

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning **07-01-2020**, and ending **06-30-2021**

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

**C** Name of organization  
MANNA FOOD BANK INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
627 SWANNANOA RIVER ROAD

City or town, state or province, country, and ZIP or foreign postal code  
ASHEVILLE, NC 288052445

**D** Employer identification number  
58-1514800

**E** Telephone number  
(828) 299-3663

**G** Gross receipts \$ 54,516,236

**F** Name and address of principal officer:  
HANNAH RANDALL  
627 SWANNANOA RIVER ROAD  
ASHEVILLE, NC 288052445

**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)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.MANNAFOODBANK.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1982

**M** State of legal domicile: NC

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
INVOLVING, EDUCATING, AND UNITING PEOPLE IN THE WORK OF ENDING HUNGER IN WESTERN NORTH CAROLINA.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	80
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	2,450
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	37,301,773	53,110,829
<b>9</b> Program service revenue (Part VIII, line 2g)		0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,734	149,420
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,708,487	1,156,733
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,072,994	54,416,982

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	25,158,060	24,986,990
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,779,853	4,369,802
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 915,046		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,071,287	9,970,821
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	36,009,200	39,327,613
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,063,794	15,089,369

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	14,546,315	28,015,233
<b>21</b> Total liabilities (Part X, line 26)	2,495,681	1,585,265
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	12,050,634	26,429,968

## 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: \*\*\*\*\* Date: 2022-01-28  
Type or print name and title: NANCY FLIPPIN CFO

**Paid Preparer Use Only** Print/Type preparer's name: Preparer's signature: Date: 2022-01-28  
Check  if self-employed PTIN: P01293995  
Firm's name ▶ CARTER P C Firm's EIN ▶ 38-3828234  
Firm's address ▶ 16 BILTMORE AVE SUITE 200 ASHEVILLE, NC 288013617 Phone no. (828) 259-9900

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

INVOLVING, EDUCATING, AND UNITING PEOPLE IN THE WORK OF ENDING HUNGER IN WESTERN NORTH CAROLINA.

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 [X] 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 [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 (Code: ) (Expenses \$ 36,204,384 including grants of \$ 24,636,435 ) (Revenue \$ ) See Additional Data

4b (Code: ) (Expenses \$ 443,977 including grants of \$ 350,555 ) (Revenue \$ ) See Additional Data

4c (Code: ) (Expenses \$ 470,704 including grants of \$ ) (Revenue \$ ) See Additional Data

(Code: ) (Expenses \$ 103,234 including grants of \$ ) (Revenue \$ )

MANNA FOODBANK IS A NON-PARTISAN ORGANIZATION DEDICATED TO EDUCATING THE PUBLIC ON THE ISSUES THAT AFFECT THE PEOPLE WE ALL SERVE TOGETHER. AT MANNA, WE ARE COMMITTED TO SERVING MARGINALIZED COMMUNITIES IN WAYS THAT VALUE WHO THEY ARE, THEIR LIVED EXPERIENCES, AND THEIR UNIQUE BARRIERS TO ACCESSING FOOD. WE ARE DEVELOPING SOLUTIONS TO HUNGER THAT ARE COMMUNITY- DRIVEN, EQUITABLE, ACCESSIBLE, HONOR A DIVERSITY OF NEEDS, AND VALUE EVERYONE. OUR FOOD PROGRAMS AND PUBLIC POLICY EFFORTS AIM TO BUILD A SOCIETY WHERE EVERYONE CAN LIVE, LEARN, WORK AND THRIVE-BECAUSE HAVING ENOUGH FOOD IS A FUNDAMENTAL HUMAN RIGHT. MANNA'S WORK TO ADDRESS HUNGER IN WNC INCLUDES ENCOURAGING THE COMMUNITY TO ADVOCATE FOR SOLUTIONS THAT LESSEN, AND ULTIMATE END, HUNGER FOR RESIDENTS ACROSS THE REGION. MANNA STAFF WORK TO INFORM LOCAL GOVERNMENT OFFICIALS AND LEGISLATORS OF THE IMPACT THAT FEDERAL AND STATE PROGRAMS HAVE ON RESIDENTS' ABILITY TO AFFORD GROCERIES. MANNA MAINTAINS AN EMAIL LIST FOR ADVOCACY CALLS-TO-ACTION, WHICH GREW BY 34% FROM THE PRIOR FISCAL YEAR. THE PANDEMIC'S IMPACTS CONTINUE TO EXPOSE THE FRAGILE BALANCE THAT THOUSANDS OF HOUSEHOLDS MANAGE EACH MONTH BETWEEN THE INCOME AND THE GROWING COST OF LIVING HERE IN WESTERN NORTH CAROLINA, AND THOSE IMPACTS CONTINUE TO AFFECT FAMILIES LIVING ON THE EDGE FAR MORE. AT A STATE LEVEL, MANNA'S DIRECT ADVOCACY WORK WITH PUBLIC OFFICIALS HELPED SECURE ADDITIONAL FUNDING FOR FOOD PURCHASE, AND SUPPORT FROM THE NORTH CAROLINA NATIONAL GUARD FOR INCREASED FOOD DISTRIBUTION DURING THE PANDEMIC. AT A FEDERAL LEVEL, MANNA'S PARTNERSHIP WITH FEEDING AMERICA AND PARTICIPATION IN DIRECT ADVOCACY WORK WITH FEDERAL PUBLIC OFFICIALS RESULTED IN A TEMPORARY EXPANSION OF SNAP BENEFITS TO FAMILIES IN 19/20 WHICH CONTINUES NOW, AND A TEMPORARY SUSPENSION OF THE ABAWD (ABLE BODIED ADULTS WITHOUT DEPENDENTS) REQUIREMENT IN ORDER TO QUALIFY FOR SNAP SUPPORT, WHICH ALSO REMAINS SUSPENDED DUE TO THE PANDEMIC. MANNA'S ONGOING FOCUS ON ADVOCATING FOR THE NEEDS OF WNC RESIDENTS CONTINUES TO GROW AND DEEPEN, HELPING TO INFLUENCE STATE AND NATIONAL POLICY, ALIGN STATE AND LOCAL RESOURCES, AND OPERATIONALIZE SUPPORT FOR COMMUNITIES WHERE A HIGH MAJORITY OF HOUSEHOLDS ARE FACING INCOME AND RESOURCE BARRIERS. WE ARE WORKING TO END HUNGER FOR ALL WESTERN NORTH CAROLINIANS THROUGH A COMMITMENT TO PROVIDING FOOD TODAY, FOOD TOMORROW, AND FOOD FOR A LIFETIME.

4d Other program services (Describe in Schedule O.) (Expenses \$ 103,234 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 37,222,299

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	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		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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		No
<b>5</b>	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		No
<b>6</b>	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		No
<b>7</b>	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		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	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		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	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.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</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	Yes	
<b>11c</b>	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		No
<b>11d</b>	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		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
<b>11f</b>	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	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>12b</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		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</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		No
<b>15</b>	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		No
<b>16</b>	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		No
<b>17</b>	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)		No
<b>18</b>	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	Yes	
<b>19</b>	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		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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	Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>22</b>	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> . . . . .	22 Yes	
<b>23</b>	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> . . . . .	23 Yes	
<b>24a</b>	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> . . . . .	24a	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	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	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	25a	No
<b>b</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> . . . . .	25b	No
<b>26</b>	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> . . . . .	26	No
<b>27</b>	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> . . . . .	27	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29 Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
<b>32</b>	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> . . . . .	32	No
<b>33</b>	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> . . . . .	33	No
<b>34</b>	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> . . . . .	34	No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
<b>b</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> . . . . .	35b	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	No
<b>37</b>	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>	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38 Yes	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a 21	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question is followed by a grid for 'Yes', 'No', and a column for numerical answers.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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:

**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 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, or 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.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
See Additional Data Table										

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>									
(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
See Additional Data Table										
<b>1b Sub-Total</b> . . . . .							▶			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .							▶			
<b>1d Total (add lines 1b and 1c)</b> . . . . .							▶	248,014		23,925

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **2**

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	75,979				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	91,408				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	12,521,392				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	40,422,050				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>	29,291,420				
	<b>h Total.</b> Add lines 1a-1f . . . . .			53,110,829			
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f. . . . .							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		52,085			52,085	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .	<b>6b</b>					
	<b>c</b> Rental income or (loss) . . . . .	<b>6c</b>					
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	<b>7a</b>	(i) Securities	158,797	25,130		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	86,592				
	<b>c</b> Gain or (loss) . . . . .	<b>7c</b>	72,205	25,130			
	<b>d</b> Net gain or (loss) . . . . .			97,335		97,335	
<b>8a</b> Gross income from fundraising events (not including \$ 91,408 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		57,598				
			12,662				
<b>b</b> Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .			44,936		44,936		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> CO-OP FOOD PROGRAM . . . . .		413,811	413,811				
<b>b</b> SHARED MAINTANANCE FEES . . . . .		411,311	411,311				
<b>c</b> RECLAIM SCANNING FEES . . . . .		252,939	252,939				
<b>d</b> All other revenue . . . . .		33,736			33,736		
<b>e Total.</b> Add lines 11a-11d . . . . .			1,111,797				
<b>12 Total revenue.</b> See instructions . . . . .			54,416,982	1,078,061	228,092		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	22,516,936	22,516,936		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	2,470,054	2,470,054		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	288,579	55,108	186,235	47,236
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	3,124,415	2,343,730	436,440	344,245
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	105,996	78,379	18,861	8,756
<b>9</b> Other employee benefits . . . . .	611,351	438,253	119,586	53,512
<b>10</b> Payroll taxes . . . . .	239,461	169,206	42,824	27,431
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	3,725		3,725	
<b>c</b> Accounting . . . . .	19,202		19,202	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	24,291		24,291	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	133,117	7,428	98,185	27,504
<b>12</b> Advertising and promotion . . . . .	76,854	28,969	22,390	25,495
<b>13</b> Office expenses . . . . .	776,842	355,455	52,432	368,955
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	223,061	215,224	7,008	829
<b>17</b> Travel . . . . .	5,222	3,171	1,989	62
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	13,922	10,863	2,550	509
<b>20</b> Interest . . . . .	7,288		7,288	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	403,765	326,660	75,855	1,250
<b>23</b> Insurance . . . . .	38,270	20,103	17,603	564
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> USDA FOOD COSTS	7,804,438	7,804,438		
<b>b</b> SHIPPING & TRANSPORTATION	372,501	372,472		29
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	68,323	5,850	53,804	8,669
<b>25</b> Total functional expenses. Add lines 1 through 24e	39,327,613	37,222,299	1,190,268	915,046
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	5,255,414	<b>1</b>	6,793,033
	<b>2</b> Savings and temporary cash investments . . . . .	423,342	<b>2</b>	924,445
	<b>3</b> Pledges and grants receivable, net . . . . .	705,168	<b>3</b>	381,567
	<b>4</b> Accounts receivable, net . . . . .	220,244	<b>4</b>	165,725
	<b>5</b> 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 . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	1,296,789	<b>8</b>	1,521,310
	<b>9</b> Prepaid expenses and deferred charges . . . . .	56,354	<b>9</b>	103,108
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 9,220,764		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 3,220,694	4,514,129	<b>10c</b> 6,000,070
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	9,035,035
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	2,056,077	<b>12</b>	2,701,701
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	246,730
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	18,798	<b>15</b>	142,509
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	14,546,315	<b>16</b>	28,015,233	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,326,088	<b>17</b>	882,012
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	556,613	<b>19</b>	703,253
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	612,980	<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,495,681	<b>26</b>	1,585,265
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	9,048,367	<b>27</b>	24,914,749
	<b>28</b> Net assets with donor restrictions . . . . .	3,002,267	<b>28</b>	1,515,219
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	12,050,634	<b>32</b>	26,429,968	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	14,546,315	<b>33</b>	28,015,233	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	54,416,982
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	39,327,613
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	15,089,369
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	12,050,634
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	452,625
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,162,660
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	26,429,968

**Part XII Financial Statements and Reporting**

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

- 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?  
 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?  
 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
- c** 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 in 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?
- 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.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

**Software ID:****Software Version:****EIN:** 58-1514800**Name:** MANNA FOOD BANK INC

Form 990 (2020)

**Form 990, Part III, Line 4a:**

MANNA FOODBANK SERVES AS THE CENTRAL FOOD SOURCING AND DISTRIBUTION CENTER FOR MORE THAN 200 NONPROFIT PARTNER AGENCIES THAT PROVIDE FOOD ASSISTANCE THROUGHOUT MANNA'S 16-COUNTY WESTERN NORTH CAROLINA SERVICE AREA, INCLUDING THE QUALLA BOUNDARY. OUR SERVICE AREA ENCOMPASSES 6,434 MILES WITH MANY OF OUR COMMUNITIES IN RURAL AND UNDER-SERVED LOCATIONS WITH HIGH FOOD INSECURITY RATES. THEREFORE TO ENSURE THAT THOSE IN NEED RECEIVE FOOD, WE DELIVER TO EVEN THE MOST REMOTE LOCATIONS ON A REGULAR BASIS. THE COUNTIES MANNA SERVES ARE: AVERY, BUNCOMBE, CHEROKEE, CLAY, GRAHAM, HAYWOOD, HENDERSON, JACKSON, MACON, MADISON, MCDOWELL, MITCHELL, POLK, SWAIN, TRANSYLVANIA, AND YANCEY COUNTY. THESE DIVERSE COMMUNITIES ALSO HAVE DIVERSE NEEDS AND AVAILABLE RESOURCES, BUT THE COMMON ISSUES OF HIGH HOUSING COSTS, LACK OF PUBLIC TRANSPORTATION, AND STAGNANT WAGE GROWTH ARE PERVASIVE, WITH A DRAMATICALLY GROWING GAP BETWEEN INCOME AND THE COST OF LIVING, RESULTING IN AN ONGOING PEAK NEED: MANNA CONTINUES SERVING OVER 100,000 PEOPLE EACH MONTH LIVING THROUGHOUT THE REGION. IN WNC, AT LEAST 1 IN 6 PEOPLE, AND 1 IN 4 CHILDREN, ARE FOOD INSECURE. FOOD DISTRIBUTION: IN RESPONSE TO A SUSTAINED INCREASE IN THE NEED FOR EMERGENCY FOOD ASSISTANCE DUE TO THE COVID PANDEMIC, IN FY 20/21, MANNA FOODBANK HAD ANOTHER RECORD-BREAKING YEAR, DISTRIBUTING 25.5 MILLION POUNDS OF FOOD, ENOUGH TO PROVIDE 21 MILLION MEALS. MANNA AND THE PARTNER AGENCY NETWORK DISTRIBUTED THE EQUIVALENT OF 58,300 MEALS EVERY DAY OF THE YEAR. THIS SECOND YEAR IN THE PANDEMIC MARKED ANOTHER ALL-TIME HIGH IN FOOD DISTRIBUTION EFFORTS FOR MANNA. RECORD NUMBERS OF HOUSEHOLDS CONTINUED TURNING TO MANNA'S PARTNER NETWORK—OVER 125,000 PEOPLE A MONTH ON AVERAGE—AND MANNA HAS WORKED TO STRETCH EVERY AVAILABLE RESOURCE TO SOURCE MORE FOOD, AND TO EXPAND ACCESS FOR THE MANY FAMILIES LIVING IN ISOLATED RURAL AREAS WITH LITTLE OR NO ACCESS TO EMERGENCY FOOD SUPPORT. OCTOBER 2020 MARKED THE LARGEST NEED SERVED IN A SINGLE MONTH IN THE ORGANIZATION'S HISTORY, WITH MANNA AND OUR PARTNERS SERVING OVER 140,000 INDIVIDUALS. THE MANNA COMMUNITY MARKET PROGRAM MARKED ITS SECOND ANNIVERSARY WITH AN ASTOUNDING 73% INCREASE IN MOBILE MARKET DISTRIBUTIONS, PROVIDING MORE MOBILE PANTRY OPTIONS IN REMOTE RURAL AREAS OF HIGH NEED THAN THE YEAR BEFORE, AND FOCUSING EFFORTS ON SERVING MARGINALIZED COMMUNITIES FACING EVEN STEEPER SYSTEMIC CHALLENGES. MANNA CONTINUED TO PRIORITIZE NUTRITIOUS FOOD DISTRIBUTION, WITH 25% OF OUR OVERALL INVENTORY DISTRIBUTED BEING FRESH PRODUCE—ESPECIALLY NOTEWORTHY IN A YEAR WHEN OVERALL FOOD DISTRIBUTION INCREASED BY MORE THAN 18%. PANDEMIC AND FOOD SOURCING: MANNA AND OUR DEDICATED PARTNER NETWORK CONTINUED TO FUNCTION IN PANDEMIC OPERATIONS MODE TO PROTECT THE HEALTH AND SAFETY OF OUR VOLUNTEERS, CLIENTS SEEKING FOOD, PARTNERS, STAFF, AND THE WELLBEING OF THE GENERAL PUBLIC. OUR NETWORK CONTINUED HOSTING DRIVE-THROUGH FOOD DISTRIBUTIONS, WITH SOME PARTNERS MOVING SAFELY TO CLIENT-CHOICE MARKETS IN OUTDOOR SETTINGS. WE CONTINUED TO EXPERIENCE DISTINCT CHALLENGES IN THE FOOD SUPPLY CHAIN, IMPACTING OUR ABILITY TO SOURCE DONATED FOOD ITEMS, AND NECESSITATING THAT THE FOOD BANK PURCHASE MORE FOOD RESOURCES TO SERVE THE SUSTAINED, ELEVATED NEED. THE PERCENT OF FOOD PURCHASED INCREASED 44% OVER THE PRIOR FISCAL YEAR, MADE POSSIBLE BY FUNDING PARTNERS AND COMPASSIONATE DONORS WHO HAVE STEPPED FORWARD TO HELP MANNA CONTINUE TO BE THE CENTRAL FOOD SOURCING AGENT FOR ALL OF WESTERN NORTH CAROLINA'S EMERGENCY FOOD NEEDS. EVEN WITH THESE CHALLENGES, MANNA'S FOOD DISTRIBUTION INCREASED TO OVER 70,000 LBS. DAILY IN RESPONSE TO A TREMENDOUS GROWTH IN THE NEED FOR FOOD. NUTRITION AND HEALTH: MANNA RECOGNIZES THAT NUTRITIOUS FOOD IS THE CORNERSTONE OF OVERALL HEALTH AND WELL-BEING, AND HAS WORKED DILIGENTLY FOR SEVERAL YEARS TO SOURCE NUTRITIONALLY DENSE FOOD THAT CAN BE DISTRIBUTED TO PARTNER AGENCIES. IN FY 20/21, 67% OF THE FOOD THAT MANNA DISTRIBUTED WAS CLASSIFIED AS "HEALTHY STAPLES" WHICH CONSIST OF ITEMS LIKE WHOLE GRAINS, PROTEINS, DAIRY, FRESH/FROZEN VEGETABLES AND FRUITS. OVER 25% OF ALL FOOD DISTRIBUTED WAS FRESH PRODUCE. IN ORDER TO ADDRESS THE INTERSECTION BETWEEN FOOD INSECURITY AND HEALTH RISKS, MANNA HAS BUILT ON THE SUCCESS OF NUTRITION-FOCUSED PROGRAMS TARGETING INCREASED ACCESS TO FRESH AND HEALTHY FOODS ACROSS OUR SERVICE AREA. THIS YEAR, MANNA WAS SELECTED AS THE FIRST FOOD BANK IN THE SOUTHEAST FOR PARTNERSHIP FOR A HEALTHIER AMERICA, AN ORGANIZATION THAT PROVIDES SUPPORT TO FOOD ASSISTANCE ORGANIZATIONS WHO ARE ACTING ON HEALTH-FOCUSED INITIATIVES TO PROVIDE MORE NUTRITIOUS FOOD AND EDUCATION SUPPORT FOR THE PEOPLE WE ARE SERVING ACROSS THE REGION. MANNA'S THREE-PRONG APPROACH TO OUR HEALTH INITIATIVES INCLUDES: 1. INCREASING THE NUTRITIONAL CONTENT OF THE FOOD MADE AVAILABLE TO OUR CLIENTS 2. EMPOWERING CLIENTS TO ACCESS AND CONSUME MORE NUTRITIONALLY DENSE FOOD, AND 3. BUILDING IMPACTFUL PARTNERSHIPS WITHIN THE HEALTH SYSTEM, INCLUDING CLINICS AND OTHER HEALTH-FOCUSED ORGANIZATIONS WHO INTERFACE WITH OUR CLIENTS. THE FOOD DISTRIBUTION NETWORK: MANNA FOODBANK PARTNERS WITH OVER 200 AGENCIES TO DISTRIBUTE FOOD, INCLUDING FOOD PANTRIES, SHELTERS, COMMUNITY KITCHENS, CHURCH MINISTRIES, AND OTHER COMMUNITY ORGANIZATIONS OFFERING EMERGENCY FOOD ASSISTANCE FOR WNC RESIDENTS STRUGGLING WITH HUNGER—ESPECIALLY CHILDREN, FAMILIES, SENIORS, VETERANS, DISABLED PERSONS, AND GROWING NUMBERS OF THE WORKING POOR. IN FY 19/20, MANNA EXPANDED OUR EFFORTS TO REACH AS MANY PEOPLE AS POSSIBLE WITH THE LAUNCH OF THE MANNA COMMUNITY MARKET, A MOBILE PANTRY AVAILABLE TO DEPLOY ACROSS THE RURAL REGION, AND BY THE END OF FY 20/21, MANNA HAD INCREASED FOOD DISTRIBUTION THROUGH THIS METHOD BY 78%, TO OVER 1.5 MILLION POUNDS OF GROCERIES DELIVERED TO COMMUNITIES IN UNDERSERVED AREAS WITH A HIGH NEED FOR FOOD. MANNA AGENCY MANAGERS PROVIDE RESOURCES, SUPPORT AND GUIDANCE TO ALL OF OUR PARTNER AGENCIES ENSURING THAT THEY ADHERE TO NATIONAL SAFE SERV STANDARDS AS WELL AS FEEDING AMERICA'S SPECIFIC FOOD SAFETY STANDARDS FOR FOOD BANKS. STEWARDSHIP: MANNA FOODBANK IS PROUD TO HAVE EARNED A 4-STAR RATING FROM CHARITY NAVIGATOR FOR 10 CONSECUTIVE YEARS—THE HIGHEST RATING POSSIBLE FROM THE INDEPENDENT NONPROFIT RATING ORGANIZATION. NATIONALLY, MANNA FOODBANK RANKS IN THE TOP 2% OF NONPROFITS FOR FISCAL RESPONSIBILITY AND EFFECTIVENESS. THIS TOP RATING IS A RESULT OF AN UNWAVERING DEDICATION TO STEWARDSHIP, AND TO A ROBUST VOLUNTEER PROGRAM. IN FY 20/21, 2,453 VOLUNTEERS SERVED 54,000+ HOURS IN A VARIETY OF VOLUNTEER ROLES. THIS IS THE EQUIVALENT OF 28 FULL-TIME STAFF MEMBERS AND HELPS MANNA CONTINUE TO PRIORITIZE FINANCIAL RESOURCES TOWARD PROVIDING FOOD. AN IMPORTANT NOTE HERE IS THAT WHILE INDIVIDUAL VOLUNTEER NUMBERS DECREASED FROM THE PRIOR FISCAL YEAR, INDIVIDUAL VOLUNTEERS DEDICATED FAR MORE OF THEIR TIME IN FY 20/21 TO MAINTAIN A HIGH "TOTAL HOURS" DONATED, THEREBY CONTINUING TO SUPPORT MANNA'S DEEP COMMITMENT TO STEWARDSHIP AT EVERY LEVEL. THE VARIETY OF VOLUNTEER ROLES ALSO INCREASED: MANNA NOW UTILIZES VOLUNTEERS IN EVERY DEPARTMENT. THE VOLUNTEER ROLES RANGE FROM SORTING PRODUCE AND PACKING BULK FOODS, PACKING AND DELIVERING MANNA PACKS FOR KIDS, DRIVING MANNA EXPRESS AND MANNA COMMUNITY MARKET DELIVERIES, PICKING ORDERS IN THE WAREHOUSE FOR PARTNER AGENCIES, SORTING LARGE DONATIONS FROM FOOD INDUSTRY DONORS, EDUCATING THE PUBLIC ON MANNA'S WORK VIA AMBASSADORS, TAKING CALLS THROUGH THE FOOD HELPLINE, PARTNER AGENCY OUTREACH AND MONITORING, AND A VARIETY OF ADMINISTRATIVE TASKS. VOLUNTEERS HELP MANNA KEEP OVERHEAD COSTS LOW AND ENSURE THAT FOR EVERY DOLLAR DONATED, MANNA CAN HELP PROVIDE THE FOOD FOR 4 MEALS.

## **Form 990, Part III, Line 4b:**

MANNA PACKS FOR KIDS IS A DIRECT-FOOD ASSISTANCE PROGRAM PARTNERING WITH 165 SCHOOLS ACROSS OUR 16-COUNTY SERVICE AREA. EACH WEEK, VOLUNTEERS PACK AND DISTRIBUTE THOUSANDS OF BAGS OF FOOD TO SCHOOL CHILDREN WHO ARE FOOD INSECURE AND RELY ON FREE MEAL PLANS TO HAVE ENOUGH TO EAT. EACH BAG CONTAINS SNACKS AND MEALS TO LAST OVER THE WEEKEND WHEN THESE FOOD-INSECURE CHILDREN DO NOT HAVE ENOUGH TO EAT. IN FY 20/21, A TOTAL OF 107,578 MANNA PACKS WERE DISTRIBUTED TO CHILDREN ON THE FREE SCHOOL MEAL PROGRAM. THROUGH THE EFFORTS OF SCHOOL DISTRICTS, NUTRITION DIRECTORS, TEACHERS, GUIDANCE COUNSELORS, AND SCHOOL NUTRITION STAFF, MANNA WAS ABLE TO CONTINUE PROVIDING FOOD RESOURCES TO CHILDREN EVEN DURING SCHOOL CLOSINGS, UNFORESEEN CLOSURES, IN-PERSON CLASS CHANGES, AND MANY OTHER LAST-MINUTE SCHEDULE CHANGES THAT HAVE BECOME ROUTINE WITH SCHOOLS OPERATING AMIDST THE PANDEMIC. IN THE SUMMER MONTHS OF 2020, MANNA DISTRIBUTED BAGS OF FOOD WITH A WEEK'S WORTH OF NOURISHMENT TO 2,517 CHILDREN THROUGH THE SUMMER PACK PROGRAM IN 13 COUNTIES, PROVIDING MUCH NEEDED FOOD ASSISTANCE WHILE CHILDREN ARE OUT OF SCHOOL AND AWAY FROM THE VITAL SCHOOL MEAL PROGRAM.

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**Form 990, Part III, Line 4c:**

MANNA'S OUTREACH PROGRAM IS A DIRECT ASSISTANCE PROGRAM THAT PROVIDES HOUSEHOLDS STRUGGLING TO AFFORD GROCERIES WITH ACCESS TO FOOD RESOURCES. THE OUTREACH PROGRAM CONNECTS HOUSEHOLDS TO A PARTNER AGENCY OR MANNA MOBILE MARKET FOR IMMEDIATE FOOD SUPPORT, AS WELL AS ASSISTING INDIVIDUALS WITH SIGNING UP FOR SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM), THE COUNTRY'S MOST EFFECTIVE ANTI-HUNGER PROGRAM (FORMERLY CALLED "FOOD STAMPS"). SNAP SUPPORT CAN HELP A FAMILY SURVIVE A CRISIS OF UNEMPLOYMENT, POOR HEALTH, OR OTHER HARDSHIPS THAT CAN TRIGGER A DOWNWARD SPIRAL INTO POVERTY. IN FY 20/21 MANNA'S OUTREACH TEAM OF STAFF AND VOLUNTEERS FIELDDED 12,577 CONTACTS WITH HOUSEHOLDS NEEDING ACCESS TO FOOD (AN INCREASE OF 47% OVER THE PRIOR FISCAL YEAR), REFERRED 10,997 HOUSEHOLDS TO AVAILABLE FOOD SERVICES, AND PROVIDED DIRECT ASSISTANCE TO 1,580 HOUSEHOLDS WITH HELP APPLYING FOR OR RECERTIFYING FOR SNAP. THIS INCLUDES ASSISTING PEOPLE AT PARTNER AGENCIES, AND THROUGH MANNA'S FOOD HELPLINE, WHICH IS RUN BY MANNA STAFF AND HIGHLY TRAINED VOLUNTEERS WHO PROVIDE OVER-THE-PHONE ASSISTANCE TO PEOPLE IN NEED ACROSS THE REGION. THE PRIVACY AND CONVENIENCE OF THE HELPLINE SERVICE OVERCOMES NUMEROUS BARRIERS FOR INDIVIDUALS IN NEED, INCLUDING TRANSPORTATION, WORK SCHEDULE CONSTRAINTS, PHYSICAL DISABILITIES, ETC. THAT MAY PREVENT PEOPLE FROM ACCESSING THE HELP THAT THEY NEED IN PERSON. MANNA PARTNERS WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE IN EVERY COUNTY OF THE SERVICE REGION TO PROVIDE THIS STREAMLINED SUPPORT. OUR EQUITY COMMITMENT: WE ARE THE MOUNTAIN AREA NUTRITIONAL NEEDS ALLIANCE (MANNA), A NETWORK OF MORE THAN 200 PARTNER AGENCIES, VOLUNTEERS, STAFF, BOARD, AND OTHERS WORKING TOGETHER IN A SHARED MISSION OF INVOLVING, EDUCATING, AND UNITING PEOPLE IN THE WORK OF ENDING HUNGER IN WESTERN NORTH CAROLINA. AT MANNA FOODBANK, WE HOLD PEOPLE EXPERIENCING HUNGER AND FOOD INSECURITY IN WESTERN NORTH CAROLINA AT THE CENTER OF OUR ACTIONS AND DECISIONS. WE ENVISION A HUNGER-FREE WESTERN NORTH CAROLINA WHERE EACH PERSON CAN PARTICIPATE, PROSPER AND HAVE ACCESS TO FOOD THAT IS BOTH NOURISHING AND IN KEEPING WITH THEIR CULTURE. WE RECOGNIZE THAT SYSTEMIC INJUSTICES AND OPPRESSION EXIST-SUCH AS RACISM, CLASSISM, AND SEXISM-AND THAT THESE CREATE AND PERPETUATE CONDITIONS THAT SUSTAIN POVERTY, HUNGER, AND HEALTH DISPARITIES. UNDERSTANDING THIS, WE COMMIT TO SERVE MARGINALIZED COMMUNITIES, IN BOTH URBAN AND RURAL ENVIRONMENTS, IN WAYS THAT VALUE WHO THEY ARE, THEIR LIVED EXPERIENCES AND THEIR UNIQUE BARRIERS TO ACCESSING FOOD. WE RESOLVE TO EDUCATE OURSELVES BY LISTENING TO AND INCLUDING THESE COMMUNITIES IN OUR WORK, AND TO RESPOND WHERE BIAS AND INEQUITIES APPEAR. WE WILL CONFRONT OPPRESSION AND POVERTY BY DEVELOPING SOLUTIONS TO HUNGER THAT ARE COMMUNITY-DRIVEN, EQUITABLE, ACCESSIBLE, HONOR A DIVERSITY OF NEEDS, AND VALUE EVERYONE. OUR FOOD PROGRAMS AND PUBLIC POLICY EFFORTS AIM TO BUILD A SOCIETY WHERE EVERYONE CAN THRIVE-CELEBRATING OUR DIFFERENCES AND WORKING TOGETHER TO OVERCOME INJUSTICES THAT MIGHT DIVIDE US BECAUSE NO ONE SHOULD BE HUNGRY.

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
JUDY BUTLER ..... PRESIDENT	1.46 .....	X		X				0	0	0
JIM MATHEWS ..... VICE PRESIDE	4.23 .....	X		X				0	0	0
MARY C DAVIS ..... TREASURER	0.92 .....	X		X				0	0	0
JERRY PRICKETT ..... SECRETARY	2.19 .....	X		X				0	0	0
STEVE METCALF ..... PAST PRESIDE	3.56 .....	X		X				0	0	0
KATHY ARRIOLA ..... BOARD MEMBER	0.29 .....	X						0	0	0
MARCIA BROMBERG ..... BOARD MEMBER	0.63 .....	X						0	0	0
KEITH COLLINS ..... BOARD MEMBER	0.30 .....	X						0	0	0
MELODY DUNLOP ..... BOARD MEMBER	0.88 .....	X						0	0	0
FRANK DUNN ..... BOARD MEMBER	0.21 .....	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
RON EDGERTON ..... BOARD MEMBER	0.85 .....	X						0	0	0
JOHN FORSYTH ..... BOARD MEMBER	3.38 .....	X						0	0	0
BUD HUGHES ..... BOARD MEMBER	0.27 .....	X						0	0	0
DAVID JENKINS ..... BOARD MEMBER	0.12 .....	X						0	0	0
KENYON LAKE ..... BOARD MEMBER	0.06 .....	X						0	0	0
KIP MARSHALL JR ..... BOARD MEMBER	0.59 .....	X						0	0	0
KAREN OLSEN ..... BOARD MEMBER	0.27 .....	X						0	0	0
LAVOY SPOONER ..... BOARD MEMBER	0.71 .....	X						0	0	0
CALVIN TOMKINS ..... BOARD MEMBER	0.48 .....	X						0	0	0
EDWARD ZAIDBERG ..... BOARD MEMBER	3.46 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
LEANN BRIDGES ..... BRD MBER THR	0.14 .....	X						0	0	0
LOUISE O'CONNOR ..... BRD MBER THR	2.71 .....	X						0	0	0
CINDY PIERCY ..... BRD MBER THR	0.12 .....	X						0	0	0
SAGE TURNER ..... BRD MBER THR	0.26 .....	X						0	0	0
HANNAH RANDALL ..... EXECUTIVE DI	50.00 .....			X				140,997	0	10,777
NANCY FLIPPIN ..... CFO	50.00 .....			X				107,017	0	13,148

**SCHEDULE A**  
(Form 990 or 990-EZ)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization**  
MANNA FOOD BANK INC

**Employer identification number**  
58-1514800

**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 or 990-EZ).)
- 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 **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 in 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		
<b>Total</b>						

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	28,576,600	33,289,787	31,088,843	37,301,773	53,110,829	183,367,832
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	28,576,600	33,289,787	31,088,843	37,301,773	53,110,829	183,367,832
<b>5</b> 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). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						183,367,832

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .	28,576,600	33,289,787	31,088,843	37,301,773	53,110,829	183,367,832
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	14,453	14,623	23,932	22,580	52,085	127,673
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	20,217	51,113	49,612	34,583	33,736	189,261
<b>11 Total support.</b> Add lines 7 through 10						183,684,766
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	5,409,248

**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** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.830 %
<b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.830 %

- 16a 33 1/3% support test—2020.** 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 . . . . .
- b 33 1/3% support test—2019.** 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 . . . . .
- 17a 10%-facts-and-circumstances test—2020.** 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 . . . . .
- b 10%-facts-and-circumstances test—2019.** 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 . . . . .
- 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 . . . . .

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 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.** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in 11a above?		
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015. . . . .			
<b>b</b> From 2016. . . . .			
<b>c</b> From 2017. . . . .			
<b>d</b> From 2018. . . . .			
<b>e</b> From 2019. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 2020. . . . .			

**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).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 155,525

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2020**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
MANNA FOOD BANK INC  
**Employer identification number**  
58-1514800

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**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 are a 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 programs
  - 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 |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 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 in 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
<b>1a</b> Beginning of year balance . . . . .	4,616,406	2,738,653	2,703,511	1,488,615	1,474,081
<b>b</b> Contributions . . . . .	18,911,869	2,423,670	170,053	1,453,947	182,618
<b>c</b> Net investment earnings, gains, and losses	458,645	4,334	40,989		
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	11,146,622	538,155	163,713	239,051	168,084
<b>f</b> Administrative expenses . . . . .	18,657	12,096	12,187		
<b>g</b> End of year balance . . . . .	12,821,641	4,616,406	2,738,653	2,703,511	1,488,615

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 88.180 %
  - b** Permanent endowment ▶ 2.490 %
  - c** Term endowment ▶ 9.330 %
- 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:
- |  |                  |           |
|--|------------------|-----------|
|  | <b>Yes</b>       | <b>No</b> |
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b> Yes | No        |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b>    | No        |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>        |           |
- 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
<b>1a</b> Land . . . . .		249,466		249,466
<b>b</b> Buildings . . . . .	1,500,000	4,183,515	1,427,549	4,255,966
<b>c</b> Leasehold improvements		4,769	535	4,234
<b>d</b> Equipment . . . . .		3,283,014	1,792,610	1,490,404
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				6,000,070

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) BENEFICIAL INTEREST IN ENDOWMENT FD	2,701,701	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,701,701	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	53,754,583
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	452,625
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	59,215
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-1,149,948
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-638,108
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	54,392,691
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	24,291
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	24,291
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	54,416,982

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	39,375,249
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	59,215
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	12,712
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	71,927
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	39,303,322
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	24,291
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	24,291
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	39,327,613

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-1514800

**Name:** MANNA FOOD BANK INC

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENTS REPRESENTED IN PART V INCLUDE BOARD-RESCTIRED FUNDS FOR CAPITAL IMPROVEMENTS (351,592), OPERATING RESERVES (1,919,795) AND FUTURE FACILITIES RESERVES (9,035,035). OTHER BALANCES HELD UNDER TEMPORARY AND PERMANENT RESTRICTIONS. THE ORGANIZATION IS ALSO THE BENEFICIARY OF AN ENDOWMENT INTEREST HELD WITH THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC., A 501(C)(3) NONPROFIT FOUNDATION.



## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SEC 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR THE YEARS ENDED JUNE 30, 2020, 2019, AND 2018 ARE SUBJECT TO EXAMINATION BY THE IRS GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	DIRECT FUNDRAISING EXPENSES 12,662 IMPAIRMENT LOSS ON HELD-FOR-SALE ASSET -1,162,610

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	DIRECT FUNDRAISING EXPENSES 12,662 UNCOLLECTABLE PLEDGES 50

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 ▶ Attach to Form 990 or Form 990-EZ.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

Name of the organization  
MANNA FOOD BANK INC

**Employer identification number**  
58-1514800

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |   |
|---|---|
| <p><b>a</b> <input type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> . . . . . ▶						

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

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<b>EMPTY BOWLS</b> (event type)	<b>GIVING TREE</b> (event type)	<b>1</b> (total number)	(add col. (a) through col. (c))
<b>1</b> Gross receipts . . . . .	53,963	44,075	50,968	149,006
<b>2</b> Less: Contributions . . . . .	22,903	19,075	49,430	91,408
<b>3</b> Gross income (line 1 minus line 2) . . . . .	31,060	25,000	1,538	57,598
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .	3,754			3,754
<b>7</b> Food and beverages . . . . .	4,046			4,046
<b>8</b> Entertainment . . . . .				
<b>9</b> Other direct expenses . . . . .	4,862			4,862
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				12,662
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				44,936

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	<b>1</b> Gross revenue . . . . .			
<b>2</b> Cash prizes . . . . .				
<b>3</b> Noncash prizes . . . . .				
<b>4</b> Rent/facility costs . . . . .				
<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization MANNA FOOD BANK INC

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Employer identification number 58-1514800

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 172
3 Enter total number of other organizations listed in the line 1 table 1

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FOOD DISTRIBUTION			1,862,460	STUDY	FOOD
(2) MANNA COMMUNITY MARKETS			537,510	STUDY	FOOD
(3) EMERGENCY COVID-19 RESPON			70,084	STUDY	FOOD
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 4, PART IV	AMOUNTS REPORTED IN PART II ABOVE INCLUDE FOOD PROVIDED TO RECIPIENT AGENCIES FOR PURPOSE OF DISTRIBUTION TO THEIR RESPECTIVE COMMUNITIES. FOOD IS VALUED AT AN AVERAGE PRICE PER POUND. MANNA FOOD BANK DOES NOT DOCUMENT NUMBER OF INDIVIDUALS SERVED FROM EACH AGENCY FOOD DISTRIBUTION.



**Additional Data****Software ID:****Software Version:****EIN:** 58-1514800**Name:** MANNA FOOD BANK INC**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ABCCM - CRISIS MINISTRY 24 CUMBERLAND AVE ASHEVILLE, NC 28801	56-0945001	501C3		305,826	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
ANCHOR BAPTIST CHURCH 3232 HENDERSONVILLE HWY PISGAH FOREST, NC 28768	56-1419926	501C3		709,457	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANDREWS SEVENTH-DAY ADVENTIST CHURC PO BOX 1363 45 PARK STREET ANDREWS, NC 28901	30-0269859	501C3		9,914	STUDY	FOOD	FOOD DISTRIBUTION
ARDEN MISSIONARY BAPTIST CHURCH 2568 HENDERSONVILLE ROAD PO BOX 511 FLETCHER NC 28732 ARDEN, NC 28704	56-1719188	501C3		8,191	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARDEN STREET MINISTRY 35 AIRPORT ROAD ASHEVILLE, NC 28704		501C3		133,492	STUDY	FOOD	FOOD DISTRIBUTION
ASHEVILLE CITY & BUNCOMBE COUNTY 175 BINGHAM RAOD ASHEVILLE, NC 28806	56-6000994	GOV		351,723	STUDY	MANNAPACKS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ASHEVILLE FIRST CHURCH OF THE NAZAR 385 HAZEL MILL RD ASHEVILLE, NC 28806	47-2955038	501C3		43,046	STUDY	FOOD	FOOD DISTRIBUTION
ASHEVILLE TERRACE APARTMENTS 200 TUNNEL ROAD ASHEVILLE, NC 28805	56-6003041			23,041	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AVERY COUNTY 775 CRANBERRY STREET NEWLAND, NC 28657	56-6000990	GOV		125,340	STUDY	MANNAPACKS	FOOD DISTRIBUTION
AVERY'S CREEK UMC COMMUNITY FOOD PA 874 GLENN BRIDGE ROAD SE ARDEN, NC 28704	32-0409618	501C3		111,221	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAKERSVILLE BAPTIST CHURCH PO BOX 2 119 NORTH MITHCELL AVE BAKERSVILLE, NC 28705	56-1283820	501C3		75,591	STUDY	FOOD	FOOD DISTRIBUTION
BEACON OF HOPE SERVICES PO BOX 547 120 CALVARY DRIVE MARSHALL, NC 28753	56-2241353	501C3		835,153	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BEAVERDAM COMMUNITY DEVELOPMENT CLU 1620 N CANTON ROAD CANTON, NC 28716	56-1767563	501C3		57,875	STUDY	FOOD	FOOD DISTRIBUTION
BELOVED ASHEVILLE PO BOX 6386 ASHEVILLE, NC 28816	84-3381632	501C3		112,340	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETHEL A BAPTIST CHURCH 290 OAKDALE STREET BREVARD, NC 28712	56-2032133	501C3		13,506	STUDY	FOOD	FOOD DISTRIBUTION
BETHEL RURAL COMMUNITY PANTRY PO BOX 1333 664 SONOMA ROAD WAYNESVILLE, NC 28786	34-2063022	501C3		60,461	STUDY	FOOD	FOOD DISTRIBUTION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETHEL SEVENTH DAY ADVENTIST CHURCH PO BOX 1507 238 S FRENCH BROAD AVE 28801 ASHEVILLE, NC 28803	56-2234766	501C3		55,622	STUDY	FOOD	FOOD DISTRIBUTION
BEULAH BAPTIST CHURCH 483 SUNSET CIRCLE CANTON, NC 28716	56-1326725	501C3		52,618	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BEVERLY HILLS BAPTIST - FAMILY TO F 777 TUNNEL ROAD ASHEVILLE, NC 28805	56-0883842	501C3		45,382	STUDY	FOOD	FOOD DISTRIBUTION
BIG IVY COMMUNITY CLUB PO BOX 425 540 DILLINGHAM ROAD BARNARDSVILLE, NC 28709	56-1890924	501C3		77,188	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BILTMORE CHURCH OF GOD - JUST A JES 1390 SWEETEN CREEK RD ASHEVILLE, NC 28803	62-0484177	501C3		53,641	STUDY	FOOD	FOOD DISTRIBUTION
BLACK MOUNTAIN HOME FOR CHILDREN 80 LAKE EDEN ROAD BLACK MOUNTAIN, NC 28711	56-0538018	501C3		41,557	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOUNTY AND SOUL FRESH MARKET 999 OLD HIGHWAY 70 424 WEST STATE STREET BLACK MOUNTAIN, NC 28711	27-0593409	501C3		978,807	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
BREAD OF LIFE INC 248 SOUTH CALDWELL ST BREVARD, NC 28712	56-2053857	501C3		27,294	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BUNCOMBE COUNTY CEM 200 COLLEGE ST STE 300 ASHEVILLE, NC 28801	45-3323540	501C3		425,533	STUDY	FOOD	FOOD DISTRIBUTION
BUNCOMBE COUNTY SCHOOLS FAMILY RESOURCE CENTER 390 ASBURY ROAD CANDLER, NC 28715	58-1685536	501C3		15,611	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CALVARY CHAPEL OF ASHEVILLE INC PO BOX 9159 5516 BOYLSTON HWY MILLS RIVER, NC 28759	56-1895938	501C3		107,387	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
CALVARY EPISCOPAL FOOD PANTRY PO BOX 187 2840 HENDERSONVILLE ROAD FLETCHER, NC 28732	61-1657546	501C3		100,078	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE - FOOD P 50 ORANGE STREET ASHEVILLE, NC 28801	56-1058954	501C3		94,377	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
CENTRO UNIDO LATINO AMERICANO 79 ACADEMY STREET MARION, NC 28752	56-2678411	501C3		38,483	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CFC - TRINITY PLACE 12 RAVENSCROFT DR PO BOX 19113 ASHEVILLE, NC 28801	56-1182686	501C3		200,927	STUDY	FOOD	FOOD DISTRIBUTION
CHARITY HOUSE MISSION 178 JOE YOUNG ROAD 502 E MAIN STREET BURNSVILLE, NC 28714	47-2433775	501C3		9,487	STUDY	FOOD	FOOD DISTRIBUTION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHEROKEE COUNTY 911 ANDREWS ROAD MURPHY, NC 28906	56-6000211	GOV		75,200	STUDY	MANNAPACKS	FOOD DISTRIBUTION
CHEROKEE COUNTY FOOD PANTRY INC ANDREWS LIONS CLUB/PO BOX 843 121 MAIN STREET - WEST END PLAZA ANDREWS, NC 28901	20-1216234	501C3		300,364	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHEROKEE COUNTY SHARING CENTER INC PO BOX 692 73 VALLEY RIVER AVE MURPHY, NC 28906	61-1508378	501C3		213,915	STUDY	FOOD	FOOD DISTRIBUTION
CLAY COUNTY 154 YELLOW JACKET DRIVE HAYESVILLE, NC 28904	56-6001009	GOV		22,856	STUDY	MANNAPACKS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLAY COUNTY FOOD PANTRY INC PO BOX 853 2278 HINTON CENTER ROAD HAYESVILLE, NC 28904	56-1915169	501C3		224,755	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
COMMUNITY BAPTIST CHURCH 200 BUENA VISTA DR BREVARD, NC 28712	56-0556746	501C3		55,612	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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COMMUNITY TABLE OF JACKSON COUNTY PO BOX 62 23 CENTRAL STREET SYLVA 28779 DILLSBORO, NC 28725	56-2264894	501C3		45,692	STUDY	FOOD	FOOD DISTRIBUTION
COUNCIL ON AGING OF BUNCOMBE COUNTY 75 HAYWOOD STREET ASHEVILLE, NC 28801	23-7410586	501C3		42,455	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CROSSROADS BAPTIST CHURCH 116 RUNNING PINE RD LAKE TOXAWAY 320 WHITMIRE STREET 28712 BREVARD, NC 28747	68-0576472	501C3		19,514	STUDY	FOOD	FOOD DISTRIBUTION
CROSSROADS FOOD PANTRY 5 OAK STREET ASHEVILLE, NC 28801	56-0554211	501C3		11,410	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CRY OF A CHILD MISSIONS INTL INC 102 RECC DRIVE BAKERSVILLE, NC 28705	56-2212758	501C3		71,983	STUDY	FOOD	FOOD DISTRIBUTION
CULLOWHEE VALLEY BAPTIST CHURCH 36 TILLEY CREEK ROAD PO BOX 958 DILLSBORO 28725 CULLOWHEE, NC 28723	56-0556746	501C3		46,014	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DYSARTSVILLE CHRISTIAN MINISTRIES C/O TRINITY UNITED METHODIST CHURCH 174 TRINITY CHURCH LOOP NEBO, NC 28761	56-1151032	501C3		109,178	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
ELIADA HOMES INC 823 ELIADA HOME ROAD ASHEVILLE, NC 28806	56-0611587	501C3		19,488	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EMMANUEL LUTHERAN SHELTER PROG 51 WILBURN PLANCE ASHEVILLE, NC 28806	43-0658188	501C3		176,742	STUDY	FOOD	FOOD DISTRIBUTION
ETOWAH UMC - FISHES & LOAVES FOOD P PO BOX 1268 110 BRICKYARD RD ETOWAH, NC 28729	56-1333035	501C3		88,815	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FEAST ASHEVILLE BOUNTIFUL CITIES 50 SOUTH FRENCH BROAD AVE 257 ASHEVILLE, NC 28801	05-0587434	501C3		63,257	STUDY	FOOD	FOOD DISTRIBUTION
FEED MY SHEEP 587 MICAVILLE LOOP BURNSVILLE, NC 28714	56-1635971	501C3		22,144	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FEEDING AVERY FAMILIES 508 PINEOLA ST PO BOX 1075 BANNER ELK 28604 NEWLAND, NC 28657	45-2302126	501C3		319,454	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
FINES CREEK COMMUNITY DEVELOPMENT A 190 FINES CREEK ROAD CLYDE, NC 28721	56-1965399	501C3		130,932	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FIRST AT BLUE RIDGE PO BOX 40 32 KNOX RD RTE 4 RIDGECREST, NC 28770	58-1946948	501C3		75,160	STUDY	FOOD	FOOD DISTRIBUTION
FIRST BAPTIST CHURCH - EAST FLAT RO PO BOX 305 2227 SPARTANBURG HIGHWAY EAST FLAT ROCK, NC 28726	56-6099950	501C3		65,510	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FIRST BAPTIST CHURCH DBA SPARROWS 517 HIAWASEE STREET MURPHY, NC 28906	56-0745813	501C3		206,270	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
FIRST UNITED METHODIST CHURCH- WAYN PO BOX 838 566 SOUTH HAYWOOD STREET WAYNESVILLE, NC 28786	56-0728628	501C3		113,379	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FISHES & LOAVES FOOD PANTRY PO BOX 865 549 FRANK ALLEN ROAD CASHIERS, NC 28717	26-3516849	501C3		31,843	STUDY	FOOD	FOOD DISTRIBUTION
FLAT CREEK BAPTIST CHURCH 21 FLAT CREEK CHURCH RD WEAVERVILLE, NC 28787	56-0885321	501C3		42,088	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FOOD FOR FAIRVIEW PO BOX 2077 1357 CHARLOTTE HWY COMMUNITY CTR FAIRVIEW, NC 28730	58-2539200	501C3		70,095	STUDY	FOOD	FOOD DISTRIBUTION
FOSTER SEVENTH DAY ADVENTIST CHURCH 375 HENDERSONVILLE ROAD ASHEVILLE, NC 28803	56-6057382	501C3		36,655	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FREE COMMUNITY MEAL - MONTMORENCI U PO BOX 610 89 OLD CANDLER TOWN ROAD CANDLER, NC 28715	85-3425927	501C3		238,843	STUDY	FOOD	FOOD DISTRIBUTION
GIVENS ESTATES 2360 SWEETEN CREEK ROAD ASHEVILLE, NC 28803	51-0199312	501C3		53,617	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GOD'S WAY FELLOWSHIP PO BOX 330 525 TANASEE GAP RD BALSAM GROVE, NC 28708	04-3774691	501C3		105,348	STUDY	FOOD	FOOD DISTRIBUTION
GRACE EPISCOPAL CHURCH FOOD PANTRY 394 N HAYWOOD STREET WAYNESVILLE, NC 28786	31-1629166	501C3		411,725	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GRAHAM CO FELLOWSHIP FOOD DISTRIBUTION 695 TAPOCO RD ROBBINSVILLE, NC 28771	56-0940986	501C3		109,424	STUDY	FOOD	FOOD DISTRIBUTION
GRAHAM COUNTY 52 MOOSE BRANCH ROAD ROBBINSVILLE, NC 28771	56-6001037	GOV		26,399	STUDY	MANNAPACKS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GRAHAM COUNTY EMERGENCY FOOD PANTRY PO BOX 423 3734 TALLULAH ROAD ROBBINSVILLE, NC 28771	83-0408417	501C3		15,872	STUDY	FOOD	FOOD DISTRIBUTION
HAYESVILLE FIRST FREEWILL BAPTIST C PO BOX 1232 259 TUSQUITTE STREET HAYESVILLE, NC 28904	84-1720444	501C3		10,568	STUDY	FOOD	FOOD DISTRIBUTION

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HAYWOOD CHRISTIAN MINISTRY 150 BRANNER AVENUE WAYNESVILLE, NC 28786	56-1389676	501C3		1,615,503	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
HAYWOOD COUNTY 1230 NORTH MAIN STREET WAYNESVILLE, NC 28786	56-6001045	GOV		113,848	STUDY	MANNAPACKS	FOOD DISTRIBUTION

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HAYWOOD PATHWAYS CENTER 179 HEMLOCK STREET WAYNESVILLE, NC 28786	47-2608669	501C3		148,552	STUDY	FOOD	FOOD DISTRIBUTION
HAYWOOD STREET CONGREGATION 125 HILL STREET ASHEVILLE, NC 28801	45-5301549	501C3		16,512	STUDY	FOOD	FOOD DISTRIBUTION

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HENDERSON COUNTY 414 4TH AVE WEST HENDERSONVILLE, NC 28739	56-1821543	GOV		205,239	STUDY	MANNAPACKS	FOOD DISTRIBUTION
HENDERSONVILLE SEVENTH DAY ADVENTIS 2301 ASHEVILLE HIGHWAY HENDERSONVILLE, NC 28791	52-6037545	501C3		9,479	STUDY	FOOD	FOOD DISTRIBUTION

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HENDERSONVILLE SPANISH SEVENTH DAY ADVENT CHURCH 827 FRUITLAND DR HENDERSONVILLE, NC 28792	52-0643036	501C3		82,072	STUDY	FOOD	FOOD DISTRIBUTION
HICKORY NUT GORGE OUTREACH INC 2556 MEMORIAL HWY PO BOX 634 LAKE LURE, NC 28746	20-1240771	501C3		28,368	STUDY	FOOD	FOOD DISTRIBUTION

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HIGHLANDS EMERGENCY COUNCIL PO BOX 974 71 POPLAR STREET HIGHLANDS, NC 28741	56-1396460	501C3		238,900	STUDY	FOOD	FOOD DISTRIBUTION
INGRID'S FOOD PANTRY 718 HAYWOOD ROAD ASHEVILLE, NC 28806	46-1125489	501C3		12,726	STUDY	FOOD	FOOD DISTRIBUTION

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INTERFAITH ASSISTANCE MINISTRY PO BOX 2562 310 FREEMAN STREET HENDERSONVILLE, NC 28793	58-1556963	501C3		491,156	STUDY	FOOD	FOOD DISTRIBUTION
INTERNATIONAL FRIENDSHIP CENTER LA 348 SOUTH FIFTH STREET 214 SOUTH THIRD STREET HIGHLANDS, NC 28741	56-2303345	501C3		106,972	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION



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JACKSON COUNTY 398 HOSPITAL ROAD SYLVA, NC 28779	56-1492826	GOV		135,675	STUDY	MANNAPACKS	FOOD DISTRIBUTION
LEICESTER BAPTIST CHURCH 18 TONY LUNSFORD DR LEICESTER, NC 28748	56-1647913	501C3		79,211	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION

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LEICESTER COMMUNITY WELCOME TABLE POBOX 36 2979 NEW LEICESTER HIGHWAY LEICESTER, NC 28748	56-1316735	501C3		34,141	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
LIFE CHALLENGE OF WNC PO BOX 2553 318 CAGLE BRANCH RD CULLOWHEE, NC 28723	20-5900465	501C3		9,842	STUDY	FOOD	FOOD DISTRIBUTION

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LITTLE IVY FOOD PANTRY 1053 CROSSROADS PARKWAY MARS HILL, NC 28754	56-1224448	501C3		14,116	STUDY	FOOD	FOOD DISTRIBUTION
LIVING WATERS FOOD PANTRY PO BOX 2230 30 LOCUST ROAD CHEROKEE, NC 28719	56-0619351	501C3		319,796	STUDY	FOOD	FOOD DISTRIBUTION

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LIVING WATERS TABERNACLE 344 MOFFITT HILL CHURCH RD OLD FORT, NC 28762	56-1308897	501C3		54,631	STUDY	FOOD	FOOD DISTRIBUTION
LOVING FOOD RESOURCES PO BOX 25142 123 KENILWORTH ROAD ASHEVILLE, NC 28813	56-1823591	501C3		261,432	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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LOW COUNTRY FOOD BANK 2864 AZALEA DR CHARLESTON, SC 29405	57-0751835	501C3		116,562	STUDY	FOOD	FOOD DISTRIBUTION
MACON COUNTY 1202 OLD MURPHY ROAD FRANKLIN, NC 28734	56-6001069	GOV		71,738	STUDY	MANNAPACKS	FOOD DISTRIBUTION

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MACON COUNTY CARE NETWORK 130 BIDWELL ST FRANKLIN, NC 28734	58-1813122	501C3		223,290	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
MACON PROGRAM FOR PROGRESS 1288 GEORGIA ROAD FRANKLIN, NC 28734	56-6065297	501C3		107,892	STUDY	FOOD	FOOD DISTRIBUTION

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MADISON COUNTY 5738 US HWY 25/70 MARSHALL, NC 28753	56-6001070	GOV		41,249	STUDY	MANNAPACKS	FOOD DISTRIBUTION
MAGGIE VALLEY UNITED METHODIST CHUR 4192 SOCO ROAD MAGGIE VALLEY, NC 28751	56-1809410	501C3		39,227	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MARS HILL BAPTIST PO BOX 218 67 NORTH MAIN STREET MARS HILL, NC 28754	56-0568406	501C3		130,839	STUDY	FOOD	FOOD DISTRIBUTION
MATT'S MINISTRY LEDFORD'S CHAPEL U PO BOX 205 123 WJ CABE ROAD 28907 HAYESVILLE, NC 28904	34-6004584	501C3		190,868	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MCDOWELL COUNTY 334 S MAIN STREET MARION, NC 28752	56-6001073	GOV		113,833	STUDY	FOOD & MANNAPAC	FOOD DISTRIBUTION
MCDOWELL LFAC 60 E COURT ST 252 BARNES RD MARION, NC 28752	83-2141213	501C3		1,141,218	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MCDOWELL MISSION MINISTRIES PO BOX 297 804 STATE STREET MARION, NC 28752	56-1872125	501C3		42,410	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
MITCHELL COUNTY 72 LEDGER SCHOOL ROAD BAKERSVILLE, NC 28705	56-6001075	GOV		71,404	STUDY	MANNAPACKS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MITCHELL COUNTY SHEPHERD'S STAFF FO PO BOX 344 6565 HWY 226 S SPRUCE PINE, NC 28777	56-1404604	501C3		215,239	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
MOUNT PLEASANT BAPTIST CHURCH 151 SCRONCE CREEK ROAD BURNSVILLE, NC 28714	56-0556746	501C3		14,706	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MOUNTAIN CARE- ADULT DAY CARE PO BOX 5956 68-A SWEETEN CREEK RD 28803 ASHEVILLE, NC 28813	56-2005198	501C3		9,847	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
MOUNTAIN PROJECTS 2177 ASHEVILLE RD 83 ELMWOOD WAY WAYNESVILLE, NC 28786	56-0849092	501C3		7,741	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
M-Y UMC FOOD PANTRY 296 GRIFFITH ROAD GREEN MOUNTAIN, NC 28740	56-1358520	501C3		102,164	STUDY	FOOD	FOOD DISTRIBUTION
NEIGHBORS FEEDING NEIGHBORS PO BOX 322 14192 HWY 226 SOUTH SPRUCE PINE, NC 28777	83-0928892	501C3		320,159	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEIGHBORS IN NEED INC PO BOX 64 165 SOUTH MAIN STREET MARSHALL, NC 28753	58-1492053	501C3		38,342	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
NEW BEGINNING BAPTIST CHURCH 29 MARLOWE DRIVE MILLS RIVER, NC 28759	58-1860986	501C3		109,619	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW TESTAMENT OUTREACH 1206 EAST MAIN STREET OLD FORT, NC 28762		501C3		357,878	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
NORTH HOMINY COMMUNITY DEVELOPMENT C/O 47 FIELDCREST DRIVE 2670 NEWFOUND RD CANTON, NC 28716	56-0797766	501C3		19,919	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH TOXAWAY BAPTIST CHURCH 51 SLICK FISHER ROAD LAKE TOXAWAY, NC 28747	56-0930077	501C3		74,729	STUDY	FOOD	FOOD DISTRIBUTION
OAKLEY BAPTIST CHURCH 70 FAIRVIEW AVE ASHEVILLE, NC 28803	56-0954383	501C3		31,741	STUDY	FOOD	FOOD DISTRIBUTION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OCHRE HILL BAPTIST CHURCH 14 NORMAN DRIVE SYLVA, NC 28779	56-0556746	501C3		7,448	STUDY	FOOD	FOOD DISTRIBUTION
ONLY HOPE WNC- OLIVE BRANCH FOOD PA 2185 OLD US HWY 25 ZIRCONIA, NC 28790	45-3751833	501C3		165,141	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PAN DE VIDA 3580 BREVARD ROAD HENDERSONVILLE, NC 28739	85-4202565	501C3		176,421	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
PARTNERS UNLIMITED 133 LIVINGSTON ST ASHEVILLE, NC 28801	31-1669634	501C3		9,076	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PIGEON COMMUNITY DEVELOPMENT CENTER PO BOX 1494 450 PIGEON ST WAYNESVILLE, NC 28786	32-0131282	501C3		108,281	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
RAINBOW COMMUNITY SCHOOL 574 HAYWOOD RD ASHEVILLE, NC 28806	56-1217861	501C3		14,317	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REACH OF MACON COUNTY PO BOX 228 29 MEADOWLARK DRIVE FRANKLIN, NC 28744	56-1689264	501C3		29,527	STUDY	FOOD	FOOD DISTRIBUTION
REACHING AVERY MINISTRY PO BOX 234 147 NEW VALE ROAD NEWLAND, NC 28657	56-1959018	501C3		34,760	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RECONCILIATION HOUSE 20 ACADEMY STREET BURNSVILLE, NC 28714	56-1373255	501C3		270,872	STUDY	FOOD	FOOD DISTRIBUTION
RECOVERY VENTURES CORP PO BOX 452 904 DAVISTOWN RD OLD FORT 28762 BLACK MOUNTAIN, NC 28711	71-0875890	501C3		216,385	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
S HARVEST FB OF CENTRAL & EASTER 3808 TARHEEL ROAD RALEIGH, NC 27609	56-1283426	501C3		230,407	STUDY	FOOD	FOOD DISTRIBUTION
S HARVEST FB OF NORTHEAST TENNES 1020 JERICHO DRIVE KINGSPORT, TN 37615	62-1303822	501C3		15,530	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
S HARVEST FB OF THE ALBEMARLE PO BOX 1704 ELIZABETH CITY, NC 27909	56-1341658	501C3		6,145	STUDY	FOOD	FOOD DISTRIBUTION
SAMUEL'S HAVEN FOOD PANTRY 187 W JORDAN STREET BREVARD, NC 28712	56-2262246	501C3		10,211	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SANDY MUSH COMMUNITY CENTER PO BOX 1686 19 SCHOOL ROAD LEICESTER, NC 28748	84-1722906	501C3		124,849	STUDY	FOOD	FOOD DISTRIBUTION
SERVICE CENTER FOR LATINOS (CENTRO) 431 OAK AVENUE SPRUCE PINE, NC 28777	56-2269813	501C3		24,698	STUDY	FOOD	FOOD DISTRIBUTION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHARE THY BREAD MINISTRY - TRYON SD 2820 LYNN RD TRYON, NC 28782	56-1395046	501C3		128,260	STUDY	FOOD	FOOD DISTRIBUTION
SLAVIC FOOD PANTRY 95 GOUGHES BRANCH RD LEICESTER, NC 28748	51-0610502	501C3		56,471	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SNOW HILL UMC 2212 SMOKEY PARK HWY CANDLER, NC 28715		GOV		32,504	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
ST FRANCIS OF ASSISI CATHOLIC CHUR C/O 111 BROOK LYNN TRAIL 299 MAPLE STREET FRANKLIN, NC 28734	53-0196617	501C3		73,445	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JOHN'S OUTREACH MINISTRIES PO BOX 968 339 S MAIN ST MARION, NC 28752	56-0850824	501C3		275,908	STUDY	FOOD	FOOD DISTRIBUTION
ST VINCENT DE PAUL SOCIETY PO BOX 39 109 CRESCENT HILL DR ARDEN, NC 28704	20-8974277	501C3		148,220	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STECOAH VALLEY ARTS AND CRAFTS 121 SCHOOL HOUSE ROAD ROBBINSVILLE, NC 28771	56-1935344	501C3		47,165	STUDY	FOOD	FOOD DISTRIBUTION
SWAIN COUNTY 50 MAIN STREET BRYSON CITY, NC 28713	56-6001118	GOV		72,295	STUDY	MANNAPACKS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SWANNANOVA VALLEY CHRISTIAN MINISTRY PO BOX 235 101 N RIDGEWAY AVENUE BLACK MOUNTAIN, NC 28711	56-1132257	501C3		158,653	STUDY	FOOD	FOOD DISTRIBUTION
TABERNACLE MISSIONARY BAPTIST CHURC 56 WALTON ST YOUTH ENRICHMENT - AFTERSCHOOL PROG ASHEVILLE, NC 28801	56-1400322	501C3		65,400	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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THE COMMUNITY KITCHEN PO BOX 513 394 CHAMPION DRIVE CANTON, NC 28716	51-0605733	501C3		261,908	STUDY	FOOD	FOOD DISTRIBUTION
THE GIVING SPOON PO BOX 1783 311 EVERETT STREET BRYSON CITY, NC 28713	30-1140746	501C3		24,871	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE GRACE PLACE 90 BOX 2363 300 FIVE POINT ROAD ROBBINSVILLE, NC 28771	85-3869991	501C3		37,049	STUDY	FOOD	FOOD DISTRIBUTION
THE LORD'S HARVEST 67 NORTH MAIN STREET MARS HILL, NC 28754	47-1662400	501C3		181,422	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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THE OPEN DOOR 32 COMMERCE STREET WAYNESVILLE, NC 28786	31-1813333	501C3		167,895	STUDY	FOOD	FOOD DISTRIBUTION
THE SALVATION ARMY - BREVARD 126 NORTH CALDWELL STREET BREVARD, NC 28712	58-0660607	501C3		10,725	STUDY	FOOD	FOOD DISTRIBUTION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE SALVATION ARMY - HENDERSONVILLE PO BOX 2387 239 3RD AVENUE E HENDERSONVILLE, NC 28792	58-0660607	501C3		175,430	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION
THE SALVATION ARMY - HOT SPRINGS PO BOX 295 3421 US 25 HOT SPRINGS, NC 28743	58-0660607	501C3		31,836	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE SALVATION ARMY - POLK COUNTY 2382 COXE ROAD TRYON, NC 28782	58-0660607	501C3		16,500	STUDY	FOOD	FOOD DISTRIBUTION
THE SALVATION ARMY OF ASHEVILLE PO BOX 1778 204 HAYWOOD STREET 28801 ASHEVILLE, NC 28802	58-0660607	501C3		94,755	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION

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THE STOREHOUSE PO BOX 6146 1049 SPARTANBURG WHY HENDERSONVILLE, NC 28793	56-1942323	501C3		223,359	STUDY	FOOD	FOOD DISTRIBUTION
THERMAL BELT OUTREACH MINISTRY PO BOX 834 134 WHITE DRIVE COLUMBUS, NC 28722	56-1793796	501C3		130,862	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRANSYLVANIA CHRISTIAN MINISTRY PO BOX 958 164 DUCKWORTH AVE BREVARD, NC 28712	56-1292875	501C3		244,061	STUDY	FOOD	FOOD DISTRIBUTION
TRANSYLVANIA COUNTY 225 ROSENWALD LANE BREVARD, NC 28713	56-6001121	GOV		92,438	STUDY	MANNAPACKS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRANSYLVANIA HUNGER COALITION 5716 OLD HENDERSONVILLE HWY BREVARD, NC 28712	82-3451552	501C3		142,001	STUDY	FOOD	FOOD DISTRIBUTION
TRANZMISSION INC 70 WOODFIN PALCE SUITE 419 ASHEVILLE, NC 28801	82-4861967			13,809	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY ASSEMBLY OF GOD 6971 GEORGIA ROAD FRANKLIN, NC 28734	44-0577787	501C3		40,819	STUDY	FOOD	FOOD DISTRIBUTION
TRINITY OF FAIRVIEW FOOD PANTRY 646 CONCORD ROAD FLETCHER, NC 28732	56-1194468	501C3		178,473	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED CHRISTIAN MINISTRIES OF JACK PO BOX 188 191 SKYLAND DRIVE SYLVA, NC 28779	56-1659229	501C3		130,130	STUDY	FOOD	FOOD DISTRIBUTION
VICTORY BAPTIST CHURCH PO BOX 1027 1275 FONTANA ROAD BRYSON CITY, NC 28713	56-1137178	501C3		133,976	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VICTORY FELLOWSHIP WORSHIP CENTER PO BOX 2257 450 AIKEN ROAD ASHEVILLE NC 28804 WEAVERVILLE, NC 28787	56-1529836	501C3		130,861	STUDY	FOOD	FOOD DISTRIBUTION
VOLUNTEER AVERY COUNTY - EMERGENCY PO BOX 474 47 MINNEAPOLIS SCHOOL RD NEWLAND, NC 28657	58-1489889	501C3		40,768	STUDY/FMV	FOOD & FREEZERS	FOOD DISTRIBUTION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WARREN WILSON COLLEGE 701 WARREN WILSON ROAD SWANNANOA, NC 28815	56-0767736	GOV		15,452	STUDY	FOOD	FOOD DISTRIBUTION
WEST MARION COMMUNITY FORUM 201 RIDLEY STREET MARION, NC 28752	83-0671471	GOV		37,318	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEST MARION ELEMENTARY 820 MARLER ROAD MARION, NC 28752	52-1523729	GOV		36,803	STUDY	FOOD	FOOD DISTRIBUTION
WESTBRIDGE VOCATIONAL INC 140 LITTLE SAVANNAH RD SYLVA, NC 28779	56-1208982	501C3		21,697	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESTERN CAROLINA RESCUE MINISTRIES PO BOX 909 225 PATTON AVE 28801 ASHEVILLE, NC 28802	56-1249407	501C3		295,218	STUDY	FOOD	FOOD DISTRIBUTION
WHITTIER UNITED METHODIST CHURCH (G) PO BOX 668 35 MAIN STREET WHITTIER, NC 28789	56-2129048	501C3		110,592	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOMEN'S WELLBEING & DEVELOPMENT 100 ATKINSON STREET ASHEVILLE, NC 28801	35-2307069	501C3		46,429	STUDY	FOOD	FOOD DISTRIBUTION
WOODRIDGE APARTMENTS PRODUCE MARKET 61 BINGHAM RD ASHEVILLE, NC 28806	56-1783901	501C3		45,461	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YANCEY COUNTY 100 SCHOOL CIRCLE BURNSVILLE, NC 28714	56-6001138	GOV		31,589	STUDY	MANNAPACKS	FOOD DISTRIBUTION
YMCA HEALTHY LIVING MOBILE MARKET 30 WOODFIN ST ASHEVILLE, NC 28801	56-0530013	501C3		257,943	STUDY	FOOD	FOOD DISTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ZEPHYR HILLS FREEWILL BAPTIST 283 SHELBURNE RD EMERGENCY FOOD PANTRY ASHEVILLE, NC 28806	58-1490864	501C3		10,115	STUDY	FOOD	FOOD DISTRIBUTION

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MANNA FOOD BANK INC

Employer identification number

58-1514800

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No	4b No								
	4c No									
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a No	5b No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a No	6b No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7 No									
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8 No									
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> HANNAH RANDALL EXECUTIVE DIRECTOR	(i)	140,997			4,197	6,580	151,774	
	(ii)	-----	-----	-----	-----	-----	-----	-----



**Part III**    **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

▶ **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](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MANNA FOOD BANK INC

Employer identification number  
58-1514800

**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 . . . . .	X	1	2,662,610	APPRAISAL
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	9,123	26,109,840	RSM US LLC STUDY
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>EQUIPMENT</u> ) . . . . .	X	4	467,298	FMV
26 Other ▶ ( <u>SUPPLIES</u> ) . . . . .	X	15	4,046	FMV
27 Other ▶ ( <u>OTHER</u> ) . . . . .	X	26	47,626	FMV
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 IV, 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 three 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		No
31	Yes	
32a	Yes	

**Part III Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PAGE 1, PART I, LINE 32B	THE ORGANIZATION USES "CARS DONATE" TO DISPOSE OF DONATED VEHICLES THAT ARE NOT OF DIRECT USE IN THE ORGANIZATION'S EXEMPT PURPOSE.
SCHEDULE M, PAGE 2, PART II	THE ORGANIZATION USES A FOOD VALUATION STUDY CONDUCTED BY RSM US LLP FOR THE FEEDING AMERICA ORGANIZATION THAT COMPUTES AN AVERAGE PRICE PER POUND OF FOOD DONATED BASED ON AN ANALYSIS OF 29 CATEGORIES OF FOOD. THIS STUDY IS CONDUCTED ANNUALLY. CURRENT YEAR PRICE PER POUND IS 1.79. THE NUMBER OF DONORS OF FOOD INVENTORY REPRESENTS SEPARATE CONTRIBUTION EVENTS.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization

MANNA FOOD BANK INC

Employer identification number

58-1514800

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	MANNA FOODBANK BOASTS A 4-STAR RATING FROM CHARITY NAVIGATOR FOR 10 CONSECUTIVE YEARS - THE HIGHEST RATING POSSIBLE FROM THE INDEPENDENT NONPROFIT RATING ORGANIZATION. NATIONALLY, MANNA FOODBANK RANKS IN THE TOP 2% OF NONPROFITS FOR FISCAL RESPONSIBILITY AND EFFECTIVENESS. THIS HIGH RATING IS A RESULT OF AN UNWAVERING DEDICATION TO STEWARDSHIP, AND TO A ROBUST VOLUNTEER PROGRAM. IN FY 19/20, 4,376 VOLUNTEERS SERVED 52,500 HOURS IN A VARIETY OF VOLUNTEER ROLES. THIS IS THE EQUIVALENT OF APPROXIMATELY 40 FULL-TIME STAFF MEMBERS AND HELPS MANNA CONTINUE TO DEDICATE FINANCIAL RESOURCES TO PROVIDING FOOD. THE VARIETY OF VOLUNTEER ROLES ALSO INCREASED: MANNA NOW UTILIZES VOLUNTEERS IN EVERY DEPARTMENT. THE VOLUNTEER ROLES RANGE FROM SORTING PRODUCE AND PACKING BULK FOODS, PACKING AND DELIVERING MANNA PACKS FOR KIDS, PICKING ORDERS IN THE WAREHOUSE FOR PARTNER AGENCIES, SORTING LARGE DONATIONS FROM FOOD INDUSTRY DONORS, EDUCATING THE PUBLIC ON MANNA'S WORK VIA AMBASSADORS, TAKING CALLS THROUGH THE FOOD HELPLINE, PARTNER AGENCY OUTREACH AND MONITORING, AND A VARIETY OF ADMINISTRATIVE TASKS. THESE VOLUNTEERS HELP MANNA KEEP OVERHEAD COSTS LOW AND ENSURE THAT FOR EVERY DOLLAR DONATED, MANNA CAN PROVIDE FOOD FOR THREE AND A HALF MEALS.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>MANNA FOODBANK SERVES AS THE CENTRAL FOOD SOURCING AND DISTRIBUTION CENTER FOR MORE THAN 200 NONPROFIT PARTNER AGENCIES THAT PROVIDE FOOD ASSISTANCE THROUGHOUT MANNA'S 16-COUNTY WESTERN NORTH CAROLINA SERVICE AREA, INCLUDING THE QUALLA BOUNDARY. OUR SERVICE AREA ENCOMPASSES 6,434 MILES WITH MANY OF OUR COMMUNITIES IN RURAL AND UNDER-SERVED LOCATIONS WITH HIGH FOOD INSECURITY RATES. THEREFORE TO ENSURE THAT THOSE IN NEED RECEIVE FOOD, WE DELIVER TO EVEN THE MOST REMOTE LOCATIONS ON A REGULAR BASIS. THE COUNTIES MANNA SERVES ARE: AVERY, BUNCOMBE, CHEROKEE, CLAY, GRAHAM, HAYWOOD, HENDERSON, JACKSON, MACON, MADISON, MCDOWELL, MITCHELL, POLK, SWAIN, SYLVANIA, AND YANCEY COUNTY. THESE DIVERSE COMMUNITIES ALSO HAVE DIVERSE NEEDS AND AVAILABLE RESOURCES, BUT THE COMMON ISSUES OF HIGH HOUSING COSTS, LACK OF PUBLIC TRANSPORTATION, AND STAGNANT WAGE GROWTH ARE PERVASIVE, WITH A DRAMATICALLY GROWING GAP BETWEEN INCOME AND THE COST OF LIVING, RESULTING IN AN ONGOING PEAK NEED: MANNA CONTINUES SERVING OVER 100,000 PEOPLE EACH MONTH LIVING THROUGHOUT THE REGION. IN WNC, AT LEAST 1 IN 6 PEOPLE, AND 1 IN 4 CHILDREN, ARE FOOD INSECURE. FOOD DISTRIBUTION: IN RESPONSE TO A SUSTAINED INCREASE IN THE NEED FOR EMERGENCY FOOD ASSISTANCE DUE TO THE COVID PANDEMIC, IN FY 20/21, MANNA FOODBANK HAD ANOTHER RECORD-BREAKING YEAR, DISTRIBUTING 25.5 MILLION POUNDS OF FOOD, ENOUGH TO PROVIDE 21 MILLION MEALS. MANNA AND THE PARTNER AGENCY NETWORK DISTRIBUTED THE EQUIVALENT OF 58,300 MEALS EVERY DAY OF THE YEAR. THIS SECOND YEAR IN THE PANDEMIC MARKED ANOTHER ALL-TIME HIGH IN FOOD DISTRIBUTION EFFORTS FOR MANNA. RECORD NUMBERS OF HOUSEHOLDS CONTINUED TURNING TO MANNA'S PARTNER NETWORK-OVER 125,000 PEOPLE A MONTH ON AVERAGE- AND MANNA HAS WORKED TO STRETCH EVERY AVAILABLE RESOURCE TO SOURCE MORE FOOD, AND TO EXPAND ACCESS FOR THE MANY FAMILIES LIVING IN ISOLATED RURAL AREAS WITH LITTLE OR NO ACCESS TO EMERGENCY FOOD SUPPORT. OCTOBER 2020 MARKED THE LARGEST NEED SERVED IN A SINGLE MONTH IN THE ORGANIZATION'S HISTORY, WITH MANNA AND OUR PARTNERS SERVING OVER 140,000 INDIVIDUALS. THE MANNA COMMUNITY MARKET PROGRAM MARKED ITS SECOND ANNIVERSARY WITH AN ASTOUNDING 73% INCREASE IN MOBILE MARKET DISTRIBUTIONS, PROVIDING MORE MOBILE PANTRY OPTIONS IN REMOTE RURAL AREAS OF HIGH NEED THAN THE YEAR BEFORE, AND FOCUSING EFFORTS ON SERVING MARGINALIZED COMMUNITIES FACING EVEN STEEPER SYSTEMIC CHALLENGES. MANNA CONTINUED TO PRIORITIZE NUTRITIOUS FOOD DISTRIBUTION, WITH 25% OF OUR OVERALL INVENTORY DISTRIBUTED BEING FRESH PRODUCE - ESPECIALLY NOTEWORTHY IN A YEAR WHEN OVERALL FOOD DISTRIBUTION INCREASED BY MORE THAN 18%. PANDEMIC AND FOOD SOURCING: MANNA AND OUR DEDICATED PARTNER NETWORK CONTINUED TO FUNCTION IN PANDEMIC OPERATIONS MODE TO PROTECT THE HEALTH AND SAFETY OF OUR VOLUNTEERS, CLIENTS SEEKING FOOD, PARTNERS, STAFF, AND THE WELLBEING OF THE GENERAL PUBLIC. OUR NETWORK CONTINUED HOSTING DRIVE-THROUGH FOOD DISTRIBUTIONS, WITH SOME PARTNERS MOVING SAFELY TO CLIENT-CHOICE MARKETS IN O</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>OUTDOOR SETTINGS. WE CONTINUED TO EXPERIENCE DISTINCT CHALLENGES IN THE FOOD SUPPLY CHAIN, IMPACTING OUR ABILITY TO SOURCE DONATED FOOD ITEMS, AND NECESSITATING THAT THE FOOD BANK PURCHASE MORE FOOD RESOURCES TO SERVE THE SUSTAINED, ELEVATED NEED. THE PERCENT OF FOOD PURCHASED INCREASED 44% OVER THE PRIOR FISCAL YEAR, MADE POSSIBLE BY FUNDING PARTNERS AND COMPASSIONATE DONORS WHO HAVE STEPPED FORWARD TO HELP MANNA CONTINUE TO BE THE CENTRAL FOOD SOURCING AGENT FOR ALL OF WESTERN NORTH CAROLINA'S EMERGENCY FOOD NEEDS. EVEN WITH THESE CHALLENGES, MANNA'S FOOD DISTRIBUTION INCREASED TO OVER 70,000 LBS. DAILY IN RESPONSE TO A TREMENDOUS GROWTH IN THE NEED FOR FOOD. NUTRITION AND HEALTH: MANNA RECOGNIZES THAT NUTRITIOUS FOOD IS THE CORNERSTONE OF OVERALL HEALTH AND WELL-BEING, AND HAS WORKED DILIGENTLY FOR SEVERAL YEARS TO SOURCE NUTRITIONALLY DENSE FOOD THAT CAN BE DISTRIBUTED TO PARTNER AGENCIES. IN FY 20/21, 67% OF THE FOOD THAT MANNA DISTRIBUTED WAS CLASSIFIED AS "HEALTHY STAPLES" WHICH CONSIST OF ITEMS LIKE WHOLE GRAINS, PROTEINS, DAIRY, FRESH/FROZEN VEGETABLES AND FRUITS. OVER 25% OF ALL FOOD DISTRIBUTED WAS FRESH PRODUCE. IN ORDER TO ADDRESS THE INTERSECTION BETWEEN FOOD INSECURITY AND HEALTH RISKS, MANNA HAS BUILT ON THE SUCCESS OF NUTRITION-FOCUSED PROGRAMS TARGETING INCREASED ACCESS TO FRESH AND HEALTHY FOODS ACROSS OUR SERVICE AREA. THIS YEAR, MANNA WAS SELECTED AS THE FIRST FOOD BANK IN THE SOUTHEAST FOR PARTNERSHIP FOR A HEALTHIER AMERICA, AN ORGANIZATION THAT PROVIDES SUPPORT TO FOOD ASSISTANCE ORGANIZATIONS WHO ARE ACTING ON HEALTH-FOCUSED INITIATIVES TO PROVIDE MORE NUTRITIOUS FOOD AND EDUCATION SUPPORT FOR THE PEOPLE WE ARE SERVING ACROSS THE REGION. MANNA'S THREE-PRONG APPROACH TO OUR HEALTH INITIATIVES INCLUDES: 1. INCREASING THE NUTRITIONAL CONTENT OF THE FOOD MADE AVAILABLE TO OUR CLIENTS 2. EMPOWERING CLIENTS TO ACCESS AND CONSUME MORE NUTRITIONALLY DENSE FOOD, AND 3. BUILDING IMPACTFUL PARTNERSHIPS WITHIN THE HEALTH SYSTEM, INCLUDING CLINICS AND OTHER HEALTH-FOCUSED ORGANIZATIONS WHO INTERFACE WITH OUR CLIENTS. THE FOOD DISTRIBUTION NETWORK: MANNA FOODBANK PARTNERS WITH OVER 200 AGENCIES TO DISTRIBUTE FOOD, INCLUDING FOOD PANTRIES, SHELTERS, COMMUNITY KITCHENS, CHURCH MINISTRIES, AND OTHER COMMUNITY ORGANIZATIONS OFFERING EMERGENCY FOOD ASSISTANCE FOR WNC RESIDENTS STRUGGLING WITH HUNGER - ESPECIALLY CHILDREN, FAMILIES, SENIORS, VETERANS, DISABLED PERSONS, AND GROWING NUMBERS OF THE WORKING POOR. IN FY 19/20, MANNA EXPANDED OUR EFFORTS TO REACH AS MANY PEOPLE AS POSSIBLE WITH THE LAUNCH OF THE MANNA COMMUNITY MARKET, A MOBILE PANTRY AVAILABLE TO DEPLOY ACROSS THE RURAL REGION, AND BY THE END OF FY 20/21, MANNA HAD INCREASED FOOD DISTRIBUTION THROUGH THIS METHOD BY 78%, TO OVER 1.5 MILLION POUNDS OF GROCERIES DELIVERED TO COMMUNITIES IN UNDERSERVED AREAS WITH A HIGH NEED FOR FOOD. MANNA AGENCY MANAGERS PROVIDE RESOURCES, SUPPORT AND GUIDANCE TO ALL OF OUR PARTNER AGENCIES ENSURING THAT THEY ADHERE TO NATIONAL SAFE SERV STANDARDS A</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4A	<p>S WELL AS FEEDING AMERICA'S SPECIFIC FOOD SAFETY STANDARDS FOR FOOD BANKS. STEWARDSHIP: MANNA FOODBANK IS PROUD TO HAVE EARNED A 4-STAR RATING FROM CHARITY NAVIGATOR FOR 10 CONSECUTIVE YEARS - THE HIGHEST RATING POSSIBLE FROM THE INDEPENDENT NONPROFIT RATING ORGANIZATION. NATIONALLY, MANNA FOODBANK RANKS IN THE TOP 2% OF NONPROFITS FOR FISCAL RESPONSIBILITY AND EFFECTIVENESS. THIS TOP RATING IS A RESULT OF AN UNWAVERING DEDICATION TO STEWARDSHIP, AND TO A ROBUST VOLUNTEER PROGRAM. IN FY 20/21, 2,453 VOLUNTEERS SERVED 54,000+ HOURS IN A VARIETY OF VOLUNTEER ROLES. THIS IS THE EQUIVALENT OF 28 FULL-TIME STAFF MEMBERS AND HELPS MANNA CONTINUE TO PRIORITIZE FINANCIAL RESOURCES TOWARD PROVIDING FOOD. AN IMPORTANT NOTE HERE IS THAT WHILE INDIVIDUAL VOLUNTEER NUMBERS DECREASED FROM THE PRIOR FISCAL YEAR, INDIVIDUAL VOLUNTEERS DEDICATED FAR MORE OF THEIR TIME IN FY 20/21 TO MAINTAIN A HIGH "TOTAL HOURS" DONATED, THEREBY CONTINUING TO SUPPORT MANNA'S DEEP COMMITMENT TO STEWARDSHIP AT EVERY LEVEL. THE VARIETY OF VOLUNTEER ROLES ALSO INCREASED: MANNA NOW UTILIZES VOLUNTEERS IN EVERY DEPARTMENT. THE VOLUNTEER ROLES RANGE FROM SORTING PRODUCE AND PACKING BULK FOODS, PACKING AND DELIVERING MANNA PACKS FOR KIDS, DRIVING MANNA EXPRESS AND MANNA COMMUNITY MARKET DELIVERIES, PICKING ORDERS IN THE WAREHOUSE FOR PARTNER AGENCIES, SORTING LARGE DONATIONS FROM FOOD INDUSTRY DONORS, EDUCATING THE PUBLIC ON MANNA'S WORK VIA AMBASSADORS, TAKING CALLS THROUGH THE FOOD HELPLINE, PARTNER AGENCY OUTREACH AND MONITORING, AND A VARIETY OF ADMINISTRATIVE TASKS. VOLUNTEERS HELP MANNA KEEP OVERHEAD COSTS LOW AND ENSURE THAT FOR EVERY DOLLAR DONATED, MANNA CAN HELP PROVIDE THE FOOD FOR 4 MEALS.</p>

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<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4B	<p>MANNA PACKS FOR KIDS IS A DIRECT-FOOD ASSISTANCE PROGRAM PARTNERING WITH 165 SCHOOLS ACROSS OUR 16-COUNTY SERVICE AREA. EACH WEEK, VOLUNTEERS PACK AND DISTRIBUTE THOUSANDS OF BAGS OF FOOD TO SCHOOL CHILDREN WHO ARE FOOD INSECURE AND RELY ON FREE MEAL PLANS TO HAVE ENOUGH TO EAT. EACH BAG CONTAINS SNACKS AND MEALS TO LAST OVER THE WEEKEND WHEN THESE FOOD-INSECURE CHILDREN DO NOT HAVE ENOUGH TO EAT. IN FY 20/21, A TOTAL OF 107,578 MANNA PACKS WERE DISTRIBUTED TO CHILDREN ON THE FREE SCHOOL MEAL PROGRAM. THROUGH THE EFFORTS OF SCHOOL DISTRICTS, NUTRITION DIRECTORS, TEACHERS, GUIDANCE COUNSELORS, AND SCHOOL NUTRITION STAFF, MANNA WAS ABLE TO CONTINUE PROVIDING FOOD RESOURCES TO CHILDREN EVEN DURING SCHOOL CLOSINGS, UNFORESEEN CLOSURES, IN-PERSON CLASS CHANGES, AND MANY OTHER LAST-MINUTE SCHEDULE CHANGES THAT HAVE BECOME ROUTINE WITH SCHOOLS OPERATING AMIDST THE PANDEMIC. IN THE SUMMER MONTHS OF 2020, MANNA DISTRIBUTED BAGS OF FOOD WITH A WEEK'S WORTH OF NOURISHMENT TO 2,517 CHILDREN THROUGH THE SUMMER PACK PROGRAM IN 13 COUNTIES, PROVIDING MUCH NEEDED FOOD ASSISTANCE WHILE CHILDREN ARE OUT OF SCHOOL AND AWAY FROM THE VITAL SCHOOL MEAL PROGRAM.</p>



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Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4C</p>	<p>MANNA'S OUTREACH PROGRAM IS A DIRECT ASSISTANCE PROGRAM THAT PROVIDES HOUSEHOLDS STRUGGLING TO AFFORD GROCERIES WITH ACCESS TO FOOD RESOURCES. THE OUTREACH PROGRAM CONNECTS HOUSEHOLDS TO A PARTNER AGENCY OR MANNA MOBILE MARKET FOR IMMEDIATE FOOD SUPPORT, AS WELL AS ASSISTING INDIVIDUALS WITH SIGNING UP FOR SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM), THE COUNTRY'S MOST EFFECTIVE ANTI-HUNGER PROGRAM (FORMERLY CALLED "FOOD STAMPS"). SNAP SUPPORT CAN HELP A FAMILY SURVIVE A CRISIS OF UNEMPLOYMENT, POOR HEALTH, OR OTHER HARDSHIPS THAT CAN TRIGGER A DOWNWARD SPIRAL INTO POVERTY. IN FY 20/21 MANNA'S OUTREACH TEAM OF STAFF AND VOLUNTEERS FIELDDED 12,577 CONTACTS WITH HOUSEHOLDS NEEDING ACCESS TO FOOD (AN INCREASE OF 47% OVER THE PRIOR FISCAL YEAR), REFERRED 10,997 HOUSEHOLDS TO AVAILABLE FOOD SERVICES, AND PROVIDED DIRECT ASSISTANCE TO 1,580 HOUSEHOLDS WITH HELP APPLYING FOR OR RECERTIFYING FOR SNAP. THIS INCLUDES ASSISTING PEOPLE AT PARTNER AGENCIES, AND THROUGH MANNA'S FOOD HELPLINE, WHICH IS RUN BY MANNA STAFF AND HIGHLY TRAINED VOLUNTEERS WHO PROVIDE OVER-THE-PHONE ASSISTANCE TO PEOPLE IN NEED ACROSS THE REGION. THE PRIVACY AND CONVENIENCE OF THE HELP LINE SERVICE OVERCOMES NUMEROUS BARRIERS FOR INDIVIDUALS IN NEED, INCLUDING TRANSPORTATION, WORK SCHEDULE CONSTRAINTS, PHYSICAL DISABILITIES, ETC. THAT MAY PREVENT PEOPLE FROM ACCESSING THE HELP THAT THEY NEED IN PERSON. MANNA PARTNERS WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE IN EVERY COUNTY OF THE SERVICE REGION TO PROVIDE THIS STREAMLINED SUPPORT. OUR EQUITY COMMITMENT: WE ARE THE MOUNTAIN AREA NUTRITIONAL NEEDS ALLIANCE (MANNA), A NETWORK OF MORE THAN 200 PARTNER AGENCIES, VOLUNTEERS, STAFF, BOARD, AND OTHERS WORKING TOGETHER IN A SHARED MISSION OF INVOLVING, EDUCATING, AND UNITING PEOPLE IN THE WORK OF ENDING HUNGER IN WESTERN NORTH CAROLINA. AT MANNA FOODBANK, WE HOLD PEOPLE EXPERIENCING HUNGER AND FOOD INSECURITY IN WESTERN NORTH CAROLINA AT THE CENTER OF OUR ACTIONS AND DECISIONS. WE ENVISION A HUNGER-FREE WESTERN NORTH CAROLINA WHERE EACH PERSON CAN PARTICIPATE, PROSPER AND HAVE ACCESS TO FOOD THAT IS BOTH NOURISHING AND IN KEEPING WITH THEIR CULTURE. WE RECOGNIZE THAT SYSTEMIC INJUSTICES AND OPPRESSION EXIST-SUCH AS RACISM, CLASSISM, AND SEXISM-AND THAT THESE CREATE AND PERPETUATE CONDITIONS THAT SUSTAIN POVERTY, HUNGER, AND HEALTH DISPARITIES. UNDERSTANDING THIS, WE COMMIT TO SERVE MARGINALIZED COMMUNITIES, IN BOTH URBAN AND RURAL ENVIRONMENTS, IN WAYS THAT VALUE WHO THEY ARE, THEIR LIVED EXPERIENCES AND THEIR UNIQUE BARRIERS TO ACCESSING FOOD. WE RESOLVE TO EDUCATE OURSELVES BY LISTENING TO AND INCLUDING THESE COMMUNITIES IN OUR WORK, AND TO RESPOND WHERE BIAS AND INEQUITIES APPEAR. WE WILL CONFRONT OPPRESSION AND POVERTY BY DEVELOPING SOLUTIONS TO HUNGER THAT ARE COMMUNITY-DRIVEN, EQUITABLE, ACCESSIBLE, HONOR A DIVERSITY OF NEEDS, AND VALUE EVERYONE. OUR FOOD PROGRAMS AND PUBLIC POLICY EFFORTS AIM TO BUILD A SOCIETY WHERE EVERYONE CAN THRIVE-CELEBRATING OUR DIFFERENCES AND</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	WORKING TOGETHER TO OVERCOME INJUSTICES THAT MIGHT DIVIDE US BECAUSE NO ONE SHOULD BE HUN GRY.

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<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4D	<p>MANNA FOODBANK IS A NON-PARTISAN ORGANIZATION DEDICATED TO EDUCATING THE PUBLIC ON THE ISSUES THAT AFFECT THE PEOPLE WE ALL SERVE TOGETHER. AT MANNA, WE ARE COMMITTED TO SERVING MARGINALIZED COMMUNITIES IN WAYS THAT VALUE WHO THEY ARE, THEIR LIVED EXPERIENCES, AND THEIR UNIQUE BARRIERS TO ACCESSING FOOD. WE ARE DEVELOPING SOLUTIONS TO HUNGER THAT ARE COMMUNITY- DRIVEN, EQUITABLE, ACCESSIBLE, HONOR A DIVERSITY OF NEEDS, AND VALUE EVERYONE. OUR FOOD PROGRAMS AND PUBLIC POLICY EFFORTS AIM TO BUILD A SOCIETY WHERE EVERYONE CAN LIVE, LEARN, WORK AND THRIVE-BECAUSE HAVING ENOUGH FOOD IS A FUNDAMENTAL HUMAN RIGHT. MANNA'S WORK TO ADDRESS HUNGER IN WNC INCLUDES ENCOURAGING THE COMMUNITY TO ADVOCATE FOR SOLUTIONS THAT LESSEN, AND ULTIMATE END, HUNGER FOR RESIDENTS ACROSS THE REGION. MANNA STAFF WORK TO INFORM LOCAL GOVERNMENT OFFICIALS AND LEGISLATORS OF THE IMPACT THAT FEDERAL AND STATE PROGRAMS HAVE ON RESIDENTS' ABILITY TO AFFORD GROCERIES. MANNA MAINTAINS AN EMAIL LIST FOR ADVOCACY CALLS-TO-ACTION, WHICH GREW BY 34% FROM THE PRIOR FISCAL YEAR. THE PANDEMIC'S IMPACTS CONTINUE TO EXPOSE THE FRAGILE BALANCE THAT THOUSANDS OF HOUSEHOLDS MANAGE EACH MONTH BETWEEN THE INCOME AND THE GROWING COST OF LIVING HERE IN WESTERN NORTH CAROLINA, AND THOSE IMPACTS CONTINUE TO AFFECT FAMILIES LIVING ON THE EDGE FAR MORE. AT A STATE LEVEL, MANNA'S DIRECT ADVOCACY WORK WITH PUBLIC OFFICIALS HELPED SECURE ADDITIONAL FUNDING FOR FOOD PURCHASE, AND SUPPORT FROM THE NORTH CAROLINA NATIONAL GUARD FOR INCREASED FOOD DISTRIBUTION DURING THE PANDEMIC. AT A FEDERAL LEVEL, MANNA'S PARTNERSHIP WITH FEEDING AMERICA AND PARTICIPATION IN DIRECT ADVOCACY WORK WITH FEDERAL PUBLIC OFFICIALS RESULTED IN A TEMPORARY EXPANSION OF SNAP BENEFITS TO FAMILIES IN 19/20 WHICH CONTINUES NOW, AND A TEMPORARY SUSPENSION OF THE ABAWD (ABLE BODIED ADULTS WITHOUT DEPENDENTS) REQUIREMENT IN ORDER TO QUALIFY FOR SNAP SUPPORT, WHICH ALSO REMAINS SUSPENDED DUE TO THE PANDEMIC. MANNA'S ONGOING FOCUS ON ADVOCATING FOR THE NEEDS OF WNC RESIDENTS CONTINUES TO GROW AND DEEPEN, HELPING TO INFLUENCE STATE AND NATIONAL POLICY, ALIGN STATE AND LOCAL RESOURCES, AND OPERATIONALIZE SUPPORT FOR COMMUNITIES WHERE A HIGH MAJORITY OF HOUSEHOLDS ARE FACING INCOME AND RESOURCE BARRIERS. WE ARE WORKING TO END HUNGER FOR ALL WESTERN NORTH CAROLINIANS THROUGH A COMMITMENT TO PROVIDING FOOD TODAY, FOOD TOMORROW, AND FOOD FOR A LIFETIME.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 1A	THE EXECUTIVE COMMITTEE IS CHAIRED BY THE PRESIDENT AND CONSISTS OF THE ELECTED OFFICERS OF THE BOARD AND THE IMMEDIATE PAST PRESIDENT OF THE BOARD. THIS COMMITTEE PERFORMS THE FUNCTIONS OF THE BOARD OF DIRECTORS IN THE ROUTINE MANAGEMENT OF THE AFFAIRS OF THE ORGANIZATION, ALL PERSONNEL MATTERS, AND SUCH OTHER FUNCTIONS AS DETERMINED BY THE BOARD. MANNA FOOD BANK PERSONNEL POLICIES ARE REVIEWED BIANNUALLY BY THE EXECUTIVE COMMITTEE AND IF DEEMED APPROPRIATE BY THE FULL BOARD. THE ACTIONS OF THE EXECUTIVE COMMITTEE ARE PRESENTED TO THE BOARD OF DIRECTORS.

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<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 11B	THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT. THE FINAL DRAFT WAS PROVIDED ELECTRONICALLY TO THE FINANCE COMMITTEE AND EACH VOTING BOARD MEMBER PRIOR TO FILING.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	NEW MEMBERS RECEIVE AND SIGN A COPY OF THE POLICY DURING A NEW MEMBER ORIENTATION. MEMBERS ALSO RECEIVE AND SIGN A COPY OF THE POLICY ANNUALLY AT AN ANNUAL BOARD MEETING.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE INCOMING EXECUTIVE DIRECTOR WAS DETERMINED BY A TRANSITION COMMITTEE USING SEVERAL INPUTS, INCLUDING PRIOR EXECUTIVE COMPENSATION, LOCAL NONPROFIT MARKET DATA, AND THE NEEDS TO ATTRACT STRONG TALENT. A RANGE OF SALARIES WAS ACCEPTED BY THE COMMITTEE DURING SEARCH AND FINAL OFFER WAS DETERMINED BY APPROVAL OF THE BOARD. AS OF THE FILING OF THIS RETURN, COMPENSATION WAS LAST REVIEWED NOVEMBER 2021.

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S ANNUAL REPORT WITH SUMMARIZED FINANCIAL INFORMATION IS POSTED ON ITS WEBSITE. ANNUAL FORM 990 RETURNS ARE POSTED ON GUIDESTAR.ORG. COPIES OF THE AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	UNCOLLECTABLE PLEDGES -50 IMPAIRMENT ON HELD-FOR-SALE ASSET -1,162,610 TOTAL -1,162,660