

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning **07/01/23**, and ending **06/30/24**

58-1514800

MANNA FOOD BANK INC

Net Asset / Fund Balance at Beginning of Year **28,394,498**

Revenue

Contributions	<u>38,347,301</u>	
Program service revenue		
Investment income	<u>548,673</u>	
Capital gain / loss	<u>-379,919</u>	
Fundraising / Gaming:		
Gross revenue	<u>102,263</u>	
Direct expenses	<u>53,988</u>	
Net income	<u>48,275</u>	
Other income	<u>2,378,616</u>	
Total revenue		<u>40,942,946</u>

Expenses

Program services	<u>36,667,708</u>	
Management and general	<u>1,408,320</u>	
Fundraising	<u>1,186,669</u>	
Total expenses		<u>39,262,697</u>
Excess / (deficit)		<u>1,680,249</u>

Changes **572,183**

Net Asset / Fund Balance at End of Year **30,646,930**

Reconciliation of Revenue

Total revenue per financial statements	<u>41,568,345</u>
Less:	
Unrealized gains	<u>572,183</u>
Donated services	
Recoveries	
Other	<u>53,988</u>
Plus:	
Investment expenses	<u>772</u>
Other	
Total revenue per return	<u>40,942,946</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>39,315,913</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	<u>53,988</u>
Plus:	
Investment expenses	<u>772</u>
Other	
Total expenses per return	<u>39,262,697</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>29,674,291</u>	<u>32,817,768</u>	
Liabilities	<u>1,279,793</u>	<u>2,170,838</u>	
Net assets	<u>28,394,498</u>	<u>30,646,930</u>	<u>2,252,432</u>

Miscellaneous Information

Amended return _____
 Return / extended due date **05/15/25**
 Failure to file penalty _____

Filing Instructions**MANNA FOOD BANK INC****Exempt Organization Tax Return****Taxable Year Ended June 30, 2024**

Date Due: May 15, 2025

Remittance: None is required. Your Form 990 for the tax year ended 6/30/24 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Electronically: please upload to your Liscio account

By fax: 828-258-2790

By mail: Carter, P. C.
301 College St Ste 320
Asheville, NC 28801-2449

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of filerFor calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 20 24**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.**2023****MANNA FOOD BANK INC**EIN or SSN
58-1514800Name and title of officer or person subject to tax **CLAIRE NEAL**
CEO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	<input type="checkbox"/> b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	40,942,946
<input type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue , if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) MANNA FoodBank, (EIN) 58-1514800 and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize CARTER, P. C. to enter my PIN 14800 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Claire Neal Date 04/24/25**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

69360012345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ALAN TOLER Date 04/24/25**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**For Privacy Act and Paperwork Reduction Act Notice, see back of form.
DAAForm **8879-TE** (2023)

Form **990**
Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public Inspection**A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24****B** Check if applicable:

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

99 BROADPOINTE DR

Room/suite

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

MILLS RIVER**NC 28759****F** Name and address of principal officer:**CLAIRE NEAL****99 BROADPOINTE DR****MILLS RIVER****NC 28759****D** Employer identification number**58-1514800****E** Telephone number**828-299-3663****G** Gross receipts \$ **53,999,753****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.MANNAFOODBANK.ORG****H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1982****M** State of legal domicile: **NC****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	INVOLVING, EDUCATING, AND UNITING PEOPLE IN THE WORK OF ENDING HUNGER IN WESTERN NORTH CAROLINA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	93
	6 Total number of volunteers (estimate if necessary)	6	5539
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	35,819,006	38,347,301
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	410,328	168,754
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,656,483	2,426,891
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,885,817	40,942,946
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	26,447,818	28,224,571
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,983,691	5,046,500
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	1,186,669	
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,927,375	5,991,626
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	36,358,884	39,262,697
	19 Revenue less expenses. Subtract line 18 from line 12	1,526,933	1,680,249
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	29,674,291	32,817,768
Net Assets or Fund Balances	22 Net assets or fund balances. Subtract line 21 from line 20	1,279,793	2,170,838
		28,394,498	30,646,930

Part II Signature Block

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

Sign Here	Signature of officer	Date		
	CLAIRE NEAL Type or print name and title	CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed
	ALAN TOLER	ALAN TOLER	04/24/25	P01522061
	Firm's name	Firm's EIN		
CARTER, P. C.		38-3828234		
Firm's address		Phone no.		
301 COLLEGE ST STE 320 ASHEVILLE, NC 28801-2449		828-259-9900		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

Form 990 (2023) **MANNA FOOD BANK INC****58-1514800**Page **2****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 \$ **34,959,494** including grants of \$ **27,668,117**) (Revenue \$)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ **633,212** including grants of \$ **556,454**) (Revenue \$)
SEE SCHEDULE O**4c** (Code:) (Expenses \$ **326,879** including grants of \$) (Revenue \$)
SEE SCHEDULE O**4d** Other program services (Describe on Schedule O.)(Expenses \$ **748,123** including grants of \$) (Revenue \$)**4e** Total program service expenses **36,667,708**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 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>	23 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	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>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a 33	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	93
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

	1a	18	1b	18	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		18		18		
b Enter the number of voting members included on line 1a, above, who are independent			1b	18		
2 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?					2	X
3 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?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA, CO, FL, GA, NJ, NY, NC, RI, SC, TN, VA**

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.

CLAIRE NEAL
MILLS RIVER

99 BROADPOINTE DR

NC 28759

828-299-3663

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAVOY SPOONER	1.74									
PRESIDENT	0.00	X		X				0	0	0
(2) LINDSEY WILSON	1.29									
VICE PRESIDENT	0.00	X		X				0	0	0
(3) EDWARD ZAIDBERG	1.33									
TREASURER	0.00	X		X				0	0	0
(4) MARCIA BROMBERG	1.17									
SECRETARY	0.00	X		X				0	0	0
(5) JIM MATHEWS	5.37									
PAST PRESIDENT	0.00	X		X				0	0	0
(6) DAVID ANGELUS	3.25									
BOARD MEMBER	0.00	X						0	0	0
(7) COREY ATKINS	0.30									
BOARD MEMBER	0.00	X						0	0	0
(8) JUDY BUTLER	2.71									
BOARD MEMBER	0.00	X						0	0	0
(9) KEVIN CLICK	1.46									
BOARD MEMBER	0.00	X						0	0	0
(10) MELODY DUNLOP	1.32									
BOARD MEMBER	0.00	X						0	0	0
(11) ROSE JAMES	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DAVID JENKINS										
(12) BOARD MEMBER	0.35 0.00	X						0	0	0
(13) TERRY LANTANICH										
(13) BOARD MEMBER	0.75 0.00	X						0	0	0
(14) SANDRA PRECOMA										
(14) BOARD MEMBER	0.10 0.00	X						0	0	0
(15) MEL SCHOLL										
(15) BOARD MEMBER	1.33 0.00	X						0	0	0
(16) JOHN STAATZ										
(16) BOARD MEMBER	7.11 0.00	X						0	0	0
(17) TYLER VEREEN										
(17) BOARD MEMBER	0.56 0.00	X						0	0	0
(18) ELIZABETH WALL-BASSETT										
(18) BOARD MEMBER	0.21 0.00	X						0	0	0
(19) FRANK DUNN										
(19) BRD MBER THRU 12/23	0.23 0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A								252,716		21,462
d Total (add lines 1b and 1c)								252,716		21,462

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 **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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>	X	
5 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>		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
RKD ALPHA DOG DALLAS TX 75284	PO BOX 843595 FUNDRAISING	462,134

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

1

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	152,040					
	d Related organizations	1d						
	e Government grants (contributions)	1e	8,807,552					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	29,387,709					
	g Noncash contributions included in lines 1a-1f	1g	\$ 25,822,429					
	h Total. Add lines 1a-1f							38,347,301
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			548,673			548,673	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents		(i) Real	(ii) Personal				
		6a						
		b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		7a	12,622,900					
		b Less: cost or other basis and sales exps.	7b	12,608,420				
	c Gain or (loss)	7c	14,480	-394,399				
	d Net gain or (loss)			-379,919			-379,919	
	8a Gross income from fundraising events (not including \$ 152,040 of contributions reported on line 1c). See Part IV, line 18							
		8a	102,263					
	b Less: direct expenses	8b	53,988					
	c Net income or (loss) from fundraising events			48,275			48,275	
9a Gross income from gaming activities. See Part IV, line 19								
	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances								
	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue			Business Code					
	11a SHARED MAINTANANCE FEES			1,177,316	1,177,316			
	b CO-OP FOOD PROGRAM			942,450	942,450			
	c RECLAIM SCANNING FEES			238,081	238,081			
	d All other revenue			20,769		20,769		
	e Total. Add lines 11a-11d			2,378,616				
12 Total revenue. See instructions			40,942,946	2,357,847	0	237,798		

