes? complete Cabadyle L. Dart IV	004		37
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		XX
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required, erminate, or dissolve and cease operations in Tes, complete conclude N, Fart Terreral Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	01		
02	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	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,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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	
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	<u></u>	<u></u>	
			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 ON:/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? $\dots \dots \dots$	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? $\dots \dots \dots$	6b		
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.)			
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 0	-		
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
	<b>Note:</b> 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			
C	Enter the amount of reserves on hand			37
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	-		37
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	10		37
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					_
	Check if Schedule O contains a response or note to any line in this Part VI					
Section	on A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	11	-		
b	Enter the number of voting members included on line 1a, above, who are independent	1h	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation		vith			
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under			_		
	supervision of officers, directors, trustees, or key employees to a management company or other			3		Х
4	Did the organization make any significant changes to its governing documents since the prior For	-		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect of			-		21
	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) member					21
~	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertak					
Ū	the year by the following:					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be					
5	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on <b>B. Policies</b> (This Section B requests information about policies not required by the Internal			-		
		11010			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 such					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	•		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			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	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? I					
	describe in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and app					
	independent persons, comparability data, and contemporaneous substantiation of the deliberatio		-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrar	ngeme	nt			
	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 sat	feguar	d the			
	organization's exempt status with respect to such arrangements?		N./.A.	16b		
Secti	on C. Disclosure		·			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MT					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024–A, if applicable), 99	0, and	990-T (Section 501	(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 on Sch		O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing document			, 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 (2020)

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orm 990 (2020)		GALLA	TIN	VALI	ΓEΥ	FARN	OT 1	SC	45	5-35280	80			
Part VII (	Compe	nsation	of Of	ficers,	Dire	ctors,	Truste	ees,	Key	Employees	s, Highest	t Compe	nsated	
_							-							

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)			(C Pos	<b>C)</b> ition			(D) Reportable	(E)	(F)
Name and title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)						compensation	Reportable compensation	Estimated amount of
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
PHIL SARNOFF	40.00					X		54,156	0	0
EXECUTIVE DIRECTOR										
BARB PIERRE BOARD MEMBER	1.00	х						0	0	0
CHERYL MOORE-GOUGH	1.00	х						0	0	0
BOARD MEMBER										
DALTON MCCURDY	5.00			x				0	0	0
CHAIR										
CHRISTINA ANGELL	5.00			x				0	0	0
SECRETARY										
KELLY HAYDEN	1.00	х						0	0	0
BOARD MEMBER										
HILLARY LAFOLEY	1.00	х						0	0	0
BOARD MEMBER										
DAVID J HARING	5.00			x				0	0	0
TREASURER										
MATT PARSONS	1.00	х						0	0	0
BOARD MEMBER										
SHASTA WINSTON	5.00			x				0	0	0
VICE CHAIR										
HERMAN WATSON	1.00	х						0	0	0
BOARD MEMBER										
										Form <b>000</b> (0000)

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Part	VII Section A. Officers	, Directors	, Truste	ees, K	ey Em	nploye	es, and	Highe	est Compensated E	mployees (continue	d)		
	(A) Name and title	<b>(B)</b> Average hours per		box, un	less pe	tion more th rson is	ian one both an 'trustee)		<b>(D)</b> Reportable	<b>(E)</b> Reportable	an	(F) stimated nount o	
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W–2/1099–MISC)	com fr org and	other pensati om the anizatic d relate anizatio	on d
1b c d	Subtotal Total from continuation sh Total (add lines 1b and 1c)	eets to Pa							54,156				
2	Total number of individuals ( reportable compensation from	including b	out not li	mited							I		
3	Did the organization list any					-						Yes	No
4	employee on line 1a? If "Yes For any individual listed on li organization and related orga	ne 1a, is th	ie sum d	of repo	rtable	comp	ensation	and c	other compensation f	rom the			X X
5	Did any person listed on line for services rendered to the	1a receive	or accr	ue cor	npens	ation f	rom any	unrela	ated organization or i	ndividual			X
Sectio	n B. Independent Contractor	-		,					1				
1	Complete this table for your to compensation from the organ										ax year.		
	Name and	(A)							(B) Description of se			C)	n
2	Total number of independen received more than \$100,000		•	•				e liste	d above) who				

