

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2024**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MANNA FOOD BANK INC</b>		<b>D</b> Employer identification number <b>58-1514800</b>
	Doing business as		<b>E</b> Telephone number <b>828-299-3663</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>99 BROADPOINTE DR</b>	Room/suite	<b>G</b> Gross receipts \$ <b>100,052,174</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>MILLS RIVER NC 28759</b>		
<b>F</b> Name and address of principal officer: <b>CLAIRE NEAL</b> <b>99 BROADPOINTE DR</b> <b>MILLS RIVER NC 28759</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.MANNAFOODBANK.ORG</b>		<b>L</b> Year of formation: <b>1982</b> <b>M</b> State of legal domicile: <b>NC</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>92</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>4474</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: <b>38,347,301</b> Current Year: <b>93,948,579</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>168,754</b> <b>1,696,106</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,426,891</b> <b>3,152,301</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>40,942,946</b> <b>98,796,986</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>5,046,500</b> <b>5,911,502</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>1,434,918</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<b>5,991,626</b> <b>8,857,411</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>39,262,697</b> <b>50,659,426</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,680,249</b> <b>48,137,560</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: <b>32,817,768</b> End of Year: <b>82,608,735</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,170,838</b> <b>3,674,308</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>30,646,930</b> <b>78,934,427</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>CLAIRE NEAL</b>	Date			
	Type or print name and title <b>CEO</b>				
<b>Paid Preparer Use Only</b>	Preparer's name <b>ALAN TOLER</b>	Preparer's signature <b>ALAN TOLER</b>	Date <b>12/03/25</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01522061</b>
	Firm's name <b>CARTER, P. C.</b>	Firm's EIN <b>38-3828234</b>			
	Firm's address <b>301 COLLEGE ST STE 320 ASHEVILLE, NC 28801-2449</b>	Phone no. <b>828-259-9900</b>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**SEE SCHEDULE O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

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

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

**4a** (Code: ) (Expenses \$ **40,491,856** including grants of \$ **31,854,740** ) (Revenue \$ )  
**SEE SCHEDULE O**

**4b** (Code: ) (Expenses \$ **5,745,331** including grants of \$ **4,035,773** ) (Revenue \$ )  
**SEE SCHEDULE O**

**4c** (Code: ) (Expenses \$ **705,407** including grants of \$ ) (Revenue \$ )  
**SEE SCHEDULE O**

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

**4e** Total program service expenses **46,942,594**

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

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

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>92</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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.	<b>17</b>			

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **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**  
**ASHEVILLE**