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,549,589	25,549,589		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,674,982	2,674,982		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	274,178	85,326	115,715	73,137
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,745,352	2,745,208	519,064	481,080
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,911	20,894	18,982	4,035
9 Other employee benefits	699,512	315,216	314,040	70,256
10 Payroll taxes	283,547	200,290	44,341	38,916
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	24,199		24,199	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	772		772	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	212,786	104,949	101,441	6,396
12 Advertising and promotion	101,909	76,279	39,536	-13,906
13 Office expenses	926,496	348,015	88,875	489,606
14 Information technology				
15 Royalties				
16 Occupancy	178,004	177,025	979	
17 Travel	28,010	22,450	4,604	956
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	46,286	7,024	38,112	1,150
20 Interest	696		696	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	435,657	375,326	60,331	
23 Insurance	32,971	12,452	20,255	264
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a USDA FOOD COSTS	3,651,138	3,651,138		
b SHIPPING & TRANSPORTATION	295,089	295,089		
c				
d				
e All other expenses	57,613	6,456	16,378	34,779
25 Total functional expenses. Add lines 1 through 24e	39,262,697	36,667,708	1,408,320	1,186,669
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,629,208	1	20,368,390
	2 Savings and temporary cash investments	1,000,721	2	1,001,222
	3 Pledges and grants receivable, net	411,607	3	1,308,341
	4 Accounts receivable, net	316,913	4	547,371
	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	810,427	8	940,773
	9 Prepaid expenses and deferred charges	199,947	9	200,430
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,097,970		
	b Less: accumulated depreciation	10b 4,417,669	10c	3,680,301
	11 Investments—publicly traded securities	11,563,414	11	
	12 Investments—other securities. See Part IV, line 11	3,106,432	12	3,472,281
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	142,979	14	94,393
	15 Other assets. See Part IV, line 11	47,662	15	1,204,266
	16 Total assets. Add lines 1 through 15 (must equal line 33)	29,674,291	16	32,817,768
Liabilities	17 Accounts payable and accrued expenses	1,001,195	17	1,295,470
	18 Grants payable	2,111	18	1,411
	19 Deferred revenue	276,487	19	873,957
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,279,793	26	2,170,838
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	27,200,519	27	29,331,484
	28 Net assets with donor restrictions	1,193,979	28	1,315,446
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	28,394,498	32	30,646,930
	33 Total liabilities and net assets/fund balances	29,674,291	33	32,817,768

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,942,946
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,262,697
3	Revenue less expenses. Subtract line 2 from line 1	3	1,680,249
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,394,498
5	Net unrealized gains (losses) on investments	5	572,183
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,646,930

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input 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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
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	X	

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) JOHN FORSYTH										
(12) BRD MBER THRU 12/23	3.54 0.00	X						0	0	0
(21) KIP MARSHALL JR										
(13) BRD MBER THRU 12/23	0.71 0.00	X						0	0	0
(22) AARIN MILES										
(14) BRD MBER THRU 7/23	0.00 0.00	X						0	0	0
(23) TINA WHITE										
(15) BRD MBER THRU 12/23	1.31 0.00	X						0	0	0
(24) CLAIRE NEAL										
(16) CEO	50.00 0.00			X				178,490	0	16,505
(25) NANCY FLIPPIN										
(17) CFO	50.00 0.00			X				27,229	0	3,160
(26) DAVID SETZER										
(18) CFO	50.00 0.00			X				46,997	0	1,797
(19)										
1b Subtotal								252,716		21,462
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

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).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

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

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,301,773	53,110,829	35,305,871	35,819,006	38,347,301	199,884,780
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	37,301,773	53,110,829	35,305,871	35,819,006	38,347,301	199,884,780
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						199,884,780

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	37,301,773	53,110,829	35,305,871	35,819,006	38,347,301	199,884,780
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,580	52,085	113,593	322,206	548,673	1,059,137
9 Net income from unrelated business activities, whether or not the business is regularly carried on					47,275	47,275
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	34,583	33,736	21,218	21,391	20,769	131,697
11 Total support. Add lines 7 through 10						201,122,889
12 Gross receipts from related activities, etc. (see instructions)					12	7,956,509

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	99.38 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.64 %
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2023. 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 — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b 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>		
c 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a 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 Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 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? 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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)? 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).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
1		
2 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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? 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.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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? If "Yes" or "No," provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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.

Section A – Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	Distributable Amount. 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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 \$ 131,697

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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

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

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

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

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

Schedule B (Form 990) (2023)

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	US DEPT. OF AGRICULTURE EMERGENCY FOOD ASSISTANCE PROGRAM 3101 PARK CENTER DRIVE ALEXANDRIA VA 22302	\$ 3,725,965	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	NC DEPT OF AGRICULTURE 1001 MAIL SERVICE CENTER RALEIGH NC 27699	\$ 2,730,724	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.

[illegible]

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

Employer identification number

MANNA FOOD BANK INC**58-1514800****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,500,430	16,483,101	12,821,641	4,616,406	2,738,653
b Contributions	7,992,105	3,647,318	6,159,679	18,911,869	2,423,670
c Net investment earnings, gains, and losses	204,678	292,452	-439,194	458,645	4,334
d Grants or scholarships					
e Other expenditures for facilities and programs	1,003,777	3,904,867	2,041,268	11,146,622	538,155
f Administrative expenses	19,455	17,574	17,757	18,657	12,096
g End of year balance	23,673,981	16,500,430	16,483,101	12,821,641	4,616,406

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

- a** Board designated or quasi-endowment **93.52** %
b Permanent endowment **1.91** %
c Term endowment **4.57** %

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

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
1a Land		249,466		249,466
b Buildings		4,183,515	1,840,150	2,343,365
c Leasehold improvements		4,769	3,411	1,358
d Equipment		3,542,881	2,574,108	968,773
e Other		117,339		117,339
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,680,301

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 BENEFICIAL INTEREST IN ENDOWME	3,472,281	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	3,472,281	

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)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

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)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

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

1	Total revenue, gains, and other support per audited financial statements	1	41,568,345
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	572,183
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	53,988
e	Add lines 2a through 2d	2e	626,171
3	Subtract line 2e from line 1	3	40,942,174
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	772
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	772
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	40,942,946

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.

1	Total expenses and losses per audited financial statements	1	39,315,913
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	53,988
e	Add lines 2a through 2d	2e	53,988
3	Subtract line 2e from line 1	3	39,261,925
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	772
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	772
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	39,262,697

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-RESTRICTED FUNDS FOR OPERATING RESERVES (\$2,860,393), AND FUTURE FACILITIES RESERVES (\$14,897,572). 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, 2024, 2023, AND 2022 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	\$	53,988
-----------------------------	----	--------

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

DIRECT FUNDRAISING EXPENSES	\$	53,988
-----------------------------	----	--------

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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						
Total						

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

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>PACK TO GIVE BA</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	147,411	55,540	51,352	254,303
	2 Less: Contributions	98,077	50,540	3,423	152,040
	3 Gross income (line 1 minus line 2)	49,334	5,000	47,929	102,263
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	47,155	6,076	757	53,988
	10 Direct expense summary. Add lines 4 through 9 in column (d)				53,988
	11 Net income summary. Subtract line 10 from line 3, column (d)				48,275

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 G (Form 990) 2023

MANNA FOOD BANK INC**58-1514800**Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c** If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer
☐ Employee
☐ Independent contractor
17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

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

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**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 noncash 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 AVENUE ASHEVILLE NC 28801	56-0945001	501C3		399,662	STUDY	FOOD	
(2)	ABCCM - HOMINY VALLEY CRISIS MINIST 1914 SMOKY PARK HIGHWAY CANDLER NC 28715	56-0945001	501C3		271,133	STUDY	FOOD	
(3)	ABCCM - NORTH SAMARITAN CRISIS MINI 403 WEAVERVILLE HIGHWAY ASHEVILLE NC 28804	56-0945001	501C3		93,144	STUDY	FOOD & FREEZERS	
(4)	ABCCM - SOUTH MINISTRY 10 BUCK SHOALS ROAD ASHEVILLE NC 28704	56-0945004	501C3		123,655	STUDY	FOOD	
(5)	ABUNDANT HARVEST - SNOW HILL UMC 84 SNOWHILL CHURCH RD CANDLER NC 28715	86-1193175	501C3		85,155	STUDY	FOOD	
(6)	ANCHOR BAPTIST CHURCH 3232 HENDERSONVILLE HIGHWAY PISGAH FOREST NC 28768	56-1419926	CHURCH		551,820	STUDY	FOOD	
(7)	ANDREWS SDA CHURCH 54 PARK STREET ANDREWS NC 28901	30-0269859	CHURCH		13,737	STUDY	FOOD	
(8)	ARDEN STREET MINISTRY 35 AIRPORT ROAD ASHEVILLE NC 28704	95-3867863	CHURCH		72,964	STUDY	FOOD	
(9)	ARROWHEAD APARTMENTS- LAND OF SKY 100 CHEERIO LANE ASHEVILLE NC 28803	85-0804230	501C3		27,838	STUDY	FOOD	

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **197**
- 3 Enter total number of other organizations listed in the line 1 table **3**

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

Schedule I (Form 990) 2023

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ASHEVILLE FIRST CHURCH OF THE NAZAR 385 HAZEL MILL ROAD ASHEVILLE NC 28806	44-0552034	501C3		27,754	STUDY	FOOD	
(2)	ASHEVILLE TERRACE APARTMENTS 200 TUNNEL ROAD ASHEVILLE NC 28805	56-6003041	501C3		9,580	STUDY	FOOD	
(3)	AVE MARIA MINISTRIES 695 SUMMIT AVENUE SPRUCE PINE NC 28777	53-0196617	CHURCH		47,011	STUDY	FOOD	
(4)	AVERY'S CREEK UMC COMMUNITY FOOD PA 874 GLENN BRIDGE ROAD SE ARDEN NC 28704	32-0409618	CHURCH		80,585	STUDY	FOOD	
(5)	BAKERSVILLE BAPTIST CHURCH 339 S MITCHELL AVE BAKERSVILLE NC 28705	56-1283820	CHURCH		11,793	STUDY	FOOD	
(6)	BEACON OF HOPE SERVICES 5111 US HWY 25/70 MARSHALL NC 28753	56-2241353	501C3		458,885	STUDY	FOOD	
(7)	BEAVERDAM COMMUNITY DEVELOPMENT CLU 1620 NORTH CANTON ROAD CANTON NC 28716	56-1767563	501C3		14,476	STUDY	FOOD	
(8)	BELLVIEW COMMUNITY DEVELOPMENT CLUB 270 OLD BELLVIEW ROAD MURPHY NC 28906	56-0556746	501C3		38,704	STUDY	FOOD & FREEZERS	
(9)	BELOVED ASHEVILLE 32 OLD CHARLOTTE HWY ASHEVILLE NC 28803	84-3381632	501C3		120,374	STUDY	FOOD	

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

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

Schedule I (Form 990) 2023

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BETHEL FOOD PANTRY - BETHEL UMC 81 BETHEL CHURCH ROAD FRANKLIN NC 28734	56-1429688	CHURCH		27,305	STUDY	FOOD	
(2)	BETHEL RURAL COMMUNITY PANTRY 664 SONOMA ROAD WAYNESVILLE NC 28786	34-2063022	501C3		17,883	STUDY	FOOD	
(3)	BEULAH BAPTIST CHURCH 483 SUNSET CIRCLE CANTON NC 28716	56-0556746	CHURCH		53,608	STUDY	FOOD	
(4)	BIG IVY COMMUNITY CENTER 540 DILLINGHAM ROAD BARNARDSVILLE NC 28709	56-1890924	501C3		246,778	STUDY	FOOD	
(5)	BOUNTY & SOUL - FRESH MARKET 999 OLD US HWY 70 BLACK MOUNTAIN NC 28711	46-4759362	501C3		1,901,617	STUDY	FOOD	
(6)	BRYSON CITY FOOD PANTRY 311 EVERETT STREET BRYSON CITY NC 28713	58-1744280	501C3		102,112	STUDY	FOOD	
(7)	BULADEAN COMMUNITY FOOD PANTRY 12190 NC-226 BAKERSVILLE NC 28705	46-1470662	501C3		28,767	STUDY	FOOD	
(8)	BUNCOMBE COUNTY SCHOOLS FAMILY RESO 390 ASBURY ROAD CANDLER NC 28715	58-1685536	501C3		49,421	STUDY	FOOD & FREEZERS	
(9)	CALVARY CHAPEL OF ASHEVILLE, INC 5516 BOYLSTON HIGHWAY MILLS RIVER NC 28759	56-1895938	CHURCH		79,269	STUDY	FOOD	

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

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

Schedule I (Form 990) 2023

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CALVARY EPISCOPAL FOOD PANTRY 2840 HENDERSONVILLE ROAD FLETCHER NC 28732	61-1657546	501C3		88,406	STUDY	FOOD	
(2)	CATHOLIC CHARITIES DIOCESE FOOD PANTRY 50 ORANGE STREET ASHEVILLE NC 28801	56-1058954	CHURCH		73,580	STUDY	FOOD	
(3)	CENTRO UNIDO LATINO AMERICANO 79 ACADEMY STREET MARION NC 28752	56-2678411	501C3		79,698	STUDY	FOOD	
(4)	CFC - TRINITY PLACE 12 RAVENSCROFT DRIVE ASHEVILLE NC 28801	59-2551416	501C3		71,042	STUDY	FOOD	
(5)	CHEROKEE COUNTY FOOD PANTRY, INC 121 MAIN STREET - WEST END PLAZA ANDREWS NC 28901	20-1216234	501C3		173,670	STUDY	FOOD	
(6)	CHEROKEE COUNTY SHARING CENTER, INC 517 HIWASSEE STREET MURPHY NC 28906	61-1508378	501C3		113,368	STUDY	FOOD	
(7)	CLAY COUNTY FOOD PANTRY, INC 2278 HINTON CENTER ROAD HAYESVILLE NC 28904	56-1915169	501C3		104,120	STUDY	FOOD	
(8)	CLINCHFIELD UMC - MEALS THAT HEAL 151 RIDGE ROAD MARION NC 28752	56-1304439	CHURCH		197,910	STUDY	FOOD	
(9)	COMMUNITY FOOD PANTRY (ST. PAUL'S) 3685 CHIMNEY ROCK ROAD HENDERSONVILLE NC 28792	36-5013474	501C3		155,094	STUDY	FOOD	

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

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

Schedule I (Form 990) 2023

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CORNBREAD & ROSES COMMUNITY COUNSEL 1294 SAVANNAH DRIVE SYLVA NC 28779	88-3778534	501C3		160,270	STUDY	FOOD	
(2)	COUNCIL ON AGING OF BUNCOMBE COUNTY 46 SHEFFIELD CIRCLE ASHEVILLE NC 28803	23-7410586	501C3		5,472	STUDY	FOOD	
(3)	CROSSROADS FOOD PANTRY - FBC 5 OAK STREET ASHEVILLE NC 28801	56-0554211	CHURCH		20,561	STUDY	FOOD & FREEZERS	
(4)	CRY OF A CHILD MISSIONS INTL, INC. 102 RECC DRIVE BAKERSVILLE NC 28705	56-2212758	501C3		32,155	STUDY	FOOD	
(5)	DYSARTSVILLE FOOD PANTRY, INC 174 TRINITY CHURCH LOOPS NEBO NC 28761	93-4764580	CHURCH		178,303	STUDY	FOOD	
(6)	EAST FLAT ROCK FBC 2227 SPARTANBURG HIGHWAY EAST FLAT ROCK NC 28726	56-0556746	CHURCH		5,786	STUDY	FOOD	
(7)	EBBS CHAPEL FOOD PANTRY - BRIGHT HO 271 LAUREL VALLEY ROAD MARS HILL NC 28754	56-1145099	CHURCH		13,726	STUDY	FOOD	
(8)	ELIADA HOMES - ESTA PROGRAM 823 ELIADA HOME ROAD ASHEVILLE NC 28806	56-0611587	501C3		12,722	STUDY	FOOD	
(9)	EMMANUEL LUTHERAN - GRAB N GO PANTR 51 WILBURN PLACE ASHEVILLE NC 28806	43-0658188	CHURCH		268,738	STUDY	FOOD	

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

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

Schedule I (Form 990) 2023

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	F.A. FB OF CENTRAL/EASTERN NC 3808 TARHEEL RD RALIEGH NC 27609				510,910	STUDY	FOOD	
(2)	FAMILY TO FAMILY - BEVERLY HILLS BA 777 TUNNEL ROAD ASHEVILLE NC 28805	56-0883842	CHURCH		10,971	STUDY	FOOD	
(3)	FEED MY SHEEP 587 MICAVILLE LOOP BURNSVILLE NC 28714	56-1635971	CHURCH		11,115	STUDY	FOOD	
(4)	FEEDING AVERY FAMILIES 189 OLD VALE ROAD NEWLAND NC 28657	45-2302126	501C3		226,081	STUDY	FOOD	
(5)	FINES CREEK COMMUNITY ASSOCIATION 190 FINES CREEK ROAD CLYDE NC 28721	56-1965399	501C3		52,540	STUDY	FOOD	
(6)	FIRST AT BLUE RIDGE 32 KNOX ROAD RIDGECREST NC 28770	58-1946948	501C3		50,460	STUDY	FOOD	
(7)	FISHES & LOAVES FOOD PANTRY 549 FRANK ALLEN ROAD CASHIERS NC 28717	26-3516849	501C3		18,810	STUDY	FOOD	
(8)	FISHES & LOAVES FOOD PANTRY - ETOWA 110 BRICKYARD ROAD ETOWAH NC 28729	56-1333035	CHURCH		28,677	STUDY	FOOD	
(9)	FLAT CREEK BAPTIST CHURCH 21 FLAT CREEK CHURCH ROAD WEAVERVILLE NC 28787	56-0885321	CHURCH		11,978	STUDY	FOOD	

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

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

Schedule I (Form 990) 2023

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FOOD BANK OF THE ALBEMARLE 109 TIDEWATER WAY ELIZABETH CITY NC 27909				74,171	STUDY	FOOD	
(2)	FOOD EQUITY INITIATIVE - UNCA 2500 UNIVERSITY HEIGHTS ASHEVILLE NC 28804	23-7073829	501C3		44,049	STUDY	FOOD & FREEZERS	
(3)	FOOD FOR FAIRVIEW 1357 CHARLOTTE HIGHWAY FAIRVIEW NC 28730	58-2539200	501C3		46,076	STUDY	FOOD	
(4)	FOOTHILLS FOOD HUB - MCDOWELL LFAC 263 BARNES ROAD MARION NC 28752	83-2141213	501C3		163,402	STUDY	FOOD	
(5)	FORKS OF IVY MISSIONARY BAPTIST CHU 957 OLD MARS HILL HIGHWAY WEAVERVILLE NC 28787	56-1333036	CHURCH		14,381	STUDY	FOOD	
(6)	FOSTER SDA 375 HENDERSONVILLE ROAD ASHEVILLE NC 28803	52-0643036	CHURCH		10,731	STUDY	FOOD	
(7)	FRANCIS ASBURY UMC FOOD PANTRY 725 ASBURY ROAD CANDLER NC 28715	56-1072651	CHURCH		29,435	STUDY	FOOD & FREEZERS	
(8)	FREE COMMUNITY MEAL - MONTMORENCI U 89 OLD CANDLER TOWN ROAD CANDLER NC 28715	85-3425927	CHURCH		332,479	STUDY	FOOD	
(9)	FRESH CONNECT CENTRAL 3737 WALDEMERE AVENUE INDIANAPOLIS IN 46241				59,100	STUDY	FOOD	

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

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

Schedule I (Form 990) 2023

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

OMB No. 1545-0047

2023

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FUMC - WAYNESVILLE (FRIENDSHIP HOUSE) 566 SOUTH HAYWOOD STREET WAYNESVILLE NC 28786	56-0728628	501C3		47,813	STUDY	FOOD & FREEZERS	
(2)	GEORGETOWN BAPTIST MINISTRIES 464 DIX CREEK ROAD #1 LEICESTER NC 28748	56-1159633	CHURCH		346,251	STUDY	FOOD	
(3)	GIVENS GERBER PARK 40 GERBER ROAD ASHEVILLE NC 28803	51-0199312	501C3		42,290	STUDY	FOOD	
(4)	GIVENS GREAT LAURELS 80 CANDLER STREET WAYNESVILLE NC 28786	51-0199312	501C3		13,083	STUDY	FOOD	
(5)	GOD'S WAY FOOD PANTRY 525 TANASEE GAP ROAD BALSAM GROVE NC 28708	44-0577787	CHURCH		68,861	STUDY	FOOD & FREEZERS	
(6)	GRACE EPISCOPAL CHURCH FOOD PANTRY 394 N HAYWOOD STREET WAYNESVILLE NC 28786	31-1629166	CHURCH		10,903	STUDY	FOOD	
(7)	GRACE HOUSE - WHITTIER UMC 35 MAIN STREET WHITTIER NC 28789	56-2129048	CHURCH		56,355	STUDY	FOOD	
(8)	HAYWOOD CHRISTIAN MINISTRY 5095 OLD RIVER ROAD WAYNESVILLE NC 28786	56-1389676	501C3		2,394,580	STUDY	FOOD	
(9)	HAYWOOD PATHWAYS CENTER 179 HEMLOCK STREET WAYNESVILLE NC 28786	47-2608669	501C3		282,400	STUDY	FOOD	

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

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HELPMATE SHELTER SHELTER ADDRESS- SEE LUCY ASHEVILLE NC 28801	56-1276293	501C3		5,696	STUDY	FOOD	
(2)	HENDERSONVILLE SDA CHURCH 2301 ASHEVILLE HIGHWAY HENDERSONVILLE NC 28791	52-6037545	CHURCH		5,356	STUDY	FOOD	
(3)	HICKORY NUT GORGE OUTREACH, INC 2556 MEMORIAL HIGHWAY LAKE LURE NC 28746	20-1240771	501C3		69,570	STUDY	FOOD & FREEZERS	
(4)	HIGHLANDS EMERGENCY COUNCIL 71 POPLAR STREET HIGHLANDS NC 28741	56-1396460	501C3		183,511	STUDY	FOOD	
(5)	HOLA CAROLINA PANTRY 801 4TH AVENUE E HENDERSONVILLE NC 28792	82-2943079	501C3		73,879	STUDY	FOOD & FREEZERS	
(6)	HOMEWARD BOUND- AHOPE 19 NORTH ANN STREET ASHEVILLE NC 28801	56-1568917	501C3		6,110	STUDY	FOOD	
(7)	IFC - HIGHLANDS FOOD PANTRY 348 SOUTH FIFTH STREET HIGHLANDS NC 28741	56-2303345	501C3		197,873	STUDY	FOOD	
(8)	IN HIS HANDS (COMMUNITY BAPTIST) 24 CHINQUAPIN RD BREVARD NC 28712	56-0556746	CHURCH		123,545	STUDY	FOOD	
(9)	INTERFAITH ASSISTANCE MINISTRY 310 FREEMAN STREET HENDERSONVILLE NC 28792	58-1556963	501C3		722,163	STUDY	FOOD	

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

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

Schedule I (Form 990) 2023

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	JUST A JESUS THOUGHT MINISTRY - BIL 1390 SWEETEN CREEK ROAD ASHEVILLE NC 28803	62-0484177	CHURCH		35,332	STUDY	FOOD	
(2)	LEICESTER BAPTIST CHURCH 18 TONY LUNSFORD DRIVE LEICESTER NC 28748	56-1647913	CHURCH		48,031	STUDY	FOOD	
(3)	LEICESTER COMMUNITY CENTER 2979 NEW LEICESTER HIGHWAY LEICESTER NC 28748	56-1316735	501C3		51,543	STUDY	FOOD	
(4)	LIVING WATERS FOOD PANTRY 30 LOCUST BRANCH ROAD CHEROKEE NC 28719	45-2296176	CHURCH		418,730	STUDY	FOOD	
(5)	LOVE'S KITCHEN 312 5TH AVENUE W HENDERSONVILLE NC 28739	56-0556746	CHURCH		18,884	STUDY	FOOD	
(6)	LOVING FOOD RESOURCES 123 KENILWORTH ROAD ASHEVILLE NC 28813	56-1823591	501C3		203,897	STUDY	FOOD & FREEZERS	
(7)	LOW COUNTRY FOOD BANK 2864 AZALEA DRIVE NORTH CHARLESTON SC 29405	57-0751835	501C3		156,566	STUDY	FOOD	
(8)	MACON COUNTY CARE NETWORK (CARENET) 130 BIDWELL STREET FRANKLIN NC 28734	58-1813122	501C3		175,109	STUDY	FOOD	
(9)	MADISON COUNTY GROUP HOME 36 MOUNTAIN HEIGHTS AVENUE HOT SPRINGS NC 28743	58-1643763	501C3		10,561	STUDY	FOOD	

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

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

Schedule I (Form 990) 2023

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MAGGIE VALLEY UMC/ SHEPHERD'S TABLE 4192 SOCO ROAD MAGGIE VALLEY NC 28751	56-1809410	CHURCH		12,574	STUDY	FOOD	
(2)	MATT'S MINISTRY - LEDFORD'S CHAPEL 123 W. J. CABE ROAD HAYESVILLE NC 28907	56-1391132	501C3		193,507	STUDY	FOOD	
(3)	MATT'S MINISTRY AT BRASSTOWN CC 255 SETTAWIG ROAD BRASSTOWN NC 28902	56-1391132	501C3		16,361	STUDY	FOOD	
(4)	METHODIST FOOD PANTRY 296 GRIFFITH ROAD GREEN MOUNTAIN NC 28740	93-2682044	CHURCH		162,036	STUDY	FOOD	
(5)	MITCHELL COUNTY SHEPHERD'S STAFF FO 10992 S 226 HWY SPRUCE PINE NC 28777-8370	56-1404604	501C3		300,396	STUDY	FOOD	
(6)	MOUNTAIN PROJECTS (SENIOR RESOURCE 81 ELMWOOD WAY WAYNESVILLE NC 28786	56-0849092	501C3		5,029	STUDY	FOOD	
(7)	MT PLEASANT BAPTIST CHURCH FOOD PAN 151 SCRONCE CREEK ROAD BURNSVILLE NC 28714	56-0556746	CHURCH		42,379	STUDY	FOOD	
(8)	NEIGHBORS FEEDING NEIGHBORS 14 JACKSON TOWN ROAD SPRUCE PINE NC 28777	83-0928892	501C3		159,990	STUDY	FOOD	
(9)	NEIGHBORS IN NEED, INC 165 SOUTH MAIN STREET MARSHALL NC 28753	58-1492053	501C3		24,204	STUDY	FOOD	

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

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

Schedule I (Form 990) 2023

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

OMB No. 1545-0047

2023

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NEW BEGINNING BAPTIST CHURCH 29 MARLOWE DRIVE MILLS RIVER NC 28759	58-1860986	CHURCH		105,715	STUDY	FOOD	
(2)	NORTH TOXAWAY BAPTIST CHURCH 51 SLICK FISHER ROAD LAKE TOXAWAY NC 28747	56-0556746	CHURCH		22,016	STUDY	FOOD	
(3)	PAN DE VIDA 3580 BREVARD ROAD HENDERSONVILLE NC 28739	85-4202565	501C3		188,050	STUDY	FOOD	
(4)	PIGEON COMMUNITY MULTICULTURAL DEVE 450 PIGEON STREET WAYNESVILLE NC 28786	32-0131282	501C3		39,090	STUDY	FOOD & FREEZERS	
(5)	REACH OF MACON COUNTY 29 MEADOWLARK DRIVE FRANKLIN NC 28734	56-1689264	501C3		21,261	STUDY	FOOD	
(6)	REACHING AVERY MINISTRY 147 NEW VALE ROAD NEWLAND NC 28657	56-1959018	501C3		37,626	STUDY	FOOD	
(7)	RECONCILIATION HOUSE 20 ACADEMY STREET BURNSVILLE NC 28714	56-1373255	CHURCH		116,504	STUDY	FOOD	
(8)	RECOVERY VENTURES CORP. - MEN'S PRO 904 DAVISTOWN ROAD OLD FORT NC 28762	71-0875890	501C3		73,275	STUDY	FOOD & FREEZERS	
(9)	RESTORATION HOUSE WNC 81 ACADEMY STREET BRYSON CITY NC 28713	47-4539555	501C3		119,688	STUDY	FOOD	

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

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SAFELIGHT, INC. 133 5TH AVENUE W HENDERSONVILLE NC 28792	56-1469847	501C3		7,817	STUDY	FOOD	
(2)	SALUDA POP-UP PANTRY 150 E. MAIN STREET SALUDA NC 28773	85-4044389	501C3		199,865	STUDY	FOOD	
(3)	SANDY MUSH COMMUNITY CENTER 19 SCHOOL ROAD LEICESTER NC 28748	84-1722906	501C3		16,045	STUDY	FOOD	
(4)	SECOND SEASON- THRIFT STORE & NEIGH 156 BOUNDARY STREET WAYNESVILLE NC 28786	31-1813333	CHURCH		368,926	STUDY	FOOD & FREEZERS	
(5)	SERVICE CENTER FOR LATINOS (CENTRO 431 OAK AVENUE SPRUCE PINE NC 28777	56-2269813	501C3		52,910	STUDY	FOOD	
(6)	SHARE THY BREAD MINISTRY - TRYON SD 2820 LYNN ROAD TRYON NC 28782	92-3635153	501C3		434,876	STUDY	FOOD	
(7)	SPARROWS NEST - FBC 517 HIWASSEE STREET MURPHY NC 28906	56-0556746	CHURCH		23,010	STUDY	FOOD	
(8)	SPRING CREEK NUTRITION - MARS HILL 13075 NC HIGHWAY 209 HOT SPRINGS NC 28743	56-0568406	501C3		68,201	STUDY	FOOD & FREEZERS	
(9)	ST. FRANCIS OF ASSISI CATHOLIC CHUR 299 MAPLE STREET FRANKLIN NC 28734	53-0196617	CHURCH		14,534	STUDY	FOOD & FREEZERS	

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

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

Schedule I (Form 990) 2023

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST. JOHN'S FOOD PANTRY 339 SOUTH MAIN STREET MARION NC 28752	56-0850824	CHURCH		210,395	STUDY	FOOD	
(2)	ST. VINCENT DE PAUL 109 CRESCENT HILL DRIVE ARDEN NC 28704	20-8974277	CHURCH		293,225	STUDY	FOOD	
(3)	STECOAH VALLEY CENTER 121 SCHOOL HOUSE ROAD ROBBINSVILLE NC 28771	56-1935344	501C3		49,167	STUDY	FOOD	
(4)	SWANNANOVA VALLEY CHRISTIAN MINISTRY 101 NORTH RIDGEWAY AVENUE BLACK MOUNTAIN NC 28711	56-1132257	501C3		148,288	STUDY	FOOD	
(5)	THE COMMUNITY KITCHEN 288 CRABTREE MOUNTAIN ROAD CANTON NC 28716	51-0605733	501C3		245,447	STUDY	FOOD	
(6)	THE COMMUNITY TABLE 23 CENTRAL STREET SYLVA NC 28779	56-2264894	501C3		57,852	STUDY	FOOD	
(7)	THE GIVING SPOON 311 EVERETT STREET BRYSON CITY NC 28713	30-1140746	501C3		27,986	STUDY	FOOD	
(8)	THE GRACE PLACE - FIVE POINT CENTER 300 FIVE POINT ROAD ROBBINSVILLE NC 28771	85-3869991	501C3		70,890	STUDY	FOOD	
(9)	THE LORD'S CLOSET - OCHRE HILL BAPT 14 NORMAN DRIVE SYLVA NC 28779	56-0556746	CHURCH		7,015	STUDY	FOOD	

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

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

Schedule I (Form 990) 2023

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE SALVATION ARMY - HENDERSONVILLE 239 3RD AVENUE E HENDERSONVILLE NC 28792	56-0767736	501C3		126,886	STUDY	FOOD	
(2)	THE SALVATION ARMY - HOT SPRINGS 3421 US 25-70 HIGHWAY HOT SPRINGS NC 28743	58-0660607	501C3		33,722	STUDY	FOOD	
(3)	THE SALVATION ARMY - POLK COUNTY 2382 COXE ROAD TRYON NC 28782	58-0660607	501C3		14,121	STUDY	FOOD	
(4)	THE SALVATION ARMY - WAYNESVILLE 290 PIGEON STREET WAYNESVILLE NC 28786	58-0660607	CHURCH		5,824	STUDY	FOOD	
(5)	THE SALVATION ARMY ASHEVILLE- HAYWO 750 HAYWOOD RD. ASHEVILLE NC 28806	58-0660607	501C3		149,545	STUDY	FOOD & FREEZERS	
(6)	THE SHARING HOUSE - TRANSYLVANIA CH 164 DUCKWORTH AVENUE BREVARD NC 28712	56-1292875	501C3		253,860	STUDY	FOOD	
(7)	THE STOREHOUSE 1049 SPARTANBURG HIGHWAY HENDERSONVILLE NC 28739		501C3		227,790	STUDY	FOOD	
(8)	THE SUNNY VIEW CLUBHOUSE 95 COOPERS GAP ROAD MILL SPRING NC 28756	90-0933214	501C3		31,276	STUDY	FOOD	
(9)	THERMAL BELT OUTREACH MINISTRY 134 WHITE DRIVE COLUMBUS NC 28722	56-1793796	501C3		190,255	STUDY	FOOD	

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

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

Schedule I (Form 990) 2023

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THURSDAY TABLE FOOD PANTRY - BETHLE 235 SCHOOL ROAD MILL SPRING NC 28152	56-2026437	CHURCH		5,461	STUDY	FOOD & FREEZERS	
(2)	TRANSYLVANIA HUNGER COALITION 5716 OLD HENDERSONVILLE HIGHWAY PENROSE NC 28712	82-3451552	501C3		83,138	STUDY	FOOD	
(3)	TRANZMISSION, INC 37 MONTFORD AVE ASHEVILLE NC 28801	82-4861967	501C3		98,778	STUDY	FOOD & FREEZER	
(4)	TRINITY ASSEMBLY OF GOD (BETHESDA F 6971 GEORGIA ROAD FRANKLIN NC 28734	44-0577787	CHURCH		31,869	STUDY	FOOD	
(5)	TRINITY OF FAIRVIEW FOOD PANTRY 646 CONCORD ROAD FLETCHER NC 28732	56-0556746	CHURCH		188,240	STUDY	FOOD	
(6)	UNITED CHRISTIAN MINISTRIES OF JACK 191 SKYLAND DRIVE SYLVA NC 28779	56-1659229	501C3		332,468	STUDY	FOOD	
(7)	VICTORY BAPTIST CHURCH 1275 FONTANA ROAD BRYSON CITY NC 28713	56-1137178	501C3		44,991	STUDY	FOOD	
(8)	VICTORY FELLOWSHIP WORSHIP CENTER 450 AIKEN ROAD ASHEVILLE NC 28804	56-1529836	CHURCH		75,595	STUDY	FOOD	
(9)	WARREN WILSON COLLEGE 701 WARREN WILSON ROAD SWANNANOA NC 28815	56-0767736	501C3		7,815	STUDY	FOOD	

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

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

Schedule I (Form 990) 2023

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

OMB No. 1545-0047

2023

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WELCOME TABLE - HOPE UMC 2443 SPARTANBURG HIGHWAY EAST FLAT ROCK NC 28726	58-1734733	CHURCH		21,813	STUDY	FOOD & FREEZERS	
(2)	WEST MARION ELEMENTARY 820 MARLER ROAD MARION NC 28752	52-1523729	501C3		27,552	STUDY	FOOD	
(3)	WESTBRIDGE VOCATIONAL, INC. 140 LITTLE SAVANNAH ROAD SYLVA NC 28779	56-1208982	501C3		8,225	STUDY	FOOD	
(4)	WESTERN CAROLINA RESCUE MINISTRIES 225 PATTON AVENUE ASHEVILLE NC 28801	56-1249407	501C3		161,403	STUDY	FOOD	
(5)	WOODRIDGE APARTMENTS PRODUCE MARKET 61 BINGHAM ROAD ASHEVILLE NC 28806	56-1783901	501C3		31,013	STUDY	FOOD	
(6)	YMCA HEALTHY LIVING MOBILE MARKET 30 WOODFIN STREET ASHEVILLE NC 28801	56-0530013	501C3		252,302	STUDY	FOOD	
(7)								
(8)								
(9)								

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

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FOOD DISTRIBUTION			1,347,339	STUDY	FOOD
2 MANNA COMMUNITY MARKETS			1,327,643	STUDY	FOOD
3					
4					
5					
6					
7					

Part IV

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

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 J
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees****Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2023**Open to Public
Inspection****MANNA FOOD BANK INC**

Employer identification number

58-1514800**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in or receive payment from a supplemental nonqualified retirement plan?**c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization?**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

Schedule J (Form 990) 2023

MANNA FOOD BANK INC**58-1514800**Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CLAIRE NEAL CEO	(i)	178,490	0	0	3,764	12,741	194,995	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2023

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open To Public
Inspection

MANNA FOOD BANK INC

Employer identification number

58-1514800

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	8,170	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	39830	25,647,905	RSM US LLC STUDY*
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EQUIPMENT)	X	33	114,530	FMV
26 Other (EVENT SUPPLIES)	X	16	40,159	FMV
27 Other (OTHER GOODS)	X	10	11,665	FMV
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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 \$1.97.

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

PART I, LINE 25 - NUMBER OF CONTRIBUTIONS: THE NUMBER OF CONTRIBUTIONS ON LINE 25 FOR DONATED EQUIPMENT REPRESENTS 42 SEPARATE ITEMS RECEIVED FROM ONE DONOR ON VARIOUS DATES.

PART I, LINE 27 - OTHER GOODS: OTHER GOODS INCLUDE A VARIETY OF PROMOTIONAL ITEMS, INCENTIVES, FOOD AND NONFOOD TANGIBLE GOODS INTENDED TO PROMOTE THE MESSAGE OF THE ORGANIZATION AND FACILITATE FURTHER FUNDRAISING OUTSIDE OF SPECIFIED FUNDRAISING EVENTS, AND SOFTWARE FOR THE ORGANIZATION'S USE.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

MANNA FOOD BANK INC

Employer identification number

58-1514800**FORM 990, PART I, LINE 6**

MANNA FOODBANK IS HONORED TO SHARE THAT WE HAVE ACHIEVED A 4-STAR RATING FROM CHARITY NAVIGATOR FOR 12 CONSECUTIVE YEARS, THE HIGHEST RATING POSSIBLE FROM THE INDEPENDENTNONPROFIT 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 23/24 MANNA EXPERIENCED TREMENDOUS GROWTH IN OUR VOLUNTEER PROGRAM WITH 5,539 CARING VOLUNTEERS PROVIDING 67,263 HOURS OF SERVICE IN A VARIETY OF MUCH NEEDED VOLUNTEER ROLES. THEIR INCREDIBLE HOURS OF SERVICE ARE THE EQUIVALENT OF 34 FULL-TIME STAFF MEMBERS.

THE VARIETY OF VOLUNTEER ROLES ALSO INCREASED: MANNA NOW UTILIZES VOLUNTEERS IN NEARLY EVERY ASPECT OF OUR WORK. 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 SUPPORT AND WITH A VARIETY OF ADMINISTRATIVE TASKS.

OUR VOLUNTEERS HELP MANNA KEEP OVERHEAD COSTS LOW AND ENSURE THAT FOR EVERY DOLLAR DONATED; MANNA CAN PROVIDE FOOD FOR THE EQUIVALENT OF FOUR MEALS.

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

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

Schedule O (Form 990) 2023

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

FOOD DISTRIBUTION PROGRAM:

MANNA FOODBANK CARRIES THE HONOR AND WEIGHT OF RESPONSIBILITY OF BEING THE SOLE FOOD BANK SERVING WESTERN NORTH CAROLINA AND THE QUALLA BOUNDARY.

WE PROCURE AND DISTRIBUTE FOOD TO OVER 220 NONPROFIT PARTNER AGENCIES ACROSS OUR 16-COUNTY REGION. OUR SERVICE AREA ENCOMPASSES 6,434 SQUARE MILES WITH MANY OF OUR COMMUNITIES ARE IN RURAL AND UNDER-SERVED LOCATIONS WITH HIGH-FOOD INSECURITY RATES.

THEREFORE, TO ENSURE THAT THOSE IN NEED RECEIVE FOOD, WE DELIVER TO 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, YANCEY COUNTY AND THE QUALLA BOUNDARY.

THE COMMON CHALLENGES FACED BY OUR NEIGHBORS ARE HIGH HOUSING/RENTAL COSTS, LACK OF PUBLIC TRANSPORTATION AND LOWER THAN THE STATE AND NATIONAL AVERAGES FOR WAGES CREATING AN EVER-WIDENING GAP BETWEEN INCOME AND THE COST OF LIVING.

IN 23/24 MANNA SERVED A RECORDBREAKING AVERAGE OF 158,775 PEOPLE EACH MONTH IN NEED OF FOOD ASSISTANCE. IN WNC, ACCORDING TO THE WESTERN NORTH CAROLINA HEALTH NETWORK, A CONSERVATIVE ESTIMATE IS THAT 1 IN 5 PEOPLE ACROSS OUR REGION ARE FOOD INSECURE. IN 23/24, REMARKABLY, MANNA PROVIDED 21.1 MILLION POUNDS OF FOOD, OR THE EQUIVALENT OF 17,500,000 MEALS, OR 47,945 MEALS EVERY DAY OF THE YEAR.

OUR FOOD DISTRIBUTION NETWORK: MANNA FOODBANK PARTNERS WITH OVER 220 NONPROFIT AGENCIES TO DISTRIBUTE FOOD, INCLUDING FOOD PANTRIES, SHELTERS, COMMUNITY KITCHENS, FAITH BASED MINISTRIES, AND OTHER COMMUNITY ORGANIZATIONS OFFERING EMERGENCY FOOD ASSISTANCE FOR WNC RESIDENTS

Name of the organization

Employer identification number

MANNA FOOD BANK INC

58-1514800

STRUGGLING WITH HUNGER - ESPECIALLY CHILDREN, FAMILIES, SENIORS, VETERANS, DISABLED PERSONS, AND GROWING NUMBERS OF WORKING POOR, MANY FINDING THEMSELVES IN NEED OF OUR ASSISTANCE FOR THE FIRST TIME IN THEIR LIVES. DUE TO THE ONGOING SOCIOECONOMIC "PERFECT STORM" IN OUR REGION, MORE AND MORE OF OUR NEIGHBORS ARE FINDING IT IMPOSSIBLE TO MAKE ENDS MEET IN THEIR MONTHLY BUDGETS.

THANKFULLY, WITH THE HELP OF DEDICATED PARTNERS, SUPPORTERS, FOOD DONORS, AND VOLUNTEERS, MANNA WAS ABLE TO PROVIDE THE EQUIVALENT OF 17.5 MILLION MEALS TO SUPPORT THE HEALTH AND WELL-BEING OF OUR NEIGHBORS IN NEED ACROSS WNC.

MANNA COMMUNITY MARKETS:

WE ARE GRATEFUL AND PROUD TO SHARE THAT BY THE END OF FY 23/24 MANNA SERVED AN AVERAGE OF 5,952 INDIVIDUALS EACH MONTH THROUGH OUR MANNA COMMUNITY MARKETS PROGRAM. WE DISTRIBUTED 724,232 POUNDS OF FOOD TO 141 SITES. REMARKABLY, OUR 44 DEDICATED VOLUNTEER DRIVERS TRAVELED 28,960 MILES TO DIRECTLY SERVER OUR NEIGHBORS IN NEED IN UNDERSERVED COMMUNITIES EXPERIENCING A HIGH NEED FOR FOOD.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

MANNA PACKS FOR KIDS IS A DIRECT-FOOD ASSISTANCE PROGRAM DELIVERING WEEKLY SUPPLEMENTAL FOOD TO SCHOOLS AND SITES ACROSS OUR 16-COUNTY SERVICE AREA. EACH WEEK, VOLUNTEERS PACK AND DISTRIBUTE THOUSANDS OF BAGS OF FOOD TO SCHOOL CHILDREN WHO ARE FOOD INSECURE OVER THE WEEKEND. EACH MANNA PACK CONTAINS SNACKS AND MEALS TO PROVIDE MUCH NEEDED SUPPLEMENTAL FOOD FOR CHILDREN AND THEIR FAMILIES OVER THE WEEKEND, WHEN SCHOOL IS NOT IN

Name of the organization

Employer identification number

MANNA FOOD BANK INC

58-1514800

SESSION.

IN FY 23/24, A TOTAL OF 137,553 MANNA PACKS WERE DISTRIBUTED TO CHILDREN ON THE

FREE SCHOOL MEAL PROGRAM IN 111 SCHOOLS ACROSS OUR REGION. THROUGH OUR PARTNERSHIPS WITH THE SCHOOL DISTRICTS, NUTRITION DIRECTORS, TEACHERS, GUIDANCE COUNSELORS, AND SCHOOL NUTRITION STAFF. MANNA IS GRATEFUL TO HELP ENSURE THAT CHILDREN AND FAMILIES HAVE SUPPLEMENTAL FOOD ON THE WEEKENDS.

SUMMER PACKS FOR KIDS PROGRAM:

IN THE SUMMER MONTHS OF 23/24 MANNA DISTRIBUTED OVER 10,004 BAGS OF FOOD TO 26 SCHOOLS AND SITES WITH SUPPLEMENTAL MEALS AND SNACK TO PROVIDE NOURISHMENT FOR CHILDREN WHEN SCHOOL IS NOT IN SESSION AND THEY ARE AWAY FROM THE VITAL SUPPORT OF REGULAR SCHOOL LUNCHES.

NUTRITION AND HEALTH:

MANNA RECOGNIZES THAT NUTRITIOUS FOOD IS THE CORNERSTONE OF OVERALL HEALTH AND WELL-BEING AND WORKS DILIGENTLY TO SOURCE NUTRITIONALLY DENSE FOOD THAT CAN BE DISTRIBUTED TO PARTNER AGENCIES. IN FY 23/24, 70% OF THE FOOD THAT MANNA DISTRIBUTED WAS CLASSIFIED AS "HEALTHY STAPLES" WHICH CONSIST OF ITEMS LIKE WHOLE GRAINS, PROTEINS, DAIRY, FRESH/FROZEN VEGETABLES AND FRUITS. OVER 29% OF ALL FOOD DISTRIBUTED WAS FRESH PRODUCE.

IN ORDER TO ADDRESS THE INTERSECTION BETWEEN FOOD INSECURITY AND HEALTH RISKS, MANNA HAS BUILT ON THE SUCCESS OF NUTRITION-FOCUSED PROGRAMS TARGETING INCREASED ACCESS TO FRESH AND HEALTHY FOODS ACROSS OUR SERVICE

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

AREA. MANNA'S THREE-PRONG APPROACH TO OUR HEALTH INITIATIVES INCLUDES:

1. INCREASING THE NUTRITIONAL CONTENT OF THE FOOD MADE AVAILABLE TO OUR NEIGHBORS

2. EMPOWERING OUR NEIGHBORS 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 NEIGHBORS.

HEALTHY OPPORTUNITIES PILOT:

THE HEALTHY OPPORTUNITIES PILOT (HOP) IS THE FIRST PROGRAM IN THE NATION TO USE MEDICAID FUNDING TO INTEGRATE NONMEDICAL SERVICES IN THE DELIVERY OF HEALTHCARE TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH THAT CAN ACCOUNT FOR UP TO 80% OF HEALTH OUTCOMES.

THE PILOT-

LAUNCHED BY THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND THE FIRST OF ITS KIND IN THE NATION-AIMS TO ADDRESS THE DISTURBING HEALTH DISPARITIES THAT PLAGUE THOSE IN POVERTY AND TO REDUCE HEALTHCARE COSTS BY ADDRESSING SOCIAL NEEDS ACROSS FOUR KEY DOMAINS BEFORE THEY CONTRIBUTE TO CHRONIC AND COSTLY MEDICAL CONDITIONS. ONE OF THOSE DOMAINS IS FOOD INSECURITY. MANNA WORKS IN DIRECT PARTNERSHIP WITH IMPACT HEALTH AS THE DOMAIN LEAD FOR FOOD AS A SOCIAL DETERMINANT OF HEALTH.

IN FY 23/24 OUR HOP PROGRAM PROVIDED 181,000 SERVICES. EXTENSIVE RESEARCH RELEASED IN APRIL 2024 DOCUMENTED THE POSITIVE HEALTH OUTCOMES FOR THOSE PARTICIPATING IN THE HEALTHY FOOD BOX PROGRAM AND THOSE RECEIVING HEALTH PRODUCE BOXES.

Name of the organization

Employer identification number

MANNA FOOD BANK INC

58-1514800

MANNA COMMUNITY MARKETS:

WE ARE GRATEFUL AND PROUD TO SHARE THAT BY THE END OF FY 23/24 MANNA SERVED AN AVERAGE OF 5,952 INDIVIDUALS EACH MONTH THROUGH OUR MANNA COMMUNITY MARKETS PROGRAM. WE DISTRIBUTED 724,232 POUNDS OF FOOD TO 141 SITES. REMARKABLY, OUR 44 DEDICATED VOLUNTEER DRIVERS TRAVELED 28,960 MILES TO DIRECTLY SERVER OUR NEIGHBORS IN NEED IN UNDERSERVED COMMUNITIES EXPERIENCING A HIGH NEED FOR FOOD.

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

MANNA'S OUTREACH PROGRAM OR 1-800 HELPLINE IS A DIRECT ASSISTANCE PROGRAM THAT PROVIDES PEOPLE STRUGGLING TO AFFORD GROCERIES WITH IMPORTANT INFORMATION AND RESOURCES NEAR THEIR HOME. ADDITIONALLY, OUR WELL-TRAINED STAFF AND VOLUNTEER TEAM ASSIST INTERESTED INDIVIDUALS WITH SIGNING UP FOR SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, (FORMERLY CALLED "FOOD STAMPS"). SNAP PROVIDES VITAL SUPPLEMENTAL SUPPORT FOR SENIORS, THE WORKING POOR, SINGLE PARENT FAMILIES, CHILDREN, PEOPLE WITH CHRONIC ILLNESSES OR DISABILITIES AND VETERANS IN NEED.

IN FY 23/24 MANNA'S HELPLINE OUTREACH TEAM OF STAFF AND 23 VOLUNTEERS PROVIDED ASSISTANCE TO 6,692 HOUSEHOLDS AND PROVIDED DIRECT ASSISTANCE TO 1,888 HOUSEHOLDS WITH HELP APPLYING FOR OR RECERTIFYING FOR SNAP. THIS INCLUDES ASSISTING PEOPLE AT PARTNER AGENCIES, AND THROUGH MANNA'S FOOD HELPLINE, WHICH IS RUN BY MANNA STAFF AND 23 HIGHLY TRAINED VOLUNTEERS WHO PROVIDE OVER-THE-PHONE ASSISTANCE TO PEOPLE IN NEED ACROSS THE REGION. THE PRIVACY AND CONVENIENCE OF THE HELPLINE SERVICE HELPS OVERCOME BARRIERS FOR INDIVIDUALS IN NEED, SUCH AS TRANSPORTATION, WORK SCHEDULE

Name of the organization

Employer identification number

MANNA FOOD BANK INC

58-1514800

CONSTRAINTS, PHYSICAL DISABILITIES AND OTHER CHALLENGES.

OUR COMMITMENT TO SERVING ALL THOSE IN NEED OF FOOD: WE ARE A NETWORK OF MORE THAN 220+ PARTNER AGENCIES, VOLUNTEERS, STAFF, BOARD MEMBERS AND SUPPORTERS, WORKING TOGETHER IN A SHARED MISSION OF INVOLVING, EDUCATING, AND UNITING PEOPLE IN THE WORK OF ENDING HUNGER IN WNC. AT MANNA FOODBANK, WE HOLD OUR NEIGHBORS EXPERIENCING FOOD INSECURITY AT THE CENTER OF OUR ACTIONS AND DECISIONS. WE ENVISION A HUNGER-FREE WESTERN NORTH CAROLINA WHERE EACH PERSON CAN PARTICIPATE, PROSPER AND HAVE ACCESS TO FOOD THAT IS BOTH NOURISHING AND IN KEEPING WITH THEIR CULTURE.

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

MANNA FOODBANK IS A NON-PARTISAN ORGANIZATION DEDICATED TO EDUCATING THE PUBLIC ON THE ISSUES THAT AFFECT THE PEOPLE THAT WE SERVE. WE ARE COMMITTED TO SERVING ALL THOSE IN NEED OF FOOD IN WAYS THAT VALUE WHO THEY ARE, THEIR LIVED EXPERIENCES, AND THEIR UNIQUE BARRIERS TO ACCESSING FOOD. WE ARE DEVELOPING SOLUTIONS TO HUNGER THAT ARE COMMUNITY-DRIVEN, EQUITABLE, ACCESSIBLE, HONOR A DIVERSITY OF NEEDS AND VALUE EVERYONE. WE ARE WORKING TO END HUNGER FOR ALL WESTERN NORTH CAROLINIANS THROUGH OUR COMMITMENT TO PROVIDING FOOD FOR TODAY, FOOD TOMORROW AND FOOD FOR A LIFETIME.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT. THE FINAL DRAFT WAS PROVIDED ELECTRONICALLY TO THE FINANCE COMMITTEE AND EACH VOTING BOARD MEMBER PRIOR TO FILING.

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

Name of the organization

Employer identification number

MANNA FOOD BANK INC

58-1514800

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 DETERMIEND 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 DECEMBER 2024.

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.

SCHEDULE G (Form 990 or 990-EZ)		Fundraising Other Events			2023
		For calendar year 2023, or tax year beginning 07/01/23 , and ending 06/30/24			
Name MANNA FOOD BANK INC					Employer Identification Number 58-1514800
Revenue		(a) Other event TABLE FOR THREE (event type)	(b) Other event _____ (event type)	(c) Other event _____ (event type)	(d) Total other events (add col. (a) through col. (c))
	1 Gross receipts	51,352			51,352
	2 Less: Charitable contributions	3,423			3,423
	3 Gross income (line 1 minus line 2)	47,929			47,929
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	757			757

Form 990	Two Year Comparison Report		2022 & 2023
For calendar year 2023, or tax year beginning 07/01/23 , ending 06/30/24			
Name MANNA FOOD BANK INC			Taxpayer Identification Number 58-1514800

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1. 29,907,834	29,539,749	-368,085
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 5,911,172	8,807,552	2,896,380
	4. Program service revenue	4.		
	5. Investment income	5. 322,206	548,673	226,467
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 88,122	-379,919	-468,041
	8. Net income or (loss) from fundraising events	8. 37,248	48,275	11,027
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 1,619,235	2,378,616	759,381
	12. Total revenue. Add lines 1 through 11	12. 37,885,817	40,942,946	3,057,129
Expenses	13. Grants and similar amounts paid	13. 26,447,818	28,224,571	1,776,753
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 351,476	274,178	-77,298
	16. Salaries, other compensation, and employee benefits	16. 4,632,215	4,772,322	140,107
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 216,413	237,757	21,344
	19. Occupancy, rent, utilities, and maintenance	19. 219,233	178,004	-41,229
	20. Depreciation and Depletion	20. 470,024	435,657	-34,367
	21. Other expenses	21. 4,021,705	5,140,208	1,118,503
	22. Total expenses. Add lines 13 through 21	22. 36,358,884	39,262,697	2,903,813
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 1,526,933	1,680,249	153,316
	Other Information	24. Total exempt revenue	24. 37,885,817	40,942,946
25. Total unrelated revenue		25.		
26. Total excludable revenue		26. 2,066,811	2,595,645	528,834
27. Total assets		27. 29,674,291	32,817,768	3,143,477
28. Total liabilities		28. 1,279,793	2,170,838	891,045
29. Retained earnings		29. 28,394,498	30,646,930	2,252,432
30. Number of voting members of governing body		30. 19	18	
31. Number of independent voting members of governing body		31. 19	18	
	32. Number of employees	32. 89	93	
	33. Number of volunteers	33. 2961	5539	

Form 990	Tax Return History	2023
-----------------	---------------------------	-------------

Name

MANNA FOOD BANK INC

Employer Identification Number

58-1514800

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	37,301,773	53,110,829	35,305,871	35,819,006	38,347,301	
Membership dues						
Program service revenue						
Capital gain or loss	40,154	97,335	-80,494	88,122	-379,919	
Investment income	22,580	52,085	113,593	322,206	548,673	
Fundraising revenue (income/loss)	20,601	44,936	37,268	37,248	48,275	
Gaming revenue (income/loss)						
Other revenue	1,687,886	1,111,797	1,290,672	1,619,235	2,378,616	
Total revenue	39,072,994	54,416,982	36,666,910	37,885,817	40,942,946	
Grants and similar amounts paid	25,158,060	24,986,990	25,642,900	26,447,818	28,224,571	
Benefits paid to or for members						
Compensation of officers, etc.	248,964	288,579	345,542	351,476	274,178	
Other compensation	3,530,889	4,081,223	3,978,331	4,632,215	4,772,322	
Professional fees	164,760	180,335	332,083	216,413	237,757	
Occupancy costs	125,667	223,061	233,355	219,233	178,004	
Depreciation and depletion	369,281	403,765	460,879	470,024	435,657	
Other expenses	6,411,579	9,163,660	4,721,422	4,021,705	5,140,208	
Total expenses	36,009,200	39,327,613	35,714,512	36,358,884	39,262,697	
Excess or (Deficit)	3,063,794	15,089,369	952,398	1,526,933	1,680,249	
Total exempt revenue	39,072,994	54,416,982	36,666,910	37,885,817	40,942,946	
Total unrelated revenue						
Total excludable revenue	1,771,221	1,306,153	1,361,039	2,066,811	2,595,645	
Total Assets	14,546,315	28,015,233	28,506,662	29,674,291	32,817,768	
Total Liabilities	2,495,681	1,585,265	1,878,292	1,279,793	2,170,838	
Net Fund Balances	12,050,634	26,429,968	26,628,370	28,394,498	30,646,930	

Federal Statements

Taxable Interest on Investments

Description			Unrelated	Exclusion	Postal	Acquired after	US
		Amount	Business	Code	Code	6/30/75	Obs (\$ or %)
INTEREST	INCOME	\$ 60,235		14			
ENDOWMENT	INCOME	488,438		14			
	TOTAL	\$ 548,673					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER PROFESSIONAL	\$ 112,531	\$ 104,949	\$ 1,186	\$ 6,396
IT SERVICES	100,255		100,255	
TOTAL	\$ 212,786	\$ 104,949	\$ 101,441	\$ 6,396

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER EXPENSES	\$ 57,613	\$ 6,456	\$ 16,378	\$ 34,779
TOTAL	\$ 57,613	\$ 6,456	\$ 16,378	\$ 34,779

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
TRUEHEART, JAMES	\$ 2,662,610	\$
TOTAL	\$ 2,662,610	\$ 0

Federal Statements

Schedule A, Part II, Line 9(e)

Description	Amount
EMPTY BOWLS	\$ 2,179
OTHER EVENTS	
TABLE FOR THREE	47,172
PACK TO GIVE BACK	-1,076
LESS: DEDUCTIONS	-1,000
TOTAL	\$ 47,275

Federal Statements

EMPTY BOWLS

Other Direct Fundraising or Gaming Expenses

Description	Amount
POSTAGE	\$
PRINTING	
SUPPLIES	
BANK FEES	
EQUIPMENT	
	47,155
TOTAL	\$ 47,155

Federal Statements

OTHER EVENTS

Other Direct Fundraising or Gaming Expenses

Description	Amount
EQUIPMENT	\$
ADVERTISING	
BANK	
DEPRECIATION	
TOTAL	\$ 0

TABLE FOR THREE

Other Direct Fundraising or Gaming Expenses

Description	Amount
SUPPLIES	\$
ADVERTISING	
POSTAGE	
	757
TOTAL	\$ 757

Federal Statements

PACK TO GIVE BACK

Other Direct Fundraising or Gaming Expenses

Description	Amount
	\$ 6,076
TOTAL	\$ 6,076

Federal Statements

Pledges receivable - EOY

Description	Amount
CURRENT PORTION	\$ 329,606
TOTAL	\$ 329,606

Accounts payable - EOY

Description	Amount
ACCOUNTS PAYABLE	\$ 948,806
ACCRUED LIABILITIES	346,664
TOTAL	\$ 1,295,470