Part VIII Statement of Revenue

		Check if Schedule O co	ntair	a response	or	note to any line in th	is Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts ts	1a	Federated campaigns		1a						
un di	b	Membership dues		1b						
٩, ۵		Fundraising events				26,811				
ir A		Related organizations								
nils Olis		Government grants (contri				64,470				
Sic		All other contributions, gift								
er uti	•	similar amounts not includ	-			126,390				
<u>et</u>	~	Noncash contributions included			¢					
Contributions, Gifts, Grants and Other Similar Amounts	-					<b>&gt;</b>	217,671			
a C	n	Total. Add lines 1a-1f					21,70,1			
	-	DDOGDAN THOON				Business Code	45,626	45,626		
Ce		PROGRAM INCOM	1E		_		45,020	45,020		
e <u>Z</u>	b				_					
s n	С				_					
eve	d				_					
Program Service Revenue	е				_					
ā	f	All other program service r								
	g	Total. Add lines 2a-2f				· · · · · · · · · · · · · •	45,626			
	3	Investment income (includ	ing c	dividends, inte	eres	t, and				
		other similar amounts)								
	4	Income from investment or	f tax-	-exempt bond	d pr	oceeds · · · · · · ►				
	5	Royalties				•••••				
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c				-			
		Net rental income or (loss)	-							
	-	,		(i) Securities		(ii) Other				
	7a	Gross amount from sales								
		of assets other than inventory	7a							
	h	Less: cost or other basis	1 a							
	, D	and sales expenses	7b							
	•	Gain or (loss)	70 7c							
		Net gain or (loss)	_			<b>\</b>				
				F	•••	····· •				
	8a	Gross income from fundra	ising	26,811						
iue		(not including \$								
Other Revenue		of contributions reported c		· ·	_					
Be		See Part IV, line 18								
Jer		Less: direct expenses		L	8b					
ŧ		Net income or (loss) from			3	· · · · · · · · · · · · · · •				
	9a	Gross income from gaming		1						
		See Part IV, line 19 · · · ·			9a					
	b	Less: direct expenses · · ·	• • • •	· · · · · · · · · · [	9b					
	С	Net income or (loss) from	gami	ing activities	• • •	· · · · · · · · · · · · · · •				
	10a	Gross sales of inventory, le	ess							
		returns and allowances		1	I0a					
	b	Less: cost of goods sold .		1	l0b					
	С	Net income or (loss) from	sales	of inventory						
		·				Business Code				
ŝno	11a									
ne	b				-					
ella /en	c				-					
Miscellaneous Revenue	-	All other revenue			-					
Σ		Total. Add lines 11a-11d								
	12	Total revenue. See instru					263,297	45,626		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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			5	
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
<b>3</b> 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	149,295	105,896	7,483	35,914
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	2,748	1,951	137	659
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	542	385	27	130
IO Payroll taxes	10,466	7,431	523	2,512
11 Fees for services (nonemployees):				
a Management				
<b>b</b> Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	1,998	1,419	100	480
12 Advertising and promotion	350	249	18	84
13 Office expenses	5 <b>,</b> 634	4,000	282	1,352
14 Information technology	967	687	48	232
15 Royalties				
16 Occupancy	10,235	7,267	512	2,450
17 Travel	645	458	32	155
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	980	696	49	23
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5 <b>,</b> 550	3,941	278	1,332
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	8,038	5,707	402	1,929
b MEMBERSHIPS/DUES	291	206	70	1:
c OTHER	408	290	20	98
d				
e All other expenses				
<ul> <li>Total functional expenses. Add lines 1 through 24e</li> </ul>	198,147	140,583	9,981	47,583
26 Joint costs. Complete this line only if the organization	· · ·	•		· ·
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
reported in columr educational campa Check here ▶∏ if	n (B) joint costs from a combined aign and fundraising solicitation. following SOP 98-2 (ASC 958-720)	n (B) joint costs from a combined aign and fundraising solicitation. following SOP 98–2 (ASC 958–720)	n (B) joint costs from a combined aign and fundraising solicitation. following SOP 98–2 (ASC 958–720)	n (B) joint costs from a combined aign and fundraising solicitation. following SOP 98-2 (ASC 958-720)

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Form 990 (2	020)	GALI		
Part X	Balance	Sheet		