**99 BROADPOINTE DR**

**NC 28759**

**828-299-3663**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAVOY SPOONER ..... PRESIDENT	1.96 0.00	X		X				0	0	0
(2) LINDSEY WILSON ..... VICE PRESIDENT	2.09 0.00	X		X				0	0	0
(3) DAVID ANGELUS ..... TREASURER	2.42 0.00	X		X				0	0	0
(4) MARCIA BROMBERG ..... SECRETARY	1.17 0.00	X		X				0	0	0
(5) JIM MATHEWS ..... PAST PRESIDENT	4.62 0.00	X		X				0	0	0
(6) JACK BRITTS ..... BOARD MEMBER	13.27 0.00	X						0	0	0
(7) JUDY BUTLER ..... BOARD MEMBER	2.38 0.00	X						0	0	0
(8) KEVIN CLICK ..... BOARD MEMBER	1.56 0.00	X						0	0	0
(9) MELODY DUNLOP ..... BOARD MEMBER	0.64 0.00	X						0	0	0
(10) RAYMOND GRANAADA ..... BOARD MEMBER	2.34 0.00	X						0	0	0
(11) ROSE JAMES ..... BOARD MEMBER	2.06 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) <b>TERRY LANTANICH</b>										
(12) <b>BOARD MEMBER</b>	<b>0.84</b> 0.00									
(13) <b>SANDRA PRECOMA</b>										
(13) <b>BOARD MEMBER</b>	<b>0.31</b> 0.00	X					0	0	0	
(14) <b>RAMON RODRIGUEZ</b>										
(14) <b>BOARD MEMBER</b>	<b>0.50</b> 0.00	X					0	0	0	
(15) <b>MEL SCHOLL</b>										
(15) <b>BOARD MEMBER</b>	<b>1.83</b> 0.00	X					0	0	0	
(16) <b>JOHN STAATZ</b>										
(16) <b>BOARD MEMBER</b>	<b>4.37</b> 0.00	X					0	0	0	
(17) <b>TYLER VEREEN</b>										
(17) <b>BOARD MEMBER</b>	<b>0.70</b> 0.00	X					0	0	0	
(18) <b>ELIZABETH WALL-BASSETT</b>										
(18) <b>BOARD MEMBER</b>	<b>0.33</b> 0.00	X					0	0	0	
(19) <b>EDWARD ZAIDBERG</b>										
(19) <b>TREASURER THRU 12/24</b>	<b>1.04</b> 0.00	X		X			0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>932,586</b>		<b>75,703</b>	
<b>d Total (add lines 1b and 1c)</b>							<b>932,586</b>		<b>75,703</b>	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>RKD ALPHA DOG DALLAS TX 75284</b>	<b>PO BOX 843595 FUNDRAISING</b>	<b>491,343</b>
<b>WNCTS ASHEVILLE NC 28806</b>	<b>318 OLD LEICESTER HWY IT SERVICES</b>	<b>273,717</b>
<b>BDO PITTSBURGH PA 15264</b>	<b>PO BOX 642743 PROFESS, SERVIC</b>	<b>159,100</b>

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 **3**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	<b>80,498</b>				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	<b>8,531,612</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>85,336,469</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	<b>\$ 36,768,263</b>				
	<b>h Total.</b> Add lines 1a-1f		<b>93,948,579</b>				
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>1,687,683</b>			<b>1,687,683</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	<b>1,245,630</b>			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	<b>1,237,207</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>	<b>8,423</b>				
<b>d</b> Net gain or (loss)		<b>8,423</b>	<b>8,423</b>				
<b>8a</b> Gross income from fundraising events (not including \$ <b>80,498</b> of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		<b>80,498</b>				
		<b>b</b> Less: direct expenses	<b>8b</b>	<b>17,981</b>			
		<b>c</b> Net income or (loss) from fundraising events		<b>62,517</b>		<b>62,517</b>	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
		<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b> SHARED MAINTANANCE FEES	Business Code	<b>2,793,732</b>	<b>2,793,732</b>			
	<b>b</b> CO-OP FOOD PROGRAM		<b>208,639</b>	<b>208,639</b>			
	<b>c</b> OTHER INCOME		<b>54,878</b>		<b>54,878</b>		
	<b>d</b> All other revenue		<b>32,535</b>	<b>32,535</b>			
	<b>e Total.</b> Add lines 11a-11d		<b>3,089,784</b>				
<b>12 Total revenue.</b> See instructions		<b>98,796,986</b>	<b>3,043,329</b>	<b>0</b>	<b>1,805,078</b>		

