

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **LIVINGSTON FOOD PANTRY OF PARK COUNTY**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) **202 S SECOND STREET** Room/suite _____
 City or town, state or province, country, and ZIP or foreign postal code **Livingston MT 59047**

D Employer identification number **20-3550306**

E Telephone number **406-222-5335**

G Gross receipts \$ **1,463,780**

F Name and address of principal officer:
GEORGE PEIRCE
1109 WEST RESERVOIR STREET
LIVINGSTON MT 59047

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **http://livingstonfrc.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2005** **M** State of legal domicile: **MT**

H(c) Group exemption number _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9	
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	41	
	6	Total number of volunteers (estimate if necessary)	100	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 972,278	Current Year: 1,031,524
	9	Program service revenue (Part VIII, line 2g)	260,169	428,960
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,087	3,296
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,235,534	1,463,780
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	176,942
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	567,342	832,610
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
16b		Total fundraising expenses (Part IX, column (D), line 25)	0	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	427,560	597,307
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,171,844	1,665,246
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	63,690	-201,466
	20	Total assets (Part X, line 16)	Beginning of Current Year: 2,362,881	End of Year: 2,155,117
	21	Total liabilities (Part X, line 26)	20,392	17,707
	22	Net assets or fund balances. Subtract line 21 from line 20	2,342,489	2,137,410

Part II Signature Block

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

Sign Here

Signature of officer: **GEORGE PEIRCE** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **Catherine E. Moody** Preparer's signature: **Catherine E. Moody** Date: **08/02/23** Check if PTIN self-employed **P01781256**

Firm's name: **CEM Bookkeeping & Tax Services Inc.** Firm's EIN: **47-1591889**
 124 S 2nd St
 Firm's address: **Livingston, MT 59047-2604** Phone no.: **406-333-7315**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

Part 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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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?

Yes 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 (Code:) (Expenses \$ **1,198,577** including grants of \$ **235,329**) (Revenue \$ **418,180**)

See Schedule O

4b (Code:) (Expenses \$ **179,936** including grants of \$) (Revenue \$ **2,192**)

See Schedule O

4c (Code:) (Expenses \$ **183,114** including grants of \$) (Revenue \$ **8,588**)

See Schedule O

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,561,627**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
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		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
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		X
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		X
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 "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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	41		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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			X
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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	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			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	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:				
a	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			
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.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	9		
1b	9		
2			X
3			X
4			X
5			X
6			X
7a			X
7b			X
8a		X	
8b		X	
9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a			X
10b			
11a			X
12a		X	
12b		X	
12c			X
13			X
14			X
15a		X	
15b		X	
16a			X
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records

GEORGE PEIRCE
LIVINGSTON

1109 WEST RESERVOIR STREET

MT 59047

406-222-5335

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE PEIRCE EXECUTIVE DIRECTOR	40.00 0.00			X			79,849	0	0	
(2) GORDON ELLEY BOARD MEMBER	2.00 0.00	X					0	0	0	
(3) SALLY EPPS BOARD MEMBER	2.00 0.00	X					0	0	0	
(4) NANCY HATFIELD BOARD SECRETARY	2.00 0.00	X					0	0	0	
(5) ALEX HESTER BOARD MEMBER	2.00 0.00	X					0	0	0	
(6) MELANIE MORONEY BOARD TREASURER	2.00 0.00	X					0	0	0	
(7) DONNA PACE BOARD MEMBER	2.00 0.00	X					0	0	0	
(8) BOB SCHLEICHER BOARD VICE-CHAIR	2.00 0.00	X					0	0	0	
(9) MIRIAM SQUILLACE BOARD MEMBER	2.00 0.00	X					0	0	0	
(10) JESSICA WILCOX BOARD CHAIR	2.00 0.00	X					0	0	0	
(11)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	432,069			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	599,455			
	g Noncash contributions included in lines 1a-1f	1g	\$ 226,465			
	h Total. Add lines 1a-1f		1,031,524			
	Program Service Revenue	2a BAKERY SALES	Business Code	393,606	393,606	
b CATERING & RENTALS			31,144	31,144		
c PROCESSED PRODUCTS SOLD			4,210	4,210		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			428,960			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		3,296	3,296	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
		8a				
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19						
		9a				
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
		10a				
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions		1,463,780	432,256	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,864	1,864		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	233,465	233,465		
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	79,849	63,879	15,970	
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	678,981	678,724	257	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	73,780	58,288	15,492	
11 Fees for services (nonemployees):				
a Management				
b Legal	280		280	
c Accounting	18,605		18,605	
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.)	369,490	369,490		
12 Advertising and promotion	4,919	1,239	3,680	
13 Office expenses	29,502	8,737	20,765	
14 Information technology				
15 Royalties				
16 Occupancy	77,903	68,860	9,043	
17 Travel	6,483		6,483	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,148		1,148	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,783	73,783		
23 Insurance	15,194	3,298	11,896	
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				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,665,246	1,561,627	103,619	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	1,023,786	1	317,161
	2	Savings and temporary cash investments	133,850	2	625,135
	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	
	8	Inventories for sale or use	10,000	8	10,000
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,723,005		
	b	Less: accumulated depreciation	10b 520,184	1,195,245	10c 1,202,821
	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)	2,362,881	16	2,155,117	
Liabilities	17	Accounts payable and accrued expenses	20,392	17	17,707
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	20,392	26	17,707
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,342,489	27	2,137,410
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	2,342,489	32	2,137,410	
33	Total liabilities and net assets/fund balances	2,362,881	33	2,155,117	

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	1,463,780
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,665,246
3	Revenue less expenses. Subtract line 2 from line 1	3	-201,466
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,342,489
5	Net unrealized gains (losses) on investments	5	-3,610
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,137,410

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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **LIVINGSTON FOOD PANTRY OF PARK COUNTY** Employer identification number **20-3550306**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college 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 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	762,775	734,411	1,541,860	972,278	1,031,524	5,042,848
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	762,775	734,411	1,541,860	972,278	1,031,524	5,042,848
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						5,042,848

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	762,775	734,411	1,541,860	972,278	1,031,524	5,042,848
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,172	4,425	7,231	2,257	3,296	19,381
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		80,381	28,158			108,539
11 Total support. Add lines 7 through 10						5,170,768
12 Gross receipts from related activities, etc. (see instructions)					12	934,020
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	97.53%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	97.34%
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Other income \$ 108,539

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization LIVINGSTON FOOD PANTRY OF PARK COUNTY	Employer identification number 20-3550306
--	---

Organization type (check one):

- | | |
|---|--|
| Filers of:

Form 990 or 990-EZ

Form 990-PF | Section:

<input checked="" type="checkbox"/> 501(c)(3) (enter number) organization

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation

<input type="checkbox"/> 527 political organization

<input type="checkbox"/> 501(c)(3) exempt private foundation

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation

<input type="checkbox"/> 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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.
- 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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

LIVINGSTON FOOD PANTRY

Employer identification number

20-3550306

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF LIVINGSTON 220 E PARK ST LIVINGSTON MT 59047	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PARK COUNTY 414 E CALLENDER ST LIVINGSTON MT 59047	\$ 73,512	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GIVE A HOOT-PCCF PO BOX 2199 LIVINGSTON MT 59047	\$ 66,931	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	OTOO BREMER TRUST 30 E 7TH ST STE 2900 ST PAUL MN 55101	\$ 55,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ARTHUR M BLANK FOUNDATION 3223 HOWELL MILL RD NW ATLANTA GA 30327	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE KENDEDA FUND PO BOX 1280 LIVINGSTON MT 59047	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LIVINGSTON FOOD PANTRY

Employer identification number

20-3550306

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TOWN PUMP CHARITABLE FOUNDATION PO BOX 6000 BUTTE MT 59702	\$ 43,336	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CH CMR PARTNERS LLC PO BOX 160040 BIG SKY MT 59716	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		270,502		270,502
b Buildings		728,636	141,969	586,667
c Leasehold improvements		279,226	14,017	265,209
d Equipment		444,641	364,198	80,443
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,202,821

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open To Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

OF PARK COUNTY

Employer identification number

20-3550306

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	226,465	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

**SCHEDULE O
(Form 990)**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 Form 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization

**LIVINGSTON FOOD PANTRY
OF PARK COUNTY**

Employer identification number

20-3550306**Form 990 - Organization's Mission or Most Significant Activities**

The mission of the Livingston Food Pantry of Park County is to ensure that no person in Livingston or Park County, Montana, ever suffers from food insufficiency. Much of the area served is low-income and rural; more than 16% of the households in Livingston live below the federal poverty level, so the need is great.

Since its founding in 2005, the Livingston Food Pantry has grown and evolved to meet the changing needs of the many children, adults, and elderly who struggle with hunger and other traumatic issues resulting from living in poverty. Innovative programs have been developed to leverage the Pantry's role in the community's food system, economy, health care and education systems. The programs are designed and implemented to address the root causes of poverty and hunger in meaningful and long-lasting ways. The Pantry strives to accomplish its mission by ensuring access to nutritious food; helping drive economic development; and improving access to adequate health care and education - for all people regardless of their economic status.

Form 990, Part I, Line 6

VOLUNTEERS WORK IN THE FOOD PANTRY ASSISTING CLIENTS, AS WELL AS WORK WITH COMMUNITY PROGRAMS SUCH AS IN FOOD PREPARATION, PACKAGING AND DELIVERY. IN 2022 THERE WERE AROUND 100 VOLUNTEERS TOTALING 10,000 HOURS OF SERVICE.

Form 990, Part III, Line 4a - First Accomplishment**Food Pantry**

Name of the organization

Employer identification number

LIVINGSTON FOOD PANTRY

20-3550306

The Livingston Food Pantry is now serving more than 600 households per month, with nearly 400,000 pounds of food distributed in 2022.

During Covid-19 we adjusted our distribution model to adapt to the changes that arose from the pandemic. We are now back to our self-select model, with clients shopping in our store. Our focus on local foods has increased dramatically with our shelves regularly stocked with local meats and produce. To support local farmers and clients, in 2022 we purchased more than 6,000 pounds of fresh vegetables. These vegetables were processed in our kitchen and frozen, allowing us to distribute local vegetables throughout the winter. We have also increased our production of homemade, ready-to-eat items such as soups, pasta sauce, and frozen meals, utilizing as much local food as possible.

In 2022, Park County was hit with a devastating flood that impacted our community. Many families faced food insecurity for the first time. In response to this, the LFRC distributed more than 8,000 pounds of food directly to flood victims in the immediate aftermath of the event.

To meet its goal of providing the most healthful food possible to people in need, the Livingston Food Pantry bakes its own fresh bread for distribution in the Pantry. The nutritious whole wheat bread is made using Montana grown, organic flour and grain. The bread is so good that it became popular in the community and people started to visiting the Pantry just to buy bread. In response to the opportunity to make the bread more widely available, the Pantry expanded its baking capacity to create more artisan breads and pastries and opening a public bakery nearby. The bakery has proven so successful that in 2021 it was expanded.

The bakery success illustrates how the Livingston Food Pantry works to address the root causes of poverty and hunger. First, people in need to

Name of the organization

LIVINGSTON FOOD PANTRY

Employer identification number

20-3550306

come to the Pantry for help get the most nutritious fresh bread available. Second, the revenues generated has created a new market for Montana farmers. Third, it supports five new jobs plus an apprenticeship. And finally, it helps subsidize the cost of the bread made for distribution in the Pantry - and bread that is made available to other food pantries in Montana at no cost. In 2022, our bakery made 11,000 loaves of whole wheat bread for other food pantries in Montana. This surpassed our goal of 5,000.

Form 990, Part III, Line 4b - Second Accomplishment

Community Programs

To meet the needs of low income elderly people in the community who often face food insufficiency due to high food costs or health conditions that prevent them for shopping or cooking for themselves, the Livingston Food Pantry developed and implemented the Pantry Supper Club. This program, based on research done by dietetic interns from Montana State University, provides five dinner meals to each participant each week. The meals are prepared with locally sourced, organic ingredients, using recipes designed specifically to meet the nutritional needs of elderly people, many of whom suffer from chronic illness such as diabetes and high blood pressure. The meals are ready to be heated in a microwave and enjoyed - at no cost to the program participants.

In order to reach more people in need within our county, which spans 2,800 square miles, we developed our Mobile Pantry program. With this program we take food to the more rural areas to reach people who cannot reach us. The "Healthy Weekend" program serves to provide nutritious meals to school-aged children. The Healthy Weekend Program was expanded by implementing it in more schools and daycare facilities.

Name of the organization

LIVINGSTON FOOD PANTRY

Employer identification number

20-3550306

In 2022 we expanded our Summer Lunch Program from one site to three, serving nearly 3,000 meals to children in Livingston.

It has become clear to the LFRC staff that many of the people being served were struggling with more issues than just food insufficiency. There is a need for mental health services. LFRC's client base is among the most vulnerable and impacted population within our community. It is the same population that can least afford counseling and/or case management services. With the needs of the community skyrocketing and the options for help already stressed and overwhelmed, LFRC decided to address these challenges.

In 2021, with the help of a few grants, the LFRC was able to start a Mental Health Counseling Program, free of charge, to any client who wishes to utilize this service.

Form 990, Part III, Line 4c - Third Accomplishment

Community Kitchen and Meeting Room Facilities

The building includes a commercial kitchen and a meeting room that can seat approximately 60 persons. The meeting room is rented at a nominal cost to other local and state nonprofits, as well as other customers. These meetings often include related catering, prepared by staff in the kitchen. Staff also process foods to be distributed through the Food Pantry, including baked goods, packaged fresh vegetables and meats, soups, stews, and other prepared meals for use in the Community Programs. Another use of the kitchen is in processing bulk orders for home-based businesses that require the certification of a commercial kitchen. The kitchen also addresses economic needs of the community, in that the local labor market is heavily dependent on food service - cooks and servers - and training

Name of the organization

Employer identification number

LIVINGSTON FOOD PANTRY

20-3550306

classes are held to mutually benefit individuals seeking skills and employers seeking trained and qualified help.

In 2022, the community kitchen and community room were re-opened in an effort to create more revenue for programming. In turn, economic development will be driven by providing a space for entrepreneurs looking to start a food business. The community kitchen will increase our purchasing and processing of local foods. Our goal is to have 50% of our total purchases to be local food by 2025.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

EXECUTIVE DIRECTOR REVIEWS

Form 990, Part VI, Line 15a - Compensation Process for Top Official

BOARD APPROVAL REQUIRED

Form 990, Part VI, Line 15b - Compensation Process for Officers

BOARD APPROVAL

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

UPON REQUEST

Form 990, Part IX, Line 11g - Other Fees for Services

Description

Tot/Prog Service

Mgt & General

Fundraising

FOOD PURCHASES

\$ 236,419

\$ 0

\$ 0

FOOD PURCHASES

Name of the organization

Employer identification number

LIVINGSTON FOOD PANTRY

20-3550306

\$ 75,124 \$ 0 \$ 0

PACKAGING

\$ 15,012 \$ 0 \$ 0

SUPPLIES

\$ 1,553 \$ 0 \$ 0

SUPPLIES

\$ 23,885 \$ 0 \$ 0

PACKAGING

\$ 6,668 \$ 0 \$ 0

RESALE ITEMS

\$ 10,829 \$ 0 \$ 0

Total

\$ 369,490 \$ 0 \$ 0

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book / Tax Depreciation Difference \$ -3

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2022

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

**LIVINGSTON FOOD PANTRY
OF PARK COUNTY**

Identifying number

20-3550306

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	26,084

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	47,497
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		1,413	7.0	HY	200DB	202
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	73,783
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

20-3550306

Federal Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
7-year GDS Property:											
73	WORK TABLES	6/30/22	1,413				1,413	7	HY 200DB	0	202
			<u>1,413</u>				<u>1,413</u>			<u>0</u>	<u>202</u>
Prior MACRS:											
1	2005 TRUCK	2/03/16	9,500			X	4,750	7	HY 200DB	7,904	1,064
3	OFFICE EQUIPMENT	1/01/10	1,255			X	627	5	HY 200DB	1,255	0
4	BOILERLESS CONVECTION STEAMER	12/01/14	7,604			X	3,802	7	HY 200DB	7,604	0
5	CONVECTION OVEN	12/01/14	5,630			X	2,815	7	HY 200DB	5,630	0
6	ELECTRIC KETTLE	12/01/14	8,109			X	4,054	7	HY 200DB	8,109	0
7	TILTING ELECTRIC SKITTLE	12/01/14	14,455			X	7,227	7	HY 200DB	14,455	0
8	VACUUM PACKAGE MACHINE	12/01/14	2,380			X	1,190	7	HY 200DB	2,380	0
9	SECURITY SYSTEM	12/01/14	2,493			X	1,246	7	HY 200DB	2,493	0
10	WALK IN COOLER	12/01/14	32,973			X	16,486	7	HY 200DB	32,973	0
11	COMPRESSOR RACK	12/01/14	604			X	302	7	HY 200DB	604	0
12	FOOD PROCESSOR	12/01/14	14,873			X	7,436	7	HY 200DB	14,873	0
13	CLEANING DISHTABLE	12/01/14	1,155			X	577	7	HY 200DB	1,155	0
14	WORK TABLE	12/01/14	1,949			X	974	7	HY 200DB	1,949	0
15	REFRIGERATOR	12/01/14	2,252			X	1,126	7	HY 200DB	2,252	0
16	FOOD PROCESSOR	12/01/14	1,236			X	618	7	HY 200DB	1,236	0
17	WORK TABLE	12/01/14	1,310			X	655	7	HY 200DB	1,310	0
18	WORK TABLE	12/01/14	883			X	441	7	HY 200DB	883	0
19	PLANETARY MIXER	12/01/14	4,319			X	2,159	7	HY 200DB	4,319	0
20	RANGE GRILL	12/01/14	6,915			X	3,457	7	HY 200DB	6,915	0
21	CONVECTION STEAMER	12/01/14	7,604			X	3,802	7	HY 200DB	7,604	0
22	BUN PAN RACK	12/01/14	1,482			X	741	7	HY 200DB	1,482	0
23	WORK TABLE	12/01/14	1,251			X	625	7	HY 200DB	1,251	0
24	WORK TABLE	12/01/14	824			X	412	7	HY 200DB	824	0
25	COFFEE BREWER	12/01/14	735			X	367	7	HY 200DB	735	0
26	MICROWAVE OVEN	12/01/14	468			X	234	7	HY 200DB	468	0
27	WORK TABLE	12/01/14	662			X	331	7	HY 200DB	662	0
28	ICE MACHINE & BIN	12/01/14	1,086			X	543	7	HY 200DB	1,086	0
29	BLAST CHILLER	12/01/14	6,500			X	3,250	7	HY 200DB	6,500	0
30	(2) UTILITY CARTS	12/01/14	495			X	247	7	HY 200DB	495	0
31	SIGN	12/01/14	5,035			X	2,517	7	HY 200DB	5,035	0
32	BLINDS	12/01/14	2,084			X	1,042	7	HY 200DB	2,084	0
33	WASHER AND DRYER	12/01/14	1,087			X	543	7	HY 200DB	1,087	0
36	TILTING KETTLE	12/01/14	22,103			X	11,051	7	HY 200DB	22,103	0
37	KITCHEN EQUIPMENT	1/31/15	35,089			X	17,544	7	HY 200DB	33,080	2,009
38	FREEZER	1/31/15	7,369			X	3,684	7	HY 200DB	6,947	422
39	DISHWASHER	1/31/15	4,241			X	2,120	7	HY 200DB	3,998	243
40	KITCHEN EQUIPMENT	5/04/15	1,025			X	512	7	HY 200DB	966	59
41	FENCE	5/23/15	3,713			X	1,856	7	HY 200DB	3,483	230
42	KITCHEN EQUIPMENT	6/01/15	3,152			X	1,576	7	HY 200DB	2,971	181
43	KITCHEN EQUIPMENT	6/01/15	3,525			X	1,762	7	HY 200DB	3,323	202
44	KITCHEN EQUIPMENT	12/17/15	1,292			X	646	7	HY 200DB	1,218	74
45	BLAST FREEZER	7/01/17	17,790				17,790	7	HY 200DB	13,821	1,588
46	FREEZE DRYER	7/01/17	3,295				3,295	7	HY 200DB	2,560	294
47	COFFEE POT	7/01/17	750				750	7	HY 200DB	583	67
49	FILTRATION SYSTEM	7/01/18	5,914			X	1,833	7	HY 200DB	4,081	524
50	KITCHEN EQUIPMENT	7/01/18	5,000			X	1,562	7	HY 200DB	3,438	446
51	Bakery Equipment	12/31/19	34,000			X	17,143	7	MQ200DB	16,857	4,898
53	Nut Grinder	7/01/19	2,499			X	1,138	7	MQ200DB	1,361	325
54	Washer & Dryer	7/01/19	1,831			X	834	7	MQ200DB	997	238
55	BAKERY EQUIPMENT	7/01/20	45,289				45,289	5	HY 200DB	23,550	8,696
57	EQUIPMENT	7/01/20	10,268				10,268	5	HY 200DB	5,340	1,971
58	COMPUTER SYSTEM	7/01/20	8,880				8,880	5	HY 200DB	4,617	1,705
60	DOUGH SHEETER	7/01/21	8,439				8,439	5	HY 200DB	1,688	2,700
61	FOOD PROCESSOR	7/01/21	1,073				1,073	5	HY 200DB	215	343
62	DELI SLICER	7/01/21	750				750	5	HY 200DB	150	240
63	BAKERY DISPLAY	7/01/21	3,701				3,701	5	HY 200DB	740	1,184
64	BAKERY EQUIPMENT	7/01/21	11,855				11,855	5	HY 200DB	2,371	3,793
65	LCB OVEN	7/01/21	9,980				9,980	5	HY 200DB	1,996	3,194
66	DELI DISPLAY CASE	7/01/21	3,444				3,444	5	HY 200DB	689	1,102
67	MIDEA 21 CUFT FREEZER	7/01/21	899				899	5	HY 200DB	180	287
68	2014 BOX TRUCK	7/01/21	25,000				25,000	7	HY 200DB	3,571	6,123
69	LIFT GATE	7/01/21	6,630				6,630	7	HY 200DB	947	1,624
71	ICE MACHINE	7/01/21	4,666				4,666	5	HY 200DB	933	1,493

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
72	KITCHEN EQUIPMENT	7/01/21	559			559	5 HY 200DB	112	178
			<u>443,229</u>			<u>301,125</u>		<u>316,498</u>	<u>47,497</u>
Other Depreciation:									
34	BUILDING	12/01/14	637,534			637,534	39 MO S/L	115,110	16,347
35	LAND	12/01/14	270,502			270,502	0 -- Land	0	0
48	WALK-IN FREEZER	7/01/18	91,102			91,102	39 MO S/L	8,176	2,336
52	Bakery Leasehold Improvements	12/31/19	35,613			35,613	39 MO S/L	1,826	913
56	BAKERKY LEASHOLD IMPR	7/01/20	30,873			30,873	15 MO S/L	3,087	2,058
70	BAKERY LEASEHOLD IMPROVEMENT	7/01/21	132,793			132,793	39 MO S/L	1,702	3,405
74	LEASEHOLD IMPROVEMENTS	7/01/22	79,948			79,948	39 MO S/L	0	1,025
	Total Other Depreciation		<u>1,278,365</u>			<u>1,278,365</u>		<u>129,901</u>	<u>26,084</u>
	Total ACRS and Other Depreciation		<u>1,278,365</u>			<u>1,278,365</u>		<u>129,901</u>	<u>26,084</u>
	Grand Totals		1,723,007			1,580,903		446,399	73,783
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,723,007</u>			<u>1,580,903</u>		<u>446,399</u>	<u>73,783</u>

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning _____, ending _____		

Name **LIVINGSTON FOOD PANTRY OF PARK COUNTY** Taxpayer Identification Number **20-3550306**

		2021	2022	Differences
R e v e n u e	1. Contributions, gifts, grants	578,325	599,455	21,130
	2. Membership dues and assessments			
	3. Government contributions and grants	393,953	432,069	38,116
	4. Program service revenue	260,169	428,960	168,791
	5. Investment income	2,257	3,296	1,039
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	830		-830
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	1,235,534	1,463,780	228,246
E x p e n s e s	13. Grants and similar amounts paid	176,942	235,329	58,387
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	8,654	79,849	71,195
	16. Salaries, other compensation, and employee benefits	558,688	752,761	194,073
	17. Professional fundraising fees			
	18. Other professional fees	210,903	388,375	177,472
	19. Occupancy, rent, utilities, and maintenance	72,017	77,903	5,886
	20. Depreciation and Depletion	90,660	73,783	-16,877
	21. Other expenses	53,980	57,246	3,266
	22. Total expenses. Add lines 13 through 21	1,171,844	1,665,246	493,402
	23. Excess or (Deficit). Subtract line 22 from line 12	63,690	-201,466	-265,156
O t h e r I n f o r m a t i o n	24. Total exempt revenue	1,235,534	1,463,780	228,246
	25. Total unrelated revenue			
	26. Total excludable revenue	263,256	432,256	169,000
	27. Total assets	2,362,881	2,155,117	-207,764
	28. Total liabilities	20,392	17,707	-2,685
	29. Retained earnings	2,342,489	2,137,410	-205,079
	30. Number of voting members of governing body	7	9	
31. Number of independent voting members of governing body	7	9		
32. Number of employees	27	41		
33. Number of volunteers		100		

Form 990 Tax Return History 2022

Name **LIVINGSTON FOOD PANTRY OF PARK COUNTY** Employer Identification Number **20-3550306**

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	762,775	734,411	1,541,860	972,278	1,031,524	
Membership dues						
Program service revenue	88,298	80,381	137,212	260,169	428,960	
Capital gain or loss				830		
Investment income	2,172	4,425	7,231	2,257	3,296	
Fundraising revenue (income/loss)			28,158			
Gaming revenue (income/loss)						
Other revenue						
Total revenue	853,245	819,217	1,714,461	1,235,534	1,463,780	
Grants and similar amounts paid			463,866	176,942	235,329	
Benefits paid to or for members						
Compensation of officers, etc.	42,000	43,750	44,800	8,654	79,849	
Other compensation	161,870	198,119	264,217	558,688	752,761	
Professional fees	171,098	171,287	216,361	210,903	388,375	
Occupancy costs	35,661	49,074	70,659	72,017	77,903	
Depreciation and depletion	65,641	62,862	85,626	90,660	73,783	
Other expenses	228,950	204,481	43,255	53,980	57,246	
Total expenses	705,220	729,573	1,188,784	1,171,844	1,665,246	
Excess or (Deficit)	148,025	89,644	525,677	63,690	-201,466	
Total exempt revenue	853,245	819,217	1,714,461	1,235,534	1,463,780	
Total unrelated revenue						
Total excludable revenue	90,470	84,806	172,601	263,256	432,256	
Total Assets	1,671,690	1,767,848	2,305,711	2,362,881	2,155,117	
Total Liabilities	7,737	14,721	26,906	20,392	17,707	
Net Fund Balances	1,663,953	1,753,127	2,278,805	2,342,489	2,137,410	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
		<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
INTEREST INCOME - BANKING	\$ 2,961					
Total	<u>\$ 2,961</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
		<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
DIVIDEND INCOME-LPL FINANCIAL	\$ 335					
Total	<u>\$ 335</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
FOOD PURCHASES	\$ 236,419	\$ 236,419		
FOOD PURCHASES	75,124	75,124		
PACKAGING	15,012	15,012		
SUPPLIES	1,553	1,553		
SUPPLIES	23,885	23,885		
PACKAGING	6,668	6,668		
RESALE ITEMS	10,829	10,829		
Total	\$ 369,490	\$ 369,490	\$ 0	\$ 0

C520 LIVINGSTON FOOD PANTRY
20-3550306
FYE: 12/31/2022

Federal Statements

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Schedule A, Part II, Line 1(e)

Description	Amount
CORPORATE FOUNDATIONS	7,397
INDIVIDUALS	9,800
NONPROFIT ORGANIZATIONS	137,845
FOOD DONATIONS	17,662
GOVERNMENT GRANTS	226,465
ALBERTSON GIFT CARDS	25,900
CITY OF LIVINGSTON	7,000
Cash Contribution PARK COUNTY	100,000
Cash Contribution GIVE A HOOT-PCCF	73,512
Cash Contribution OTOO BREMER TRUST	66,931
Cash Contribution ARTHUR M BLANK FOUNDATION	55,000
Cash Contribution THE KENDEDA FUND	50,000
Cash Contribution TOWN PUMP CHARITABLE FOUNDATION	50,000
Cash Contribution CH CMR PARTNERS LLC	43,336
Cash Contribution HIGH STAKES FOUNDATION	25,000
Cash Contribution AMERICAN ENDOWMENT	20,000
Cash Contribution GLASSYBABY FOUNDATION	10,000
Cash Contribution FAIRLIFE LLC	10,000
Cash Contribution PARK COUNTY COMMUNITY FOUNDATION	10,000
Cash Contribution WHEATON PRECIOUS METALS	10,000
Cash Contribution WALT K. WEISSMAN	10,000
Cash Contribution TREACY FOUNDATION	10,000

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
Cash Contribution	\$ 8,000
SAMPLE FOUNDATION INC	
Cash Contribution	6,176
EDWARD BAZINET CHARITABLE FOUNDATION	
Cash Contribution	5,500
DENNIS & PHYLLIS WASHINGTON FOUNDATI	
Cash Contribution	5,000
B BAR RANCH	
Cash Contribution	5,000
HOPA MOUNTAIN, INC	
Cash Contribution	5,000
SHARE OUR STRENGTH	
Cash Contribution	5,000
WHAYNE AND URSULA QUIN	
Cash Contribution	5,000
RENAISSANCE CHARITABLE FOUNDATION	
Cash Contribution	5,000
WILLIAM M & MIRIAM F MEEHAN	
Cash Contribution	6,000
Total	\$ 1,031,524

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROCESSED PRODUCTS SOLD	\$ 4,210
CATERING & RENTALS	31,144
BAKERY SALES	393,606
INTEREST INCOME - BANKING	2,961
DIVIDEND INCOME-LPL FINANCIAL	335
Total	\$ 432,256