		Check if Schedule O contains a response or note to any line in this Part X		· · · · ·				
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year			
	1	Cash non-interest-bearing	238,173	1	299 <b>,</b> 330			
	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				
ts	8	Inventories for sale or use		8				
Assets	9	Prepaid expenses and deferred charges		9				
Ä	-	Land, buildings, and equipment: cost or						
		other basis. Complete Part VI of Schedule D 10a						
	ь	Less: accumulated depreciation		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)	238,173	16	299,330			
	17	Accounts payable and accrued expenses	11,374	17	7,382			
	18	Grants payable	11,0,1	18	1,002			
		Deferred revenue		19				
	19			-				
	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21				
Liabilities	22	Loans and other payables to any current or former officer, director,						
ilidi		trustee, key employee, creator or founder, substantial contributor, or 35%						
Lia		controlled entity or family member of any of these persons		22				
	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable to unrelated third parties		24				
	25	Other liabilities (including federal income tax, payables to related third						
		parties, and other liabilities not included on lines 17-24). Complete Part X		25				
		of Schedule D						
	26	Total liabilities. Add lines 17 through 25	11,374	26	7,382			
		Organizations that follow FASB ASC 958, check here ► X						
ces		and complete lines 27, 28, 32, and 33.						
lan	27	Net assets without donor restrictions	188,899	27	254,048			
Ba	28	Net assets with donor restrictions	37,900	28	37,900			
pur		Organizations that do not follow FASB ASC 958, check here						
Net Assets or Fund Balances		and complete lines 29 through 33.						
s ol	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	32	Total net assets or fund balances	226,799	32	291,948			
	33	Total liabilities and net assets/fund balances	238,173	33	299,330			
FDA	20	99011 BWF 990 Form Software Copyright 1996 – 2021 HRB Tax Group, Inc.			Form <b>990</b> (2020)			

BWF 990 Form Software Copyright 1996 – 2021 HRB Tax Group, Inc. Form 990 (2020)

Form	GALLATIN VALLEY FARM TO SC 45-3528080		F	Page	12
Par	rt 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		26	53 <b>,</b> 2	97
2	Total expenses (must equal Part IX, column (A), line 25) 2			98,1	
3	Revenue less expenses. Subtract line 2 from line 1    3		6	65 <b>,</b> 1	.50
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		22	26,7	99
5	Net unrealized gains (losses) on investments 5				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))		29	91,9	48
Part	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
			Y	es	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	20 99012 BWF 990 Form Software Copyright 1996 – 2021 HRB Tax Group, Inc.	F	orm <b>99</b>	0 (20	20)

#### SCHEDULE A

(Form 990 or 990-EZ)

## Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						2020				
		<ul> <li>Attach to Form 99</li> </ul>				Open to Public				
Department of the Treasury Internal Revenue Service	Go to www.	irs.gov/Form990 for instruc			formation.	Inspection				
Name of the organization						entification number				
GALLATIN VALL		SCHOOL			45-3528					
		ty Status. (All organization	ns must com	plete this pa						
		ause it is: (For lines 1 throug								
- · ·		association of churches desc		-						
		(1)(A)(ii). (Attach Schedule E								
H		rvice organization described								
H '		ated in conjunction with a host				ter the hospital's name.				
city, and state:										
	(A)(iv). (Complete Pa									
		r governmental unit describe	d in section	170/b)(1)(/						
	-	a substantial part of its supp				al public				
	tion 170(b)(1)(A)(vi).		ont nonn a g	overninentai	unit of norm the genera					
_		on 170(b)(1)(A)(vi). (Completed	to Part II )							
		lescribed in section 170(b)(		rated in con	iunction with a land-or	ant college				
		ge of agriculture (see instruc								
university:	non-land-grant colle			the name, c	ity, and state of the col	lege of				
	hat normally rocaiyos	(1) more than 33 $\frac{1}{3}\%$ of its	cupport from	o contributio	ne momborship foos	and groce				
	-	empt functions, subject to ce				-				
		and unrelated business taxa								
11 0					,	562				
	-	e 30, 1975. See section 509		-						
H		ed exclusively to test for publ	-							
L 0		ed exclusively for the benefit anizations described in <b>sect</b>	-							
		d that describes the type of s								
	-	perated, supervised, or contr		-	-	-				
		ower to regularly appoint or e								
		complete Part IV, Sections								
· · · · · ·		upervised or controlled in co		th ite eupnor	ted organization(s) by	having				
		orting organization vested in t				-				
		e Part IV, Sections A and C	-		Shiror or manage the st	ipponed				
	•	supporting organization ope		nontion with	and functionally integr	otod with				
		structions). You must comp				aled with,				
		ed. A supporting organization				anization(s)				
		e organization generally mus	•			( )				
	, 0	must complete Part IV, Sec			•					
		ceived a written determinatio				11				
	0	on-functionally integrated sup								
		ations								
		the supported organization(								
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	( <b>v</b> ) Amount of monetary	(vi) Amount of other				
organization (described on lines 1-10 listed in your support (see instructions) support (see instruct										
above (see instructions)) Yes No										
A)										
(B) (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) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 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> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	108,697	131,678	153,696	187,161	189,860	771,092
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	108,697	131,678	153,696	187,161	189,860	771,092
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)						
6	Public support. Subtract line 5 from line 4.						771,092
_	tion B. Total Support				r		
	endar year (or fiscal year beginning in) 🕨	(a) 2016 108,697	(b) 2017 131,678	(c) 2018 153,696	(d) 2019 187,161	(e) 2020 189,860	(f) Total 771,092
7	Amounts from line 4	108,697	131,078	153,696	187,101	189,860	//1,092
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						771,092
12	Gross receipts from related activities, etc. (see	instructions)				12	
13	First five years. If the Form 990 is for the org						_
	organization, check this box and stop here					<u></u>	
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2020 (line 6, co					14 1	00.00 %
15	Public support percentage from 2019 Schedu				-	15	%
16a	331/3% support test 2020. If the organizat box and stop here. The organization qualifies	as a publicly su	pported organiza	ation			🕨 🎽
b	33 <sup>1</sup> /3% support test 2019. If the organization quation this box and stop here. The organization quation qu						[]
17a	<b>10%-facts-and-circumstances test 2020</b> 10% or more, and if the organization meets the Part VI how the organization meets the facts-a	e facts-and-circ	umstances test,	check this box a	nd <b>stop here.</b> E	xplain in	ation 🕨 🗌
b	<b>10%-facts-and-circumstances test 2019</b> more, and if the organization meets the facts- organization meets the facts-and-circumstance	and-circumstand	es test, check th	is box and <b>stop</b>	here. Explain in	Part VI how the	. –
18	Private foundation. If the organization did no	-	-				. –
FDA	20 990A2 BWF 990 Form Software Co	pyright 1996 – 2021	HRB Tax Group, In	с.	Schedule	A (Form 990 or	990-EZ) 2020

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.	-	OMB No. 1545-0047
Name of the organization		Employer id	dentification number
GALLATIN VALL	EY FARM TO SCHOOL	45-3528	3080
Organization type (check	one):		
Filers of:	Section:		
Form 990 or 990-EZ	$\boxed{3}$ 501(c)( 3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundat	ion	
	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>3</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 (entering "N/A" in column (b) instead of the contributor name and address), 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) (2020)

Schedule B (Form	990, 990-EZ,	or 990-PF	) (202	0) GALLATIN	VALLEY	FARM	ТО	SC	45-	3 Page <b>2</b>
Name of organization								E	Employer identification number	
GALLATIN '	VALLEY	FARM	ТО	SCHOOL					4	5-3528080

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	BOZEMAN HEALTH 915 HIGHLAND BLVD BOZEMAN, MT 59715	\$_	13,000	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2	THE TURNER FOUNDATION          133 LUCKIE ST NW 2FL         ATLANTA, GA 30303	\$_	11,100	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3	RACHEL THESING 94 W FIELDVIEW CIR BOZEMAN, MT 59715	\$_	<u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 MYSUN CHARITABLE FOUNDATION		(c) Total contributions	(d) Type of contribution
4	PO BOX 11356 SAINT LOUIS, MO 63105	\$_	7,500	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5	BROWNING KIMBALL FOUNDATION 1024 E BRITTON RD STE 200 OKLAHOMA CITY, OK 73131	\$_	<u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6	MORTON H MEYERSON FAMILY FOUNDATIO 4441 BUENA VISTA DALLAS, TX 75205	\$_	5,000	Person     X       Payroll     X       Noncash     X       (Complete Part II for noncash contributions.)

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ         Complete to provide information for responses to specific questions on         Form 990 or 990-EZ or to provide any additional information.         ▶ Attach to Form 990 or 990-EZ.         ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization	Employer ident	ification number
GALLATIN VALL	EY FARM TO SCHOOL 45-35280	80
GENERAL - SUP	PLEMENTAL INFORMATION ON ANY ITEM MAY BE REQUESTE	ED

DIRECTLY FROM THE ORGANIZATION BOARD OF DIRECTORS OR STAFF.

## 2020 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 PAGE 1, LINE F				
INSPECTION For calendar year 2020, or tax period beginning	, and ending			
Name of Organization	Employer Identification Number			
GALLATIN VALLEY FARM TO SCHOOL	45-3528080			
990, Page 1, Line F				
Principal officer name	DALTON MCCURDY			
Street Address	PO BOX 563			
U.S. Address:				
Zip code <u>59771</u> City <u>BOZEMAN</u> or	State <u>MT</u>			
Foreign Address				
City				
Province or State				
Country				
Postal code				

### 2020 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	2020, or tax period b	peginning	, and ending		
Name of Organizatio	n				Employer Identificat	ion Number
<u>GALLATIN V</u>	ALLEY FARM TO	SCHOOL			45-3528080	
Part III – Statemer	nt of Program Service Acco	mplishments				
Code:	Expenses:	140,935	including Grants of:	100,7	01 Revenue:	42,228
Exempt Purpose Achievements						

DESPITE THE COVID 19 PANDEMIC, GVF2S WAS ABLE TO OPERATE SEVERAL SUMMER CAMP PROGRAMS, FAMILY COOKING NIGHTS, VIDEO LESSONS, AND OTHER ENRICHMENT PROGRAMS FOR GALLATIN VALLEY FAMILIES AND CHILDREN.

# 2020 FORM 990 BOOKS ARE IN CARE OF

ATT	ACHMENT 3:	FORM 990	) PAGE 6,	PART VI,	SECTION (	C, LINE 20	
OPE	N TO PUBLIC						
INSF	PECTION	For calence	lar year 2020, or ta	ax period beginnir	Ig	, and ending	
Name	of Organization					Employ	er Identification Number
GALI	LATIN VALLI	EY FARM :	TO SCHOOL			45-3	528080
Part VI	l – Line 20						
Individ	ual Name				·		
С	or						
	ss Name:						
<u>GAL</u>	LATIN VALLI	EY FARM :	ro school				
Street /	Address						
					<u>PO BOX 50</u>	od	
U.S. Ad	ddraaa						
0.3. A	uu 655.						
	Zin codo $50.7$	71		בי או א אז		outer MT	
	Zip code $597^{\circ}$	71	City <u>BOZ</u>	EMAN		_ State <u>MT</u>	
Foreigr	or	71	City <u>BOZ</u>	EMAN		_ State <u>MT</u>	
Foreigr		71	City <u>BOZ</u>	EMAN		_ State <u>MT</u>	
Foreigr	or Address						
Foreigr	or Address						
Foreigr	or Address City		· · · · ·				
Foreigr	or Address City		· · · · ·				
Foreigr	or Address City Province or State .	·····	······				
Foreigr	or Address City Province or State .	·····	······				
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Foreigr	or Address City Province or State . Country Postal code	·····	······				
Foreigr	or Address City Province or State . Country Postal code	·····	······				······
Foreigr	or Address City Province or State . Country Postal code Phone Number .	·····	······				······

## **2020 DETAIL STATEMENTS**

GALLATIN VALLEY FARM TO SCHOOL 45-3528080

#### PAGE 1

STATEMENT #1 - ALL OTHER CONTRIBUTIONS ETC. (990-EO PG 9 LINE 1	_F)
GRANTS2,500FOUNDATION AND TRUST GRANTS32,231NONPROFIT ORGANIZATION GRANTS1,500CONTRIBUTIONS89,159OTHER CONTRIBUTIONS AND GRANTS1,000	_ ) )
TOTAL CARRIED TO 990-EO PG 9 LINE 1F	126,390