**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	28,265,061	28,265,061		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,625,452	7,625,452		
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	409,394	143,288	143,288	122,818
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	4,480,802	3,575,917	469,743	435,142
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,554	64,480	5,932	8,142
9 Other employee benefits	601,984	479,696	53,873	68,415
10 Payroll taxes	340,768	259,921	42,307	38,540
11 Fees for services (nonemployees):				
a Management				
b Legal	13,063		13,063	
c Accounting	21,000		21,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	16,443		16,443	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	525,059	70,650	438,005	16,404
12 Advertising and promotion	72,026	48,053	16,004	7,969
13 Office expenses	1,551,484	488,878	518,873	543,733
14 Information technology				
15 Royalties				
16 Occupancy	190,567	149,212	18,595	22,760
17 Travel	32,425	20,731	9,969	1,725
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,038	5,321	12,391	326
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	625,429	307,573	317,220	636
23 Insurance	107,900	82,625	12,726	12,549
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>USDA FOOD COSTS</b>	4,980,546	4,980,546		
b <b>SHIPPING &amp; TRANSPORTATION</b>	375,190	375,190		
c <b>FOOD PURCHASES</b>	26,554		26,554	
d				
e All other expenses	301,687		145,928	155,759
25 Total functional expenses. Add lines 1 through 24e	50,659,426	46,942,594	2,281,914	1,434,918
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	20,368,390	1	51,880,270
	2	Savings and temporary cash investments	1,001,222	2	7,730,813
	3	Pledges and grants receivable, net	1,308,341	3	451,557
	4	Accounts receivable, net	547,371	4	2,437,725
	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	940,773	8	2,148,308
	9	Prepaid expenses and deferred charges	200,430	9	75,203
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,648,196		
	b	Less: accumulated depreciation	10b 1,626,582	10c	16,021,614
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	3,472,281	12	686,167
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	94,393	14	
	15	Other assets. See Part IV, line 11	1,204,266	15	1,177,078
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	32,817,768	16	82,608,735	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	1,295,470	17	2,257,112
	18	Grants payable	1,411	18	59,166
	19	Deferred revenue	873,957	19	1,358,030
	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	<b>Total liabilities.</b> Add lines 17 through 25	2,170,838	26	3,674,308
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	29,331,484	27	69,100,927
	28	Net assets with donor restrictions	1,315,446	28	9,833,500
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	30,646,930	32	78,934,427
33	<b>Total liabilities and net assets/fund balances</b>	32,817,768	33	82,608,735	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>98,796,986</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>50,659,426</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>48,137,560</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>30,646,930</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>149,937</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>78,934,427</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<b>X</b>	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	

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

(A) Name and title	(B) Average hours per week (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) COREY ATKINS	0.15									
BRD MBER THRU 7/24	0.00	X					0	0	0	
(21) DAVID JENKINS	0.46									
BRD MBER THRU 12/24	0.00	X					0	0	0	
(22) CLAIRE NEAL	50.00									
CEO	0.00			X			248,399	0	18,877	
(23) DAVID SETZER	50.00									
CFO	0.00			X			134,852	0	7,264	
(24) LIZ HIPPS	50.00									
COO	0.00			X			154,141	0	12,101	
(25) MARY NESBITT	50.00									
CHIEF DEV OFFICER	0.00			X			164,450	0	12,593	
(26) JENNIFER LUTZ	50.00									
COMM IMPACT OFFICER	0.00			X			122,787	0	14,019	
(27) LISA REYNOLDS	40.00									
DIR OF FOOD SOURCING	0.00					X	107,957	0	10,849	
<b>1b Subtotal</b>							<b>932,586</b>		<b>75,703</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

**Section B. Independent Contractors**

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

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

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

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2024**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

Name of the organization

**MANNA FOOD BANK INC**

Employer identification number

**58-1514800**

**Part I 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)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	53,110,829	35,305,871	35,819,006	38,347,301	93,948,579	256,531,586
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	53,110,829	35,305,871	35,819,006	38,347,301	93,948,579	256,531,586
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4						256,531,586

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	53,110,829	35,305,871	35,819,006	38,347,301	93,948,579	256,531,586
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	52,085	113,593	322,206	548,673	1,687,683	2,724,240
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on				47,275	62,517	109,792
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	33,736	21,218	21,391	20,769	32,535	129,649
<b>11 Total support.</b> Add lines 7 through 10						259,495,267

**12** Gross receipts from related activities, etc. (see instructions) 12 9,392,990

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

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	98.86 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	99.38 %
<b>16a 33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test — 2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test — 2024.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test — 2023.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests — 2024. 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 — 2023. 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
	<b>11a</b>		
	<b>11b</b>		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
	<b>1</b>		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 .....			
<b>b</b> From 2020 .....			
<b>c</b> From 2021 .....			
<b>d</b> From 2022 .....			
<b>e</b> From 2023 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 .....			
<b>b</b> Excess from 2021 .....			
<b>c</b> Excess from 2022 .....			
<b>d</b> Excess from 2023 .....			
<b>e</b> Excess from 2024 .....			

**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** \$ **129,649**

**Schedule B**  
**(Form 990)**  
(Rev. December 2024)  
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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

**MANNA FOOD BANK INC**

**58-1514800**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization

**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		\$ 2,322,175	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 4,706,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 3,714,987	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 3,506,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,720,270	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 7,025,208	Person <input checked="" 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 I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	..... ..... .....	\$ 3,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	..... ..... .....	\$ 2,955,161	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**MANNA FOOD BANK INC**

Employer identification number

**58-1514800**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD RECEIPTS	\$ 2,322,175	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	FOOD RECEIPT	\$ 2,955,161	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.....	.....	\$ .....	.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.....	.....	\$ .....	.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.....	.....	\$ .....	.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.....	.....	\$ .....	.....

**SCHEDULE D**  
**(Form 990)**  
(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

**MANNA FOOD BANK INC**

Employer identification number

**58-1514800**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

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

	(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).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included on line 2a .....	<b>2c</b>
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 .....	<b>2d</b>

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

\$ .....

8 Does each conservation easement reported on line 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
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

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

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

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	23,673,981	16,500,430	16,483,101	12,821,641	4,616,406
<b>b</b> Contributions .....	31,889,615	7,992,105	3,647,318	6,159,679	18,911,869
<b>c</b> Net investment earnings, gains, and losses .....	1,769,351	204,678	292,452	-439,194	458,645
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	277,516	1,003,777	3,904,867	2,041,268	11,146,622
<b>f</b> Administrative expenses .....	8,511	19,455	17,574	17,757	18,657
<b>g</b> End of year balance .....	57,046,920	23,673,981	16,500,430	16,483,101	12,821,641

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **89.71 %**
  - b** Permanent endowment **0.63 %**
  - c** Term endowment **9.66 %**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes      | No       |
|---|----------|----------|
| <b>(i)</b> Unrelated organizations? ..... | <b>X</b> |          |
| <b>(ii)</b> Related organizations? .....  |          | <b>X</b> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		3,530,928		3,530,928
<b>b</b> Buildings .....		9,247,053	173,382	9,073,671
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		2,745,231	1,453,200	1,292,031
<b>e</b> Other .....		2,124,984		2,124,984
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				16,021,614

**Part VII Investments – Other Securities**

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

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

**Part VIII Investments – Program Related**

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

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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	98,948,461
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	149,937	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	17,981	
e	Add lines 2a through 2d		2e	167,918
3	Subtract line 2e from line 1		3	98,780,543
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	16,443	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	16,443
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	98,796,986

**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	50,660,964
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	17,981	
e	Add lines 2a through 2d		2e	17,981
3	Subtract line 2e from line 1		3	50,642,983
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	16,443	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	16,443
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	50,659,426

**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. PLEASE REFER TO SCHEDULE O FOR A DETAILED LISTING OF THOSE FUNDS.

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 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, 2025, 2024, AND 2023 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 \$ 17,981

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

DIRECT FUNDRAISING EXPENSES \$ 17,981



**SCHEDULE G  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**MANNA FOOD BANK INC**

Employer identification number

**58-1514800**

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

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

.....  
.....  
.....  
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>EMPTY BOWLS</u> (event type)	<u>GIVING TREE</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	70,180	50,000	40,816	160,996
	2	Less: Contributions	35,090	25,000	20,408	80,498
	3	Gross income (line 1 minus line 2)	35,090	25,000	20,408	80,498
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	3,383	422	14,176	17,981
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					62,517

**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))	
		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: .....

- 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name .....

Address .....

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

(Rev. December 2024)

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

OMB No. 1545-0047

**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)	WNC FROM THE GROUND UP 513 MILL STREET SYLVA NC 28779	99-1743701		15,000				
(2)	WNC FROM THE GROUND UP 513 MILL STREET SYLVA NC 28779	99-1743701		50,000				EQUIPMENT
(3)	STEPHEN ROMANO 57 ELLER HOLLOW RD. WEAVERVILLE NC 28787	87-4639078		7,000				EQUIPMENT
(4)	DARNELL FARMS LLC PO BOX 1279 BRYSON CITY NC 28713	83-2606913		50,000				REPAIRS
(5)	HUNGER COALITION OF TRANSYLVANIA CO PO BOX 1695 BREVARD NC 28712	82-3451552		48,988				EQUIPMENT
(6)	THE SALVATION ARMY - SHELTON LAUREL PO BOX 358 WAYNESVILLE NC 28786	58-0660607		50,000				EQUIPMENT
(7)	FLAVOR FULL FARMS, INC. PO BOX 470 EDNEYVILLE NC 28727	56-1826998		50,000				EQUIPMENT
(8)	BELLVIEW COMMUNITY CENTER 7679 MARTINS CREEK RD. MURPHY NC 28906	51-0207501		5,600				PANTRY SUPPORT
(9)	MISTY MOUNTAIN GARDEN 160 ODOMS CHAPEL ROAD BAKERSVILLE NC 28705	47-4784715		43,849				EQUIPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **135**

3 Enter total number of other organizations listed in the line 1 table ..... **81**

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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OMB No. 1545-0047

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Name of the organization

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

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(1)	THE TRIPLE B'S LLC DBA AGAINST THE 619 CAMP JOY ROAD ZIONVILLE NC 28698	47-4120195		50,000				REPAIRS & EQUIPMENT
(2)	TYLER SCHNEPPER DBA ABUNDANT ACRES 2833 NC 9 HWY BLACK MOUNTAIN NC 28711	33-2588266		50,000				EQUIPMENT
(3)	KATHRYN E SKELLEY-WATTS DBA DIRT PI 640 MONROE KING RD BURNSVILLE NC 28714	30-2880599		50,000				REPAIRS & EQUIPMENT
(4)	HARRELL HILL FARMS 467 BYRD RD. BAKERSVILLE NC 28705	27-3333327		50,000				REPAIRS
(5)	LINDA SHELL DBA TATER HILL FARM 630 TOMS CREEK RD. BAKERSVILLE NC 28705	24-4828574		50,000				REPAIRS
(6)	BRYANT FARMS 2241 BIG BRUSH CREEK RD GREEN MOUNTAIN NC 28740	24-4353028		50,000				FARM REPAIRS
(7)	ELIZABETH SELF 1040 WHITE OAK RD. BAKERSVILLE NC 28705	24-1616879		50,000				REPAIRS
(8)	ADAM MCCURRY DBA ROCKY HOLLOW FARM 67 LOAFER DRIVE BURNSVILLE NC 28714	24-1454848		50,000				HELENE RELIEF
(9)	NICOLE DELCOGLIANO DBA GREEN TOE GR 411 POPE ROAD BURNSVILLE NC 28714	10-5643691		50,000				EQUIPMENT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

**Open to Public  
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Name of the organization

**MANNA FOOD BANK INC**

Employer identification number

**58-1514800**

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>BOUNTIFUL CITIES</b> PO BOX 898 ASHEVILLE NC 28802	05-0587434		27,465				<b>REBUILDING</b>
(2)	<b>F.A. FB OF CENTRAL/EASTERN NC</b> 3808 TARHEEL RD RALEIGH NC 27609				790,647	<b>STUDY</b>	<b>FOOD</b>	
(3)	<b>SHARE THY BREAD MINISTRY - TRYON SD</b> 2820 LYNN RD TRYON NC 28782	92-3635153	501C3		473,810	<b>STUDY</b>	<b>FOOD</b>	
(4)	<b>THE SUNNY VIEW CLUBHOUSE</b> 95 COOPERS GAP RD MILL SPRING NC 28756	90-0933214	501C3		44,916	<b>STUDY</b>	<b>FOOD</b>	
(5)	<b>THE SUNNYVIEW CLUBHOUSE</b> 100 GERALD GIBBS RD. MILL SPRING NC 28756	90-0933214	501C3	38,000				<b>EQUIPMENT</b>
(6)	<b>CORNBREAD &amp; ROSES COMMUNITY COUNSEL</b> 1294 SAVANNAH DR SYLVA NC 28779	88-3778534	501C3		411,382	<b>STUDY</b>	<b>FOOD</b>	
(7)	<b>CORNBREAD &amp; ROSES COMMUNITY COUNSEL</b> 1294 SAVANNAH DR SYLVA NC 28779	88-3778534	501C3	44,761				<b>REPAIRS &amp; EQUIPMENT</b>
(8)	<b>ABUNDANT HARVEST - SNOW HILL UMC</b> 84 SNOWHILL CHURCH RD CANDLER NC 28715	86-1193175	501C3		132,511	<b>STUDY</b>	<b>FOOD</b>	
(9)	<b>PAN DE VIDA</b> 3580 BREVARD RD HENDERSONVILLE NC 28739	85-4202565	501C3		331,288	<b>STUDY</b>	<b>FOOD</b>	

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

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Name of the organization

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Employer identification number

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SALUDA POP UP PANTRY 150 E MAIN ST SALUDA NC 28773	85-4044389	501C3		168,493	STUDY	FOOD	
(2)	SALUDA POP UP PANTRY PO BOX 428 SALUDA NC 28773	85-4044389	501C3	33,273				REBUILDING COSTS
(3)	THE GRACE PLACE 300 FIVE POINT CTR ROBBINSVILLE NC 28771	85-3869991	501C3		123,019	STUDY	FOOD	
(4)	GRACE PLACE PO BOX 2363 ROBBINSVILLE NC 28771	85-3869991	501C3	40,000				
(5)	FISCAL SPONSORSHIP ALLIES INC. 3500 DEPAUW BLVD STE 3090 INDIANAPOLIS IN 46268	85-0839183	501C3	15,000				EQUIPMENT
(6)	ARROWHEAD APPARTMENTS 100 CHEERIO LN ASHEVILLE NC 28803	85-0804230	501C3		12,945	STUDY	FOOD	
(7)	THE STOREHOUSE 1049 SPARTANBURG HWY HENDERSONVILLE NC 28739	84-3467671	501C3		220,664	STUDY	FOOD	
(8)	BELOVED ASHEVILLE 32 OLD CHARLOTTE HWY ASHEVILLE NC 28803	84-3381632	501C3		87,814	STUDY	FOOD	
(9)	SANDY MUSH COMMUNITY CENTER 19 SCHOOL RD LEICESTER NC 28748	84-1722906	501C3		25,935	STUDY	FOOD	

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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(1)	FOOTHILLS FOOD HUB - MCDOWELL LFAC 263 BARNES RD MARION NC 28752	83-2141213	501C3		161,006	STUDY	FOOD	
(2)	FOOTHILLS FOOD HUB - MCDOWELL LFAC PO BOX 851 NEBO NC 28761	83-2141213	501C3	15,820				DELIVERY AID
(3)	NEIGHBORS FEEDING NEIGHBORS 14 JACKSON TOWN RD SPRUCE PINE NC 28777	83-0928892	501C3		46,535	STUDY	FOOD	
(4)	TRANZMISSION 37 MOUNTAIN AVE ASHEVILLE NC 28801	82-4861967	501C3		121,597	STUDY	FOOD & FREEZERS	
(5)	TRANZMISSION, INC. 37 MONTFORD AVE BSMNT #2 ASHEVILLE NC 28801	82-4861967	501C3	10,000				FOOD & SALARIES
(6)	TRANSYLVANIA HUNGER COALITION 5716 OLD HENDERSONVILLE RD PENROSE NC 28712	82-3451552	501C3		134,948	STUDY	FOOD	
(7)	HOLA CAROLINA PANTRY 801 4TH AVE E HENDERSONVILLE NC 28792	82-2943079	501C3		141,974	STUDY	FOOD-FREEZERS	
(8)	HOLA CAROLINA PO BOX 5146 ASHEVILLE NC 28813	82-2943079	501C3	50,000				EQUIPMENT
(9)	RECOVERY VENTURES CORP. - MEN'S PRO 904 DAVISTOWN RD OLD FORT NC 28762	71-0875890	501C3		60,676	STUDY	FOOD & FREEZERS	

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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OMB No. 1545-0047

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Employer identification number

**58-1514800**

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

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(1)	RECOVERY VENTURES CORPORATION PO BOX 452 BLACK MOUNTAIN NC 28711	71-0875890	501C3	45,000				REPAIRS & EQUIPMENT
(2)	CALVARY EPISCOPAL FOOD PANTRY 2840 HENDERSONVILLE RD FLETCHER NC 28732	61-1657546	501C3		142,542	STUDY	FOOD	
(3)	CHEROKEE COUNTY SHARING CENTER, INC 517 HIAWASSEE ST MURPHY NC 28906	61-1508378	501C3		300,068	STUDY	FOOD	
(4)	CFC - TRINITY PLACE 12 RAVENSCROFT DR ASHEVILLE NC 28801	59-2551416	501C3		25,322	STUDY	FOOD	
(5)	FOOD FOR FAIRVIEW 1357 CHARLOTTE HWY FAIRVIEW NC 28730	58-2539200	501C3		65,897	STUDY	FOOD	
(6)	FIRST AT BLUE RIDGE 31 KNOX RD RIDGECREST NC 28770	58-1946948	501C3		87,813	STUDY	FOOD	
(7)	ASHEVILLE HIGH SCHOOL 419 MCDOWELL SY ASHEVILLE NC 28803	58-1836982	501C3		5,089	STUDY	FOOD	
(8)	MACON COUNTY CARE NETWORK 130 BIDWELL ST FRANKLIN NC 28734	58-1813122	501C3		169,818	STUDY	FOOD	
(9)	BRYSON CITY FOOD PANTRY 311 EVERETT ST BRYSON CITY NC 28713	58-1744280	501C3		225,768	STUDY	FOOD	

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
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(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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(1)	BCS MIGRANT EDUCATION PROGRAM 175 BINGHAM RD ASHEVILLE NC 28806	58-1685536	501C3		9,198	STUDY	FOOD	
(2)	BUNCOMBE COUNTY SCHOOLS FAMILY RESO 390 ASBURY RD CANDLER NC 28715	58-1685536	501C3		172,102	STUDY	FOOD & FREE	ZERS
(3)	MADISON COUNTY GROUP HOME 36 MOUNTAIN HEIGHTS AVE HOT SPRINGS NC 28743	58-1643763	501C3		7,144	STUDY	FOOD	
(4)	INTERFAITH ASSISTANCE MINISTRY 310 FREEMAN ST HENDERSONVILLE NC 28792	58-1556963	501C3		813,516	STUDY	FOOD	
(5)	NEIGHBORS IN NEED, INC 165 SOUTH MAIN ST MARSHALL NC 28753	58-1492053	501C3		5,732	STUDY	FOOD	
(6)	GOLDEN HARVEST FOOD BANK 3310 COMMERCE DR AUGUSTA GA 30909	58-1466516	501C3		129,291	STUDY	FOOD	
(7)	THE SALVATION ARMY - BREVARD 126 NORTH CALDWELL ST BREVARD NC 28712	58-0660607	501C3		7,637	STUDY	FOOD	
(8)	THE SALVATION ARMY - HOT SPRINGS 3421 US 25 70 HWY HOT SPRINGS NC 28743	58-0660607	501C3		45,604	STUDY	FOOD	
(9)	THE SALVATION ARMY ASHEVILLE - DOWN 750 HAYWOOD RD ASHEVILLE NC 28806	58-0660607	501C3		43,488	STUDY	FOOD	

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
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(Rev. December 2024)

Department of the Treasury  
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(1)	THE SALVATION ARMY ASHEVILLE- HAYWO 750 HAYWOOD RD ASHEVILLE NC 28806	58-0660607	501C3		172,783	STUDY	FOOD & FREE	ZERS
(2)	THE SALVATION ARMY POLK COUNTY 2382 COXE RD TRYON NC 28782	58-0660607	501C3		20,091	STUDY	FOOD	
(3)	ASHEVILLE TERRACE APARTMENTS 200 TUNNEL RD ASHEVILLE NC 28805	56-6003041	501C3		39,836	STUDY	FOOD	
(4)	CENTRO UNIDO LATINO AMERICANO 79 ACADEMY ST MARION NC 28752	56-2678411	501C3		187,183	STUDY	FOOD	
(5)	IFC - HIGHLANDS FOOD PANTRY 348 SOUTH FIFTH ST HIGHLANDS NC 28741	56-2303345	501C3		217,908	STUDY	FOOD	
(6)	SERVICE CENTER FOR LATINOS (CENTRO) 431 OAK AVE SPRUCE PINE NC 28777	56-2269813	501C3		69,292	STUDY	FOOD	
(7)	SERVICE CENTER FOR LATINOS, INC 155 ENGLISH STREET SPRUCE PINE NC 28777	56-2269813	501C3	25,349				REPAIRS
(8)	THE COMMUNITY TABLE 23 CENTRAL ST SYLVA NC 28779	56-2264894	501C3		149,799	STUDY	FOOD	
(9)	THE COMMUNITY TABLE PO BOX 62 DILLSBORO NC 28725	56-2264894	501C3	50,000				REPAIRS & EQUIPMENT

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**SCHEDULE I  
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(1)	BEACON OF HOPE SERVICES 5111 US HWY 25/70 MARSHALL NC 28753	56-2241353	501C3		644,340	STUDY	FOOD	
(2)	BEACON OF HOPE PO BOX 877 MARSHALL NC 28753	56-2241353	501C3	50,000				HELENE RELIEF
(3)	CRY OF A CHILD MISSIONS 102 RECC DR BAKERSVILLE NC 28705	56-2212758	501C3		105,192	STUDY	FOOD	
(4)	CRY OF A CHILD MISSIONS 355 KINCHOLE MILL RD. JONESBOROUGH TN 37659	56-2212758	501C3	38,000				REPAIRS
(5)	BREAD OF LIFE, INC 238 SOUTH CALDWELL ST BREVARD NC 28712	56-2053857	501C3		7,999	STUDY	FOOD	
(6)	FINES CREEK COMMUNITY ASSOCIATION 190 FINES CREEK RD CLYDE NC 28721	56-1965399	501C3		134,807	STUDY	FOOD	
(7)	FINES CREEK COMMUNITY PO BOX 992 LAKE JUNALUSKA NC 28745	56-1965399	501C3	44,950				REPAIRS
(8)	REACHING AVERY MINISTRY 147 NEW VALE RD NEWLAND NC 28657	56-1959018	501C3		27,551	STUDY	FOOD	
(9)	STECOAH VALLEY CENTER 121 SCHOOL HOUSE RD ROBINSVILLE NC 28771	56-1935344	501C3		73,197	STUDY	FOOD	

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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

OMB No. 1545-0047

**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)	CLAY COUNTY FOOD PANTRY, INC 2278 HINTON CENTER RD HAYESVILLE NC 28904	56-1915169	501C3		276,749	STUDY	FOOD	
(2)	CLAY COUNTY FOOD PANTRY PO BOX 853 HAYESVILLE NC 28904	56-1915169	501C3	30,000				EQUIPMENT
(3)	BIG IVY COMMUNITY CENTