

Form **990**  
 (Rev. January 2020)  
 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)

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

**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.**

**A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>MANNA FOOD BANK, INC</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>627 SWANNANOA RIVER ROAD</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>ASHEVILLE NC 28805-2445</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>58-1514800</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>828-299-3663</b></p> <b>G</b> Gross receipts \$ <b>39,217,978</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>HANNAH RANDALL</b>  <b>627 SWANNANOA RIVER ROAD</b>  <b>ASHEVILLE NC 28805-2445</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>u</b>
<b>J</b> Website: <b>u WWW.MANNAFOODBANK.ORG</b>		<b>L</b> Year of formation: <b>1982</b> <b>M</b> State of legal domicile: <b>NC</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>INVOLVING, EDUCATING, AND UNITING PEOPLE IN THE WORK OF ENDING HUNGER IN WESTERN NORTH CAROLINA.</b></p>		
	<b>2</b> Check this box <input type="checkbox"/> 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>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>68</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>4376</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>31,088,843</b>	Current Year <b>37,301,773</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-4,010</b>	<b>62,734</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,434,008</b>	<b>1,708,487</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>32,518,841</b>	<b>39,072,994</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>25,888,786</b>	<b>25,158,060</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>3,168,986</b>	<b>3,779,853</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>764,662</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>3,870,695</b>	<b>7,071,287</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>32,928,467</b>	<b>36,009,200</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-409,626</b>	<b>3,063,794</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>9,739,025</b>	End of Year <b>14,546,315</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>664,859</b>	<b>2,495,681</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>9,074,166</b>	<b>12,050,634</b>

**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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>NANCY FLIPPIN</b></p> Type or print name and title	Date <p style="text-align: center;"><b>CFO</b></p>
	Print/Type preparer's name <p><b>RUFUS W. DOLLAR</b></p>	Preparer's signature <p><b>RUFUS W. DOLLAR</b></p>
<b>Paid Preparer Use Only</b>	Firm's name } <b>CARTER, P. C.</b>	Firm's EIN } <b>38-3828234</b>
	Firm's address } <b>16 BILTMORE AVE SUITE 200 ASHEVILLE, NC 28801-3617</b>	Phone no. <b>828-259-9900</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.**

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**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  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **33,150,981** including grants of \$ **24,717,812** ) (Revenue \$ )  
**SEE SCHEDULE O**

**4b** (Code: ) (Expenses \$ **538,005** including grants of \$ **440,248** ) (Revenue \$ )  
**SEE SCHEDULE O**

**4c** (Code: ) (Expenses \$ **328,072** including grants of \$ ) (Revenue \$ )  
**SEE SCHEDULE O**

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ **128,032** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **u 34,145,090**

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>68</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

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

**NANCY S. FLIPPIN**  
**ASHEVILLE**

**627 SWANNANOVA RIVER RD**

**NC 28805-2445 828-774-5909**

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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 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			
(1) <b>STEVE METCALF</b>	3.56									
PRESIDENT	0.00	X		X			0	0	0	
(2) <b>JUDY BUTLER</b>	1.46									
VICE PRESIDENT	0.00	X		X			0	0	0	
(3) <b>MARY C. DAVIS</b>	0.92									
TREASURER	0.00	X		X			0	0	0	
(4) <b>JERRY PRICKETT</b>	2.19									
SECRETARY	0.00	X		X			0	0	0	
(5) <b>MELODY DUNLOP</b>	0.88									
PAST PRESIDENT	0.00	X		X			0	0	0	
(6) <b>KATHY ARRIOLA</b>	0.29									
BOARD MEMBER	0.00	X					0	0	0	
(7) <b>LEANN BRIDGES</b>	0.14									
BOARD MEMBER	0.00	X					0	0	0	
(8) <b>KEITH COLLINS</b>	0.30									
BOARD MEMBER	0.00	X					0	0	0	
(9) <b>RON EDGERTON</b>	0.85									
BOARD MEMBER	0.00	X					0	0	0	
(10) <b>JOHN FORSYTH</b>	3.38									
BOARD MEMBER	0.00	X					0	0	0	
(11) <b>BUD HUGHES</b>	0.27									
BOARD MEMBER	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(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			
(12) <b>DAVID JENKINS</b>	0.12									
BOARD MEMBER	0.00	X						0	0	
(13) <b>KENYON LAKE</b>	0.06									
BOARD MEMBER	0.00	X						0	0	
(14) <b>KIP MARSHALL</b>	0.59									
BOARD MEMBER	0.00	X						0	0	
(15) <b>JIM MATHEWS</b>	4.23									
BOARD MEMBER	0.00	X						0	0	
(16) <b>LOUISE O'CONNOR</b>	2.71									
BOARD MEMBER	0.00	X						0	0	
(17) <b>KAREN OLSEN</b>	0.27									
BOARD MEMBER	0.00	X						0	0	
(18) <b>CINDY PIERCY</b>	0.12									
BOARD MEMBER	0.00	X						0	0	
(19) <b>CALVIN TOMKINS</b>	0.48									
BOARD MEMBER	0.00	X						0	0	

<b>1b Subtotal</b> .....	<b>u</b>		
<b>c Total from continuation sheets to Part VII, Section A</b> .....	<b>u</b>	<b>206,938</b>	<b>23,297</b>
<b>d Total (add lines 1b and 1c)</b> .....	<b>u</b>	<b>206,938</b>	<b>23,297</b>

**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 **u 1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	3	X
<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> .....	4	X
<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> .....	5	X

**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 **u 0**



**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>	<b>111,289</b>				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	<b>242,142</b>				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	<b>6,842,802</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>30,105,540</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	<b>\$ 27,247,886</b>				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>37,301,773</b>				
	<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>u</b>					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>22,580</b>			<b>22,580</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
		<b>b</b> Less: rental expenses	<b>6b</b>				
		<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	<b>114,326</b>	(ii) Other	<b>44,164</b>	
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	<b>93,447</b>	<b>24,889</b>		
		<b>c</b> Gain or (loss)	<b>7c</b>	<b>20,879</b>	<b>19,275</b>		
	<b>d</b> Net gain or (loss)	<b>u</b>	<b>40,154</b>			<b>40,154</b>	
	<b>8a</b> Gross income from fundraising events (not including \$ 242,142 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		<b>47,249</b>			
		<b>b</b> Less: direct expenses	<b>8b</b>	<b>26,648</b>			
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b>	<b>20,601</b>			<b>20,601</b>	
	<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>u</b>						
<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	<b>u</b>						
<b>Miscellaneous Revenue</b>	<b>11a</b> CO-OP FOOD PROGRAM	Business Code	<b>889,991</b>	<b>889,991</b>			
	<b>b</b> SHARED MAINTANANCE FEES		<b>444,793</b>	<b>444,793</b>			
	<b>c</b> RECLAIM SCANNING FEES		<b>318,519</b>	<b>318,519</b>			
	<b>d</b> All other revenue		<b>34,583</b>			<b>34,583</b>	
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>	<b>1,687,886</b>				
<b>12 Total revenue.</b> See instructions	<b>u</b>	<b>39,072,994</b>	<b>1,653,303</b>	<b>0</b>	<b>117,918</b>		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>20,866,073</b>	<b>20,866,073</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	<b>4,291,987</b>	<b>4,291,987</b>		
<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	<b>248,964</b>	<b>48,050</b>	<b>159,728</b>	<b>41,186</b>
<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	<b>2,651,459</b>	<b>1,923,372</b>	<b>419,657</b>	<b>308,430</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>94,757</b>	<b>62,057</b>	<b>26,695</b>	<b>6,005</b>
<b>9</b> Other employee benefits	<b>577,268</b>	<b>367,993</b>	<b>169,458</b>	<b>39,817</b>
<b>10</b> Payroll taxes	<b>207,405</b>	<b>141,811</b>	<b>40,618</b>	<b>24,976</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>23,240</b>		<b>23,240</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	<b>15,913</b>		<b>15,913</b>	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>125,607</b>	<b>41,124</b>	<b>60,124</b>	<b>24,359</b>
<b>12</b> Advertising and promotion	<b>55,319</b>	<b>29,287</b>	<b>18,978</b>	<b>7,054</b>
<b>13</b> Office expenses	<b>699,606</b>	<b>350,684</b>	<b>41,253</b>	<b>307,669</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>125,667</b>	<b>119,581</b>	<b>5,296</b>	<b>790</b>
<b>17</b> Travel	<b>29,068</b>	<b>26,631</b>	<b>1,188</b>	<b>1,249</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>4,423</b>	<b>2,813</b>	<b>1,380</b>	<b>230</b>
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>369,281</b>	<b>302,026</b>	<b>66,109</b>	<b>1,146</b>
<b>23</b> Insurance	<b>23,774</b>	<b>14,900</b>	<b>8,371</b>	<b>503</b>
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>USDA FOOD COSTS</b>	<b>5,213,795</b>	<b>5,213,795</b>		
<b>b</b> <b>SHIPPING &amp; TRANSPORTATION</b>	<b>338,079</b>	<b>338,043</b>		<b>36</b>
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	<b>47,515</b>	<b>4,863</b>	<b>41,440</b>	<b>1,212</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>36,009,200</b>	<b>34,145,090</b>	<b>1,099,448</b>	<b>764,662</b>
<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 X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	915,847	1	5,255,414
	2	Savings and temporary cash investments	520,199	2	423,342
	3	Pledges and grants receivable, net	653,909	3	705,168
	4	Accounts receivable, net	129,434	4	220,244
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	766,307	8	1,296,789
	9	Prepaid expenses and deferred charges	74,657	9	56,354
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,331,058		
	b	Less: accumulated depreciation	10b 2,816,929	10c	4,514,129
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	1,854,843	12	2,056,077
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	64,184	15	18,798
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	9,739,025	16	14,546,315	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	645,287	17	1,326,088
	18	Grants payable		18	
	19	Deferred revenue	19,572	19	556,613
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	612,980
	26	<b>Total liabilities.</b> Add lines 17 through 25	664,859	26	2,495,681
<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>				
	27	Net assets without donor restrictions	7,820,541	27	9,048,367
	28	Net assets with donor restrictions	1,253,625	28	3,002,267
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	9,074,166	32	12,050,634
33	<b>Total liabilities and net assets/fund balances</b>	9,739,025	33	14,546,315	

**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>	<b>39,072,994</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>36,009,200</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>3,063,794</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>9,074,166</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-41,061</b>
<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 on Schedule O)	<b>9</b>	<b>-46,265</b>
<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>	<b>12,050,634</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b> 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>X</b>	
<b>b</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 on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week 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			
(20) <b>SAGE TURNER</b>	0.26									
BOARD MEMBER	0.00	X					0	0	0	
(21) <b>ED ZAIDBERG</b>	3.46									
BOARD MEMBER	0.00	X					0	0	0	
(22) <b>ROBERT SIMMONS</b>	0.00									
BRD MEMBER THRU 2/20	0.00	X					0	0	0	
(23) <b>HANNAH RANDALL</b>	50.00									
EXECUTIVE DIRECTOR	0.00			X			122,529	0	10,399	
(24) <b>NANCY FLIPPIN</b>	50.00									
CFO	0.00			X			84,409	0	12,898	
<b>1b Subtotal</b>							<b>206,938</b>		<b>23,297</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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 **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
<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>	4	
<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>	5	

**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 **u**

**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.

**u Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2019**

**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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,195,902	28,576,600	33,289,787	31,088,843	37,301,773	154,452,905
<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	24,195,902	28,576,600	33,289,787	31,088,843	37,301,773	154,452,905
<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</b> Public support. Subtract line 5 from line 4						154,452,905

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	24,195,902	28,576,600	33,289,787	31,088,843	37,301,773	154,452,905
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,771	14,453	14,623	23,932	22,580	92,359
<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.)	10,314	20,217	51,113	49,612	34,583	165,839
<b>11 Total support.</b> Add lines 7 through 10						154,711,103
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	4,331,187

**13 First five 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 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.83 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	<b>15</b>	99.82 %

**16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 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 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2019.** 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—2018.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 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 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 (as 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 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 (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the 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>1</b>		
<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>		
<b>2</b>		

**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>		
<b>1</b>		

**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>1</b>		
<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>2</b>		
<b>3</b> By reason of the relationship described in (2), 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>		
<b>3</b>		

**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 (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<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>2a</b>		
<b>b</b> Did the activities described in (a) 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>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<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>Provide details in Part VI.</i>		
<b>3a</b>		
<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>		
<b>3b</b>		

**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)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  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)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 .....			
b From 2015 .....			
c From 2016 .....			
d From 2017 .....			
e From 2018 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 .....			
b Excess from 2016 .....			
c Excess from 2017 .....			
d Excess from 2018 .....			
e Excess from 2019 .....			

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

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER INCOME** **\$ 131,256**

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

Employer identification number

**MANNA FOOD BANK, INC**

**58-1514800**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

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

Name of organization

**MANNA FOOD BANK, INC**

Employer identification number

**58-1514800**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	..... ..... .....	\$ 6,253,540	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 827,186	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**MANNA FOOD BANK, INC**

Employer identification number

**58-1514800**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	USDA FOOD RECEIPTS	\$ 5,399,613	



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement and grant fund usage.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number and acreage, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	2,738,653	2,703,511	1,488,615	1,474,081	2,483,581
<b>b</b> Contributions	2,423,670	170,053	1,453,947	182,618	237,323
<b>c</b> Net investment earnings, gains, and losses	4,334	40,989			
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	538,155	163,713	239,051	168,084	1,246,823
<b>f</b> Administrative expenses	12,096	12,187			
<b>g</b> End of year balance	4,616,406	2,738,653	2,703,511	1,488,615	1,474,081

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** 34.97 %
- b** Permanent endowment **u** 6.79 %
- c** Term endowment **u** 58.24 %

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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
<b>3a(i)</b>	<b>X</b>	
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**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		4,162,235	1,288,917	2,873,318
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		2,919,357	1,528,012	1,391,345
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** 4,514,129

**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 <b>BENEFICIAL INTEREST IN ENDOWME</b>	<b>2,056,077</b>	<b>MARKET</b>
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>2,056,077</b>	

**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)		
<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)	
<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) <b>PAYCHECK PROTECTION PROG LOAN</b>	<b>612,980</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>612,980</b>

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 FASB 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>	<b>39,224,995</b>
<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>	<b>-41,061</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>182,328</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>26,647</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>167,914</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>39,057,081</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>15,913</b>
<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>	<b>15,913</b>
<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>	<b>39,072,994</b>

**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>	<b>36,248,527</b>
<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>	<b>182,328</b>
<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>	<b>72,912</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>255,240</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>35,993,287</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>15,913</b>
<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>	<b>15,913</b>
<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>	<b>36,009,200</b>

**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.

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

**ENDOWMENTS REPRESENTED IN PART V INCLUDE BOARD-RESCTIRED FUNDS FOR CAPITAL IMPROVEMENTS (\$182,973) AND OPERATING RESERVES (\$1,431,416). 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.**

**PART X - FIN 48 FOOTNOTE**

**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**

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

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, 2019, 2018, AND 2017 ARE SUBJECT TO EXAMINATION BY THE IRS GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT FUNDRAISING EXPENSES \$ 26,647

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT FUNDRAISING EXPENSES \$ 26,647

UNCOLLECTABLE PLEDGES \$ 46,265

**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, line 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

**2019**

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.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>EMPTY BOWLS</u> (event type)	<u>BLUE JEAN BALL</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	89,640	60,729	139,022	289,391
	2	Less: Contributions	45,135	57,985	139,022	242,142
	3	Gross income (line 1 minus line 2)	44,505	2,744		47,249
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	1,765			1,765
	7	Food and beverages	20,712			20,712
	8	Entertainment				
	9	Other direct expenses	3,955	216		4,171
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					20,601

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	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 %	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	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: \_\_\_\_\_  
 \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u Attach to Form 990.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**MANNA FOOD BANK, INC**

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?  Yes  No
- 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.

1	(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
(1)	ABCCM - CRISIS MINISTRY 24 CUMBERLAND AVE. ASHEVILLE NC 28801	56-0945004	501C3	4,815	302,667	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(2)	ANCHOR BAPTIST CHURCH 3232 HENDERSONVILLE HWY. PISGAH FOREST NC 28768	56-1419926	501C3	1,888	561,168	STUDY	FOOD	FOOD DISTRIBUTION
(3)	ANDREWS SEVENTH-DAY ADVENTIST CHURCH PO BOX 1363 ANDREWS NC 28901	30-0269859	501C3		16,777	STUDY	FOOD	FOOD DISTRIBUTION
(4)	ARDEN MISSIONARY BAPTIST CHURCH 2568 HENDERSONVILLE ROAD ARDEN NC 28704	56-1719188	501C3		20,400	STUDY	FOOD	FOOD DISTRIBUTION
(5)	ARDEN STREET MINISTRY 35 AIRPORT ROAD ASHEVILLE NC 28704		501C3	1,262	35,811	STUDY	FOOD	FOOD DISTRIBUTION
(6)	ASHEVILLE CITY & BUNCOMBE COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805	56-6000994	GOV		113,037	STUDY	MANNAPACKS	FOOD DISTRIBUTION
(7)	ASHEVILLE FIRST CHURCH OF THE NAZAR 385 HAZEL MILL RD ASHEVILLE NC 28806	47-2955038	501C3	1,081	70,529	STUDY	FOOD	FOOD DISTRIBUTION
(8)	ASHEVILLE TERRACE APARTMENTS 200 TUNNEL ROAD ASHEVILLE NC 28805	56-6003041			36,775	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(9)	AVE MARIA MINISTRIES ST. LUCIEN CATH. CHURCH (RECTORY) SPRUCE PINE NC 28777	53-0196617	501C3	928	52,047	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 184**
- 3 Enter total number of other organizations listed in the line 1 table **u 0**

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u Attach to Form 990.**  
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OMB No. 1545-0047

**2019**

**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 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?  Yes  No
- 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.

1	(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
(1)	AVERY COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805	56-6000990	GOV		35,072	STUDY	MANNAPACKS	FOOD DISTRIBUTION
(2)	AVERY'S CREEK UMC COMMUNITY FOOD PA 874 GLENN BRIDGE ROAD SE ARDEN NC 28704	32-0409618	501C3	1,206	78,983	STUDY	FOOD	FOOD DISTRIBUTION
(3)	BAKERSVILLE BAPTIST CHURCH PO BOX 2 BAKERSVILLE NC 28705	56-1283820	501C3	728	44,072	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(4)	BEACON OF HOPE SERVICES PO BOX 547 MARSHALL NC 28753	56-2241353	501C3	2,499	608,918	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(5)	BEAVERDAM COMMUNITY DEVELOPMENT CLU 1620 N. CANTON ROAD CANTON NC 28716	56-1767563	501C3	910	27,749	STUDY	FOOD	FOOD DISTRIBUTION
(6)	BELOVED HOUSE HOSPITALITY 39 GROVE ST. ASHEVILLE NC 28801	80-0334140	501C3	1,413	66,187	STUDY	FOOD	FOOD DISTRIBUTION
(7)	BETHEL A BAPTIST CHURCH 290 OAKDALE STREET BREVARD NC 28712	56-2032133	501C3	1,037	20,545	STUDY	FOOD	FOOD DISTRIBUTION
(8)	BETHEL RURAL COMMUNITY PANTRY PO BOX 1333 WAYNESVILLE NC 28786	34-2063022	501C3	522	42,268	STUDY	FOOD	FOOD DISTRIBUTION
(9)	BETHEL SEVENTH DAY ADVENTIST CHURCH PO BOX 1507 ASHEVILLE NC 28803	56-2234766	501C3	1,184	47,033	STUDY	FOOD	FOOD DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2019**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

**MANNA FOOD BANK, INC**

Employer identification number

**58-1514800**

**Part I General Information on Grants and Assistance**

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- 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.

1	(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
(1)	BEULAH BAPTIST CHURCH 483 SUNSET CIRCLE CANTON NC 28716	56-1326725	501C3	811	58,528	STUDY	FOOD	FOOD DISTRIBUTION
(2)	BEVERLY HILLS BAPTIST - FAMILY TO F 777 TUNNEL ROAD ASHEVILLE NC 28805	56-0883842	501C3	1,254	28,934	STUDY	FOOD	FOOD DISTRIBUTION
(3)	BIG IVY COMMUNITY CLUB PO BOX 425 BARNARDSVILLE NC 28709	56-1890924	501C3	2,368	61,171	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(4)	BILTMORE CHURCH OF GOD - JUST A JES 1390 SWEETEN CREEK RD ASHEVILLE NC 28803	62-0484177	501C3	1,005	135,315	STUDY	FOOD	FOOD DISTRIBUTION
(5)	BLACK MOUNTAIN HOME FOR CHILDREN 80 LAKE EDEN ROAD BLACK MOUNTAIN NC 28711	56-0538018	501C3		12,514	STUDY	FOOD	FOOD DISTRIBUTION
(6)	BLUE RIDGE COMMUNITY HEALTH SERVICE PO BOX 5151 HENDERSONVILLE NC 28793	56-0794933	501C3		5,799	STUDY	FOOD	FOOD DISTRIBUTION
(7)	BOUNTY AND SOUL FRESH MARKET 999 OLD HIGHWAY 70 BLACK MOUNTAIN NC 28711	27-0593409	501C3	3,686	966,514	STUDY	FOOD	FOOD DISTRIBUTION
(8)	BREAD OF LIFE, INC. 248 SOUTH CALDWELL ST BREVARD NC 28712	56-2053857	501C3	1,025	47,859	STUDY	FOOD	FOOD DISTRIBUTION
(9)	BUNCOMBE COUNTY CEM 200 COLLEGE ST., STE 300 ASHEVILLE NC 28801	45-3323540	501C3	1,817	393,296	STUDY	FOOD	FOOD DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**MANNA FOOD BANK, INC**

Employer identification number

**58-1514800**

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**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.

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(1)	CALVARY CHAPEL OF ASHEVILLE, INC. PO BOX 9159 MILLS RIVER NC 28759	56-1895938	501C3	1,237	88,320	STUDY	FOOD	FOOD DISTRIBUTION
(2)	CALVARY EPISCOPAL FOOD PANTRY PO BOX 187 FLETCHER NC 28732	61-1657546	501C3	1,812	145,094	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(3)	CATHOLIC CHARITIES DIOCESE - FOOD P 50 ORANGE STREET ASHEVILLE NC 28801	56-1058954	501C3	1,632	117,666	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(4)	CENTRO UNIDO LATINO AMERICANO 79 ACADEMY STREET MARION NC 28752	56-2678411	501C3	1,175	30,966	STUDY	FOOD	FOOD DISTRIBUTION
(5)	CFC - TRINITY PLACE 12 RAVENSCROFT DR ASHEVILLE NC 28801	56-1182686	501C3		35,386	STUDY	FOOD	FOOD DISTRIBUTION
(6)	CHARITY HOUSE MISSION 178 JOE YOUNG ROAD BURNSVILLE NC 28714	47-2433775	501C3	653	15,107	STUDY	FOOD	FOOD DISTRIBUTION
(7)	CHEROKEE COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805	56-6000211	GOV		39,038	STUDY	MANNAPACKS	FOOD DISTRIBUTION
(8)	CHEROKEE COUNTY FOOD BANK, INC. ANDREWS LIONS CLUB/PO BOX 843 ANDREWS NC 28901	20-1216234	501C3	1,357	173,194	STUDY	FOOD	FOOD DISTRIBUTION
(9)	CHEROKEE COUNTY SHARING CENTER, INC PO BOX 692 MURPHY NC 28906	61-1508378	501C3	1,746	191,333	STUDY	FOOD	FOOD DISTRIBUTION

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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OMB No. 1545-0047

**2019**

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Inspection**

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Employer identification number

**58-1514800**

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1	(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
(1)	CHILDREN FIRST - EMMA RESOURCE CTR 50 S. FRENCH BROAD AVE., SUITE 246 ASHEVILLE NC 28806	56-0576157	501C3	400	11,826	STUDY	FOOD	FOOD DISTRIBUTION
(2)	CLAY COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805	56-6001009	GOV		26,706	STUDY	MANNAPACKS	FOOD DISTRIBUTION
(3)	CLAY COUNTY FOOD PANTRY, INC. PO BOX 853 HAYESVILLE NC 28904	56-1915169	501C3	2,695	269,424	STUDY	FOOD	FOOD DISTRIBUTION
(4)	CLINCHFIELD UNITED METHODIST CHURCH 151 RIDGE ROAD MARION NC 28752	56-1304439	501C3		290,495	STUDY	FOOD	FOOD DISTRIBUTION
(5)	COMMUNITY ACTION OPPORTUNITIES C/O JOBLINK CAREER CENTER MARION NC 28752	56-0817672	501C3		7,936	STUDY	FOOD	FOOD DISTRIBUTION
(6)	COMMUNITY BAPTIST CHURCH 200 BUENA VISTA DR. BREVARD NC 28712	56-0556746	501C3	1,014	82,709	STUDY	FOOD	FOOD DISTRIBUTION
(7)	COMMUNITY DISTRIBUTION - SWAIN 100 BRENDELE STREET BRYSON CITY NC 28713	58-1514800	501C3		12,492	STUDY	FOOD	FOOD DISTRIBUTION
(8)	COMMUNITY TABLE OF JACKSON COUNTY PO BOX 62 DILLSBORO NC 28725	56-2264894	501C3	1,821	224,655	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(9)	COUNCIL ON AGING OF BUNCOMBE COUNTY 75 HAYWOOD STREET ASHEVILLE NC 28801	23-7410586	501C3		27,436	STUDY	FOOD	FOOD DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2019**

**Open to Public  
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Name of the organization

**MANNA FOOD BANK, INC**

Employer identification number

**58-1514800**

**Part I General Information on Grants and Assistance**

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(1)	CROSSROADS BAPTIST CHURCH 116 RUNNING PINE RD, LAKE TOXAWAY BREVARD NC 28747	68-0576472	501C3	1,304	152,390	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(2)	CRY OF A CHILD MISSIONS INTL INC 102 RECC DRIVE BAKERSVILLE NC 28705	20-2739003	501C3	1,382	89,721	STUDY	FOOD	FOOD DISTRIBUTION
(3)	CULLOWHEE VALLEY BAPTIST CHURCH 36 TILLEY CREEK ROAD CULLOWHEE NC 28723	56-0556746	501C3	1,115	74,982	STUDY	FOOD	FOOD DISTRIBUTION
(4)	DYSARTSVILLE CHRISTIAN MINISTRIES C/O TRINITY UNITED METHODIST CHURCH NEBO NC 28761	56-1151032	501C3	400	112,611	STUDY	FOOD	FOOD DISTRIBUTION
(5)	EAST ASHEVILLE WELCOME TABLE 954 TUNNEL ROAD ASHEVILLE NC 28805	56-0705866	501C3		19,818	STUDY	FOOD	FOOD DISTRIBUTION
(6)	ELIADA HOMES INC 823 ELIADA HOME ROAD ASHEVILLE NC 28806	56-0611587	501C3		49,837	STUDY	FOOD	FOOD DISTRIBUTION
(7)	EMMANUEL LUTHERAN SHELTER PROG 51 WILBURN PLANCE ASHEVILLE NC 28806	56-6022463	501C3	1,124	91,692	STUDY	FOOD	FOOD DISTRIBUTION
(8)	ETOWAH UMC - FISHES & LOAVES FOOD P PO BOX 1268 ETOWAH NC 28729	56-1333035	501C3	1,382	97,162	STUDY	FOOD	FOOD DISTRIBUTION
(9)	EVERGREEN COMMUNITY CHARTER SCHOOL 50 BELL ROAD ASHEVILLE NC 28805	56-2094405	501C3		7,570	STUDY	FOOD	FOOD DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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(1)	F.E.A.S.T. ASHEVILLE 50 SOUTH FRENCH BROAD AVE #257 ASHEVILLE NC 28801	47-2724633	501C3		21,120	STUDY	FOOD	FOOD DISTRIBUTION
(2)	FEED MY SHEEP 587 MICAVILLE LOOP BURNSVILLE NC 28714	56-1635971	501C3	749	44,917	STUDY	FOOD	FOOD DISTRIBUTION
(3)	FEEDING AVERY FAMILIES 508 PINEOLA ST NEWLAND NC 28657	45-2302126	501C3	2,455	313,828	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(4)	FINES CREEK COMMUNITY DEVELOPMENT A 190 FINES CREEK ROAD CLYDE NC 28721	56-1965399	501C3	1,038	77,999	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(5)	FIRST AT BLUE RIDGE PO BOX 40 RIDGECREST NC 28770	58-1946948	501C3		133,859	STUDY	FOOD	FOOD DISTRIBUTION
(6)	FIRST BAPTIST CHURCH - EAST FLAT RO PO BOX 305 EAST FLAT ROCK NC 28726	56-6099950	501C3	400	51,956	STUDY	FOOD	FOOD DISTRIBUTION
(7)	FIRST BAPTIST CHURCH - HOMELESS OUT 5 OAK ST. ASHEVILLE NC 28801	56-0554211	501C3	1,067	17,922	STUDY	FOOD	FOOD DISTRIBUTION
(8)	FIRST BAPTIST CHURCH, DBA SPARROWS 517 HIAWASEE STREET MURPHY NC 28906	56-0745813	501C3	1,857	248,498	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(9)	FIRST UNITED METHODIST CHURCH- WAYN PO BOX 838 WAYNESVILLE NC 28786	56-0728628	501C3	1,071	55,131	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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(1)	FISHES & LOAVES FOOD PANTRY PO BOX 865 CASHIERS NC 28717	26-3516849	501C3	1,619	34,276	STUDY	FOOD	FOOD DISTRIBUTION
(2)	FLAT CREEK BAPTIST CHURCH 21 FLAT CREEK CHURCH RD WEAVERVILLE NC 28787	56-0885321	501C3	1,049	96,068	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(3)	FOOD FOR FAIRVIEW PO BOX 2077 FAIRVIEW NC 28730	58-2539200	501C3	2,039	87,118	STUDY	FOOD	FOOD DISTRIBUTION
(4)	FOSTER SEVENTH DAY ADVENTIST CHURCH 375 HENDERSONVILLE ROAD ASHEVILLE NC 28803	56-6057382	501C3	1,555	41,437	STUDY	FOOD	FOOD DISTRIBUTION
(5)	FREE COMMUNITY MEAL - MONTMORENCI U PO BOX 610 CANDLER NC 28715	56-0854024	501C3	500	256,708	STUDY	FOOD	FOOD DISTRIBUTION
(6)	FRIENDS OF MADISON COUNTY ANIMALS P PO BOX 191 MARSHALL NC 28753	56-1865702	501C3		11,221	STUDY	FOOD	FOOD DISTRIBUTION
(7)	FULL GOSPEL FAST FOOD PANTRY C/O 26 SUMMER HEIGHTS DR. BURNSVILLE NC 28714	56-2001234	501C3		5,364	STUDY	FOOD	FOOD DISTRIBUTION
(8)	GO-KITCHEN READY PO BOX 7235 ASHEVILLE NC 28802	26-4230288	501C3		6,983	STUDY	FOOD	FOOD DISTRIBUTION
(9)	GOD'S WAY FELLOWSHIP PO BOX 330 BALSAM GROVE NC 28708	04-3774691	501C3	1,718	175,601	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)



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**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.

1	(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
(1)	GOSPEL TABERNACLE 16 BRICKYARD ROAD ASHEVILLE NC 28805	56-1718247	501C3	919	22,695	STUDY	FOOD	FOOD DISTRIBUTION
(2)	GRACE EPISCOPAL CHURCH FOOD PANTRY 394 N HAYWOOD STREET WAYNESVILLE NC 28786	56-0666920	501C3	796	46,455	STUDY	FOOD	FOOD DISTRIBUTION
(3)	GRAHAM CO. FELLOWSHIP FOOD DISTRIBUTION 695 TAPOCO RD. ROBBINSVILLE NC 28771	20-2007347	501C3	1,022	55,870	STUDY	FOOD	FOOD DISTRIBUTION
(4)	GRAHAM COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805	56-6001037	GOV		9,804	STUDY	MANNAPACKS	FOOD DISTRIBUTION
(5)	GRAHAM COUNTY EMERGENCY FOOD PANTRY PO BOX 423 ROBBINSVILLE NC 28771	83-0408417	501C3	1,275	102,176	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(6)	GREAT LAURELS OF JUNALUSKA 2360 SWEETEN CREEK ROAD ASHEVILLE NC 28803	51-0199312	501C3		77,325	STUDY	FOOD	FOOD DISTRIBUTION
(7)	HAYESVILLE FIRST FREEWILL BAPTIST CHURCH PO BOX 1232 HAYESVILLE NC 28904	84-1720444	501C3	927	24,581	STUDY	FOOD	FOOD DISTRIBUTION
(8)	HAYWOOD CHRISTIAN MINISTRY 150 BRANNER AVENUE WAYNESVILLE NC 28786	56-1389676	501C3	4,753	1,082,599	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(9)	HAYWOOD COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805	56-6001045	GOV		30,595	STUDY	MANNAPACKS	FOOD DISTRIBUTION

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u Attach to Form 990.**  
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OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**MANNA FOOD BANK, INC**

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?  Yes  No
- 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.

1	(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
(1)	HAYWOOD PATHWAYS CENTER 179 HEMLOCK STREET WAYNESVILLE NC 28786	47-2608669	501C3		170,248	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(2)	HAYWOOD STREET CONGREGATION 125 HILL STREET ASHEVILLE NC 28801	45-5301549	501C3	500	48,016	STUDY	FOOD	FOOD DISTRIBUTION
(3)	HENDERSON COUNTY ATTN BETH STAHL ASHEVILLE NC 28805	56-1821543	GOV		68,382	STUDY	MANNAPACKS	FOOD DISTRIBUTION
(4)	HENDERSONVILLE SEVENTH DAY ADVENTIS 2301 ASHEVILLE HIGHWAY HENDERSONVILLE NC 28791	52-6037545	501C3		12,991	STUDY	FOOD	FOOD DISTRIBUTION
(5)	HENDERSONVILLE SPANISH SEVENTH 827 FRUITLAND DR HENDERSONVILLE NC 28792	20-4336325	501C3	1,180	47,921	STUDY	FOOD	FOOD DISTRIBUTION
(6)	HICKORY NUT GORGE OUTREACH, INC 2556 MEMORIAL HWY. LAKE LURE NC 28746	20-1240771	501C3	1,248	39,976	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(7)	HIGHLANDS EMERGENCY COUNCIL PO BOX 974 HIGHLANDS NC 28741	58-1918612	501C3	1,529	152,938	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(8)	HOMEWARD BOUND 19 N. ANN STREET ASHEVILLE NC 28801	56-1568917	501C3		9,865	STUDY	FOOD	FOOD DISTRIBUTION
(9)	HOMINY VALLEY WELCOME TABLE (ASBURY) PO BOX 67 CANDLER NC 28715	56-1072651	501C3		6,330	STUDY	FOOD	FOOD DISTRIBUTION

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u Attach to Form 990.**  
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OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**MANNA FOOD BANK, INC**

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?  Yes  No
- 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.

1	(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
(1)	INGRID'S FOOD PANTRY 718 HAYWOOD ROAD ASHEVILLE NC 28806	46-1125489	501C3	961	15,305	STUDY	FOOD	FOOD DISTRIBUTION
(2)	INTERFAITH ASSISTANCE MINISTRY PO BOX 2562 HENDERSONVILLE NC 28793	58-1556963	501C3	1,642	353,961	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(3)	INTERNATIONAL FRIENDSHIP CENTER/LA 348 SOUTH FIFTH STREET HIGHLANDS NC 28741	56-2303345	501C3	1,617	118,487	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(4)	JACKSON COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805	56-1492826	GOV		39,026	STUDY	MANNAPACKS	FOOD DISTRIBUTION
(5)	KIDS AT WORK 123 ACTON CIRCLE STE B ASHEVILLE NC 28806	30-0466165	501C3		10,343	STUDY	FOOD	FOOD DISTRIBUTION
(6)	LEICESTER BAPTIST CHURCH 18 TONY LUNSFORD DR LEICESTER NC 28748	56-1647913	501C3	965	33,864	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(7)	LEICESTER COMMUNITY CENTER PO BOX 1518 LEICESTER NC 28748	51-0540640	501C3	968	28,318	STUDY	FOOD	FOOD DISTRIBUTION
(8)	LEICESTER COMMUNITY WELCOME TABLE P.O.BOX 36 LEICESTER NC 28748	56-1316735	501C3		23,588	STUDY	FOOD	FOOD DISTRIBUTION
(9)	LIFE CHALLENGE OF WNC PO BOX 2553 CULLOWHEE NC 28723	20-5900465	501C3		12,441	STUDY	FOOD	FOOD DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2019**

**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 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?  Yes  No
- 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.

1	(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
(1)	LIVING WATERS FOOD PANTRY PO BOX 2230 CHEROKEE NC 28719	56-0619351	501C3	2,166	293,771	STUDY	FOOD	FOOD DISTRIBUTION
(2)	LIVING WATERS TABERNACLE 344 MOFFITT HILL CHURCH RD OLD FORT NC 28762	22-0075174	501C3	1,102	40,843	STUDY	FOOD	FOOD DISTRIBUTION
(3)	LOVE'S KITCHEN 312 5TH AVE. WEST HENDESONVILLE NC 28739	56-0559096	501C3	2,045	15,935	STUDY	FOOD	FOOD DISTRIBUTION
(4)	LOVING FOOD RESOURCES PO BOX 25142 ASHEVILLE NC 28813	56-1823591	501C3	1,755	280,890	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(5)	LOW COUNTRY FOOD BANK 2864 AZALEA DR CHARLESTON SC 29405	57-0751835	501C3		133,350	STUDY	FOOD	FOOD DISTRIBUTION
(6)	M-Y UMC FOOD PANTRY 296 GRIFFITH ROAD GREEN MOUNTAIN NC 28740	56-1358520	501C3	400	135,618	STUDY	FOOD	FOOD DISTRIBUTION
(7)	MACON COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805	56-6001069	GOV		33,060	STUDY	MANNAPACKS	FOOD DISTRIBUTION
(8)	MACON COUNTY CARE NETWORK 130 BIDWELL ST FRANKLIN NC 28734	58-1813122	501C3	1,479	272,952	STUDY	FOOD	FOOD DISTRIBUTION
(9)	MADISON COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805	56-6001070	GOV		15,237	STUDY	MANNAPACKS	FOOD DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2019**

**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 General Information on Grants and Assistance**

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**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.

1	(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
(1)	MAGGIE VALLEY UNITED METHODIST CHUR 4192 SOCO ROAD MAGGIE VALLEY NC 28751	56-1809410	501C3	1,166	44,755	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(2)	MARF - CHILES AVENUE GROUP HOME 22 CHILES AVE ASHEVILLE NC 28803	56-1074327	501C3		13,702	STUDY	FOOD	FOOD DISTRIBUTION
(3)	MARS HILL BAPTIST PO BOX 218 MARS HILL NC 28754	56-0568406	501C3	2,998	274,768	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(4)	MATT'S MINISTRY /LEDFORD'S CHAPEL U PO BOX 205 HAYESVILLE NC 28904	34-6004584	501C3	2,326	260,890	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(5)	MCDOWELL COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805	56-6001073	GOV	1,624	91,490	STUDY	FOOD, MANNAPACK	FOOD DISTRIBUTION
(6)	MCDOWELL LFAC 60 E COURT ST MARION NC 28752	83-2141213	501C3	1,497	323,344	STUDY	FOOD	FOOD DISTRIBUTION
(7)	MCDOWELL MISSION MINISTRIES PO BOX 297 MARION NC 28752	56-1872125	501C3	1,821	119,753	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(8)	MITCHELL COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805	56-6001075	GOV		16,690	STUDY	MANNAPACKS	FOOD DISTRIBUTION
(9)	MITCHELL COUNTY SHEPHERD'S STAFF FO PO BOX 344 SPRUCE PINE NC 28777	56-1404604	501C3	1,452	115,619	STUDY	FOOD	FOOD DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2019**

**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 General Information on Grants and Assistance**

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(1)	MOUNTAIN CARE- ADULT DAY CARE PO BOX 5956 ASHEVILLE NC 28813	56-2005198	501C3		6,600	STUDY	FOOD	FOOD DISTRIBUTION
(2)	MOUNTAIN PROJECTS 2177 ASHEVILLE RD WAYNESVILLE NC 28786	56-0849092	501C3		26,346	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(3)	NEIGHBORS FEEDING NEIGHBORS PO BOX 322 SPRUCE PINE NC 28777	83-0928892	501C3	2,079	327,953	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(4)	NEIGHBORS IN NEED, INC. PO BOX 64 MARSHALL NC 28753	58-1492053	501C3	679	24,150	STUDY	FOOD	FOOD DISTRIBUTION
(5)	NEW BEGINNING BAPTIST CHURCH 29 MARLOWE DRIVE MILLS RIVER NC 28759	58-1860986	501C3	1,309	118,500	STUDY	FOOD	FOOD DISTRIBUTION
(6)	NORTH HOMINY COMMUNITY DEVELOPMENT C/O 47 FIELDCREST DRIVE CANTON NC 28716	58-1479866	501C3	571	41,240	STUDY	FOOD	FOOD DISTRIBUTION
(7)	NORTH TOXAWAY BAPTIST CHURCH 51 SLICK FISHER ROAD LAKE TOXAWAY NC 28747	56-0930077	501C3	1,159	78,250	STUDY	FOOD	FOOD DISTRIBUTION
(8)	OAKLEY BAPTIST CHURCH 70 FAIRVIEW AVE. ASHEVILLE NC 28803	56-0954383	501C3		88,960	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(9)	OCHRE HILL BAPTIST CHURCH 14 NORMAN DRIVE SYLVA NC 28779	56-0556746	501C3	946	17,510	STUDY	FOOD	FOOD DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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OMB No. 1545-0047

**2019**

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Inspection**

Name of the organization

**MANNA FOOD BANK, INC**

Employer identification number

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(1)	ONLY HOPE WNC- OLIVE BRANCH FOOD PA 2185 OLD US HWY 25 ZIRCONIA NC 28790	45-3751833	501C3	1,104	55,969	STUDY	FOOD	FOOD DISTRIBUTION
(2)	OPTIMIST SANTA PAL CLUB PO BOX 1912 ASHEVILLE NC 28802	56-6055643	501C3		14,604	STUDY	FOOD	FOOD DISTRIBUTION
(3)	PAN DE VIDA 3580 BREVARD ROAD HENDESONVILLE NC 28739	14-1914733	501C3	1,073	107,840	STUDY	FOOD	FOOD DISTRIBUTION
(4)	PARTNERS UNLIMITED 133 LIVINGSTON ST ASHEVILLE NC 28801	31-1669634	501C3		9,157	STUDY	FOOD	FOOD DISTRIBUTION
(5)	POLK COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805	56-6001098	GOV		14,219	STUDY	MANNAPACKS	FOOD DISTRIBUTION
(6)	RAINBOW COMMUNITY SCHOOL 574 HAYWOOD RD ASHEVILLE NC 28806	56-1217861	501C3		17,068	STUDY	FOOD	FOOD DISTRIBUTION
(7)	REACH OF MACON COUNTY PO BOX 228 FRANKLIN NC 28744	56-1689264	501C3		24,157	STUDY	FOOD	FOOD DISTRIBUTION
(8)	REACHING AVERY MINISTRY PO BOX 234 NEWLAND NC 28657	56-1959018	501C3	1,161	57,787	STUDY	FOOD	FOOD DISTRIBUTION
(9)	RECOVERY VENTURES CORP PO BOX 452 BLACK MOUNTAIN NC 28711	71-0875890	501C3		237,216	STUDY	FOOD	FOOD DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2019**

**Open to Public  
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Name of the organization

**MANNA FOOD BANK, INC**

Employer identification number

**58-1514800**

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(1)	S. HARVEST F.B. OF CENTRAL & EASTER 3808 TARHEEL ROAD RALEIGH NC 27609	56-1283426	501C3		798,597	STUDY	FOOD	FOOD DISTRIBUTION
(2)	S. HARVEST F.B. OF NORTHEAST TENNES 1020 JERICHO DRIVE KINGSPORT TN 37615	62-1303822	501C3		127,133	STUDY	FOOD	FOOD DISTRIBUTION
(3)	SAMUEL'S HAVEN FOOD PANTRY 187 W. JORDAN STREET BREVARD NC 28712	56-2262246	501C3	741	19,557	STUDY	FOOD	FOOD DISTRIBUTION
(4)	SANDY MUSH COMMUNITY CENTER PO BOX 1686 LEICESTER NC 28748	84-1722906	501C3	1,109	85,857	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(5)	SHARE THY BREAD MINISTRY - TRYON SD 2820 LYNN RD. TRYON NC 28782	56-1395046	501C3	1,157	51,925	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(6)	SLAVIC FOOD PANTRY 95 GOUGHES BRANCH RD LEICESTER NC 28748	51-0610502	501C3		259,260	STUDY	FOOD	FOOD DISTRIBUTION
(7)	SOUTHERN RECONCILIATION MINISTRIES PO BOX 1147 BURNSVILLE NC 28714	56-1373255	501C3	2,351	219,595	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(8)	ST. JOHN'S OUTREACH MINISTRIES PO BOX 968 MARION NC 28752	56-0850824	501C3	1,549	188,596	STUDY	FOOD	FOOD DISTRIBUTION
(9)	ST. PAULS EPISCOPAL CHURCH FOOD PRO 3685 CHIMNEY ROCK ROAD HENDERSONVILLE NC 28792	31-1629166	501C3	2,394	413,786	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u Attach to Form 990.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**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 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?  Yes  No
- 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.

1	(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
(1)	ST. VINCENT DE PAUL SOCIETY PO BOX 39 ARDEN NC 28704	56-2212543	501C3	1,443	140,487	STUDY	FOOD	FOOD DISTRIBUTION
(2)	STECOAH VALLEY ARTS AND CRAFTS 121 SCHOOL HOUSE ROAD ROBBINSVILLE NC 28771	56-1935344	501C3	958	17,874	STUDY	FOOD	FOOD DISTRIBUTION
(3)	STREETS TO GRACE 10 MINT LANE ASHEVILLE NC 28806	83-0758288	501C3		50,169	STUDY	FOOD	FOOD DISTRIBUTION
(4)	SWAIN COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805	56-6001118	GOV		23,340	STUDY	MANNAPACKS	FOOD DISTRIBUTION
(5)	SWAIN COUNTY FAMILY RESOURCE CENTER PO BOX 515 BRYSON CITY NC 28713	27-2553276	501C3		8,684	STUDY	FOOD	FOOD DISTRIBUTION
(6)	SWANNANOVA VALLEY CHRISTIAN MINISTRY PO BOX 235 BLACK MOUNTAIN NC 28711	56-1132257	501C3		212,854	STUDY	FOOD	FOOD DISTRIBUTION
(7)	TABERNACLE MISSIONARY BAPTIST CHURCH 56 WALTON ST. ASHEVILLE NC 28801	56-1400322	501C3	1,987	79,474	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(8)	THE CHURCH OF THE ADVOCATE 60 CHURCH STREET ASHEVILLE NC 28801	56-0552779	501C3	885	5,185	STUDY	FOOD	FOOD DISTRIBUTION
(9)	THE COMMUNITY KITCHEN PO BOX 513 CANTON NC 28716	51-0605733	501C3	1,602	241,948	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**MANNA FOOD BANK, INC**

Employer identification number

**58-1514800**

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- 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?  Yes  No
- 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.

1	(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
(1)	THE GIVING SPOON PO BOX 1783 BRYSON CITY NC 28713	30-1140746	501C3	1,177	31,294	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(2)	THE GRACE PLACE 90 BOX 2363 ROBBINSVILLE NC 28771	65-1269290	501C3	1,655	26,772	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(3)	THE OPEN DOOR 32 COMMERCE STREET WAYNESVILLE NC 28786	56-0732998	501C3	1,284	217,127	STUDY	FOOD	FOOD DISTRIBUTION
(4)	THE SALVATION ARMY - BREVARD 126 NORTH CALDWELL STREET BREVARD NC 28712	58-0660607	501C3	650	15,419	STUDY	FOOD	FOOD DISTRIBUTION
(5)	THE SALVATION ARMY - HENDERSONVILLE PO BOX 2387 HENDERSONVILLE NC 28792	58-0660607	501C3	959	151,855	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(6)	THE SALVATION ARMY - HOT SPRINGS PO BOX 295 HOT SPRINGS NC 28743	58-0660607	501C3	1,013	50,162	STUDY	FOOD	FOOD DISTRIBUTION
(7)	THE SALVATION ARMY - POLK COUNTY 2382 COXE ROAD TRYON NC 28782	58-0660607	501C3	1,127	20,605	STUDY	FOOD	FOOD DISTRIBUTION
(8)	THE SALVATION ARMY - SHELTON LAUREL 35 MOUNTAIN MISSION RD CLYDE NC 28721	58-0660607	501C3		9,653	STUDY	FOOD	FOOD DISTRIBUTION
(9)	THE SALVATION ARMY OF ASHEVILLE PO BOX 1778 ASHEVILLE NC 28802	58-0660607	501C3		120,032	STUDY	FOOD	FOOD DISTRIBUTION

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

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
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Name of the organization

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Employer identification number

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(1)	THE STOREHOUSE PO BOX 6146 HENDERSONVILLE NC 28793	56-1942323	501C3	1,645	313,929	STUDY	FOOD	FOOD DISTRIBUTION
(2)	THERMAL BELT OUTREACH MINISTRY PO BOX 834 COLUMBUS NC 28722	56-1793796	501C3	1,647	159,732	STUDY	FOOD	FOOD DISTRIBUTION
(3)	TRANSYLVANIA CHRISTIAN MINISTRY PO BOX 958 BREVARD NC 28712	56-1292875	501C3	2,009	257,425	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(4)	TRANSYLVANIA COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805	56-6001121	GOV		40,799	STUDY	MANNAPACKS	FOOD DISTRIBUTION
(5)	TRANSYLVANIA HUNGER COALITION 5716 OLD HENDERSONVILLE HWY BREVARD NC 28712	31-1789875	501C3	766	55,432	STUDY	FOOD	FOOD DISTRIBUTION
(6)	TRINITY ASSEMBLY OF GOD 6971 GEORGIA ROAD FRANKLIN NC 28734	44-0577787	501C3	765	52,211	STUDY	FOOD	FOOD DISTRIBUTION
(7)	TRINITY OF FAIRVIEW FOOD PANTRY 646 CONCORD ROAD FLETCHER NC 28732	56-1194468	501C3	1,096	214,488	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(8)	TRUETT BAPTIST ASSOCIATION 14029 HIGHWAY 19, WHITE'S PLAZA ANDREWS NC 28901	20-1183600	501C3		6,641	STUDY	FOOD	FOOD DISTRIBUTION
(9)	UNITED CHRISTIAN MINISTRIES OF JACK PO BOX 188 SYLVA NC 28779	56-1659229	501C3	718	161,042	STUDY	FOOD	FOOD DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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1	(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
(1)	VICTORY BAPTIST CHURCH PO BOX 1027 BRYSON CITY NC 28713	56-1137178	501C3	791	64,898	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(2)	VICTORY FELLOWSHIP WORSHIP CENTER PO BOX 2257 WEAVERVILLE NC 28787	56-1529836	501C3	1,292	153,185	STUDY	FOOD, FREEZER	FOOD DISTRIBUTION
(3)	VOLUNTEER AVERY COUNTY - EMERGENCY PO BOX 474 NEWLAND NC 28657	58-1489889	501C3	1,245	14,181	STUDY	FOOD	FOOD DISTRIBUTION
(4)	VOLUNTEERS OF AMERICA 138 SPRINGSIDE ROAD HENDERSONVILLE NC 28792	13-1692595	501C3		25,064	STUDY	FOOD	FOOD DISTRIBUTION
(5)	WESTBRIDGE VOCATIONAL, INC 140 LITTLE SAVANNAH RD. SYLVA NC 28779	56-1208982	501C3		24,919	STUDY	FOOD	FOOD DISTRIBUTION
(6)	WESTERN CAROLINA RESCUE MINISTRIES PO BOX 909 ASHEVILLE NC 28802	56-1249407	501C3	1,701	449,155	STUDY	FOOD	FOOD DISTRIBUTION
(7)	WHITTIER UNITED METHODIST CHURCH (G PO BOX 668 WHITTIER NC 28789	56-2129048	501C3	1,359	110,068	STUDY	FOOD	FOOD DISTRIBUTION
(8)	WOMEN'S WELLBEING & DEVELOPMENT 100 ATKINSON STREET ASHEVILLE NC 28801	35-2307069	501C3		47,488	STUDY	FOOD	FOOD DISTRIBUTION
(9)	WOODRIDGE APARTMENTS PRODUCE MARKET 61 BINGHAM RD ASHEVILLE NC 28806	56-1783901	501C3		56,890	STUDY	FOOD	FOOD DISTRIBUTION

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

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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Department of the Treasury  
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Name of the organization

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Employer identification number

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**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?  Yes  No
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1	(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
(1)	<b>YANCEY COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805</b>	<b>56-6001138</b>	<b>GOV</b>		<b>22,521</b>	<b>STUDY</b>	<b>MANNAPACKS</b>	<b>FOOD DISTRIBUTION</b>
(2)	<b>YMCA HEALTHY LIVING MOBILE MARKET 30 WOODFIN ST ASHEVILLE NC 28801</b>	<b>56-0530013</b>	<b>501C3</b>	<b>3,691</b>	<b>396,009</b>	<b>STUDY</b>	<b>FOOD</b>	<b>FOOD DISTRIBUTION</b>
(3)	<b>YMCA OF AVERY COUNTY PO BOX 707 LINVILLE NC 28646</b>	<b>20-4910495</b>	<b>501C3</b>		<b>12,923</b>	<b>STUDY</b>	<b>FOOD</b>	<b>FOOD DISTRIBUTION</b>
(4)	<b>ZEPHYR HILLS FREEWILL BAPTIST 283 SHELBURNE RD. ASHEVILLE NC 28806</b>	<b>58-1490864</b>	<b>501C3</b>	<b>1,005</b>	<b>11,954</b>	<b>STUDY</b>	<b>FOOD</b>	<b>FOOD DISTRIBUTION</b>
(5)								
(6)								
(7)								
(8)								
(9)								

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

**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 <b>FOOD DISTRIBUTION</b>			<b>4,291,987</b>	<b>STUDY</b>	<b>FOOD</b>
2					
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.

**PART IV - ADDITIONAL INFORMATION**

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.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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Department of the Treasury  
Internal Revenue Service

**u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
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**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	<b>X</b>	<b>10872</b>	<b>26,835,091</b>	<b>RSM US LLC STUDY*</b>
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( <b>EQUIPMENT</b> )	<b>X</b>	<b>5</b>	<b>357,422</b>	<b>FMV</b>
26 Other <b>u</b> ( <b>EVENT SUPPLIES</b> )	<b>X</b>	<b>86</b>	<b>20,462</b>	<b>FMV</b>
27 Other <b>u</b> ( <b>OTHER GOODS</b> )	<b>X</b>	<b>16</b>	<b>34,911</b>	<b>FMV</b>
28 Other <b>u</b> ( )				

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**

	Yes	No
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>X</b>
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?	<b>X</b>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	<b>X</b>	
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.		

**Part II 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.

**PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS**

**THE ORGANIZATION USES "CARS DONATE" TO DISPOSE OF DONATED VEHICLES THAT ARE NOT OF DIRECT USE IN THE ORGANIZATION'S EXEMPT PURPOSE.**

**SCHEDULE M - SUPPLEMENTAL INFORMATION**

**\* 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 \$1.74.**

**THE NUMBER OF DONORS OF FOOD INVENTORY REPRESENTS SEPARATE CONTRIBUTION EVENTS.**



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

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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**FORM 990, 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.

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

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. OUR

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58-1514800

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, RESULTING IN A GROWING NEED FOR FOOD FOR OVER 100,000 PEOPLE LIVING THROUGHOUT THE REGION. IN WNC, 1 IN 6 PEOPLE, AND 1 IN 4 CHILDREN, ARE FOOD INSECURE.

FOOD DISTRIBUTION: IN RESPONSE TO A STAGGERING INCREASE IN THE NEED FOR EMERGENCY FOOD ASSISTANCE DUE TO THE COVID PANDEMIC, IN FY 19/20, MANNA FOODBANK HAD ANOTHER RECORD-BREAKING YEAR, DISTRIBUTING 21.5 MILLION POUNDS OF FOOD, ENOUGH TO PROVIDE 18 MILLION MEALS. MANNA AND THE PARTNER AGENCY NETWORK DISTRIBUTED THE EQUIVALENT OF 45,000 MEALS EVERY DAY OF THE YEAR.

THIS UNPRECEDENTED YEAR IN MANNA'S HISTORY MARKED ALL-TIME HIGHS IN FOOD DISTRIBUTION EFFORTS. WITH GROWING NUMBERS OF HOUSEHOLDS TURNING TO MANNA'S PARTNER NETWORK, 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. THE FIRST THREE QUARTERS OF THE FISCAL YEAR, MANNA DISTRIBUTED AN AVERAGE OF 53,858 LBS. OF FOOD EVERY DAY, LAUNCHED THE MANNA COMMUNITY MARKET TO PROVIDE MOBILE PANTRY OPTIONS IN REMOTE RURAL AREAS OF HIGH NEED, CONTINUED TO GROW FRESH FOOD DISTRIBUTION THROUGH MANNA EXPRESS DELIVERIES, AND

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EXPANDED THE NETWORK OF NONPROFIT PARTNERSHIPS WORKING TO HOST COMMUNITY FOOD DISTRIBUTIONS.

PANDEMIC: IN MARCH 2020, MANNA'S DAILY OPERATIONS WERE IMPACTED AT EVERY LEVEL DUE TO THE PANDEMIC. AN INITIAL AND SUDDEN IMPACT TO FOOD SUPPLY CHAINS DRAMATICALLY AFFECTED THE AMOUNT OF DONATED FOOD THE FOOD BANK NORMALLY RECEIVES (PRE-PANDEMIC APPROXIMATELY 85% OF MANNA'S TOTAL INVENTORY WAS DONATED). AT THE SAME TIME, MANNA AND OUR PARTNER AGENCIES SAW AN IMMEDIATE INCREASE IN THE NUMBER OF PEOPLE NEEDING FOOD SUPPORT. THE PANDEMIC ALSO NECESSITATED AN IMMEDIATE AND COMPLETE SHIFT IN ALL FOOD BANK OPERATIONS IN ORDER TO PROTECT THE HEALTH AND SAFETY OF OUR VOLUNTEERS, CLIENTS SEEKING FOOD, PARTNERS, STAFF, AND THE WELLBEING OF THE GENERAL PUBLIC.

EVEN WITH THESE CHALLENGES, MANNA'S FOOD DISTRIBUTION INCREASED TO OVER 69,000 LBS. DAILY IN RESPONSE TO A TREMENDOUS GROWTH IN THE NEED FOR FOOD: BY THE END OF JUNE, THE NUMBER OF PEOPLE TURNING TO MANNA AND THE PARTNER NETWORK HAD INCREASED BY 63%.

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 19/20, 65% OF THE FOOD THAT MANNA DISTRIBUTED WAS CLASSIFIED AS FOODS TO ENCOURAGE WHICH CONSIST OF HEALTHY STAPLES LIKE WHOLE GRAINS, PROTEINS, DAIRY, FRESH/FROZEN VEGETABLES AND FRUITS. OVER 28% OF FOOD DISTRIBUTED WAS FRESH PRODUCE.

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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. OUR 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.

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. AT THE END OF THE FY, MANNA HAD DISTRIBUTED OVER 842,000 POUNDS OF GROCERIES 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.

MANNA FOODBANK BOASTS A 4-STAR RATING FROM CHARITY NAVIGATOR FOR 10 CONSECUTIVE YEARS - THE HIGHEST RATING POSSIBLE FROM THE INDEPENDENT

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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 19/20, 4,379 VOLUNTEERS SERVED 57,000+ HOURS IN A VARIETY OF VOLUNTEER ROLES. THIS IS THE EQUIVALENT OF 29 FULL-TIME STAFF MEMBERS AND HELPS MANNA CONTINUE TO PRIORITIZE FINANCIAL RESOURCES TOWARD 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, DRIVING MANNA EXPRESS AND POP-UP 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 - SECOND ACCOMPLISHMENT

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 AN AVERAGE OF 5,000 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 19/20, A TOTAL OF 116,555 MANNA

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PACKS WERE DISTRIBUTED TO CHILDREN ON THE FREE SCHOOL MEAL PROGRAM, AS WELL AS PROVIDING FOOD FOR 22 STUDENT PANTRIES LOCATED ON SCHOOL CAMPUSES. HOWEVER, IN MARCH, SCHOOLS CLOSED AND MANNA STAFF WORKED WITH WNC SCHOOLS SCRAMBLING TO PROVIDE DAILY MEALS FOR THE MANY CHILDREN RELYING ON FREE SCHOOL MEALS. 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.

IN THE SUMMER MONTHS OF 2019, MANNA DISTRIBUTED BAGS OF FOOD WITH A WEEK'S WORTH OF NOURISHMENT TO AN AVERAGE OF 1,205 CHILDREN THROUGH THE SUMMER PACK PROGRAM IN 11 COUNTIES, PROVIDING MUCH NEEDED FOOD ASSISTANCE WHILE CHILDREN ARE OUT OF SCHOOL AND AWAY FROM THE VITAL SCHOOL MEAL PROGRAM.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

FNS OUTREACH IS A DIRECT ASSISTANCE PROGRAM THAT ASSISTS HOUSEHOLDS STRUGGLING TO AFFORD GROCERIES WITH ACCESS TO FOOD RESOURCES. THE FNS OUTREACH PROGRAM CONNECTS HOUSEHOLDS TO A MANNA PARTNER AGENCY 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 19/20 MANNA'S FNS OUTREACH TEAM OF STAFF AND VOLUNTEERS FIELDDED 8,566 CONTACTS WITH HOUSEHOLDS NEEDING ACCESS TO FOOD, REFERRED 7,221 HOUSEHOLDS TO AVAILABLE FOOD SERVICES, AND PROVIDED DIRECT ASSISTANCE TO 2,241

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HOUSEHOLDS WITH HELP APPLYING FOR OR RECERTIFYING FOR SNAP. THIS INCLUDES ASSISTING PEOPLE AT PARTNER AGENCIES, AND THROUGH MANNA'S FNS 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. IN MARCH, THE HELPLINE TEAM WAS INUNDATED WITH DESPERATE CALLS AND EMAILS SEEKING EMERGENCY FOOD SUPPORT, AND THIS ELEVATED PACE CONTINUED THROUGH THE END OF THE FISCAL YEAR.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

MANNA FOODBANK IS A NON-PARTISAN ORGANIZATION DEDICATED TO HIGHLIGHTING THE ISSUES THAT AFFECT THE PEOPLE WE ALL SERVE TOGETHER. 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. IN 19/20, MANNA'S EMAIL LIST FOR INDIVIDUALS RECEIVING ADVOCACY CALLS-TO-ACTION GREW BY 31%. THE ONSET OF THE PANDEMIC HIGHLIGHTED THE FRAGILE BALANCE THAT THOUSANDS OF HOUSEHOLDS MANAGE EACH MONTH, AND AS MEDIA COVERAGE OF THE HUGE NEED FOOD FOR CONTINUED, MEMBERS OF THE COMMUNITY REACHED OUT TO ENGAGE WITH MANNA TO HELP.

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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, AND A TEMPORARY SUSPENSION OF THE ABAWD (ABLE BODIED ADULTS WITHOUT DEPENDENTS) REQUIREMENT IN ORDER TO QUALIFY FOR SNAP SUPPORT.

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.

FORM 990, PART VI, LINE 1A - AUTHORITY DELEGATED TO COMMITTEE EXPLANATION 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.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND



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OVERSIGHT BY MANAGEMENT. THE FINAL DRAFT WAS PROVIDED ELECTRONICALLY TO THE FINANCE COMMITTEE AND EACH VOTING BOARD MEMBER PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
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.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
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 AT THE END OF 2020.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
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.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

UNCOLLECTABLE PLEDGES \$ -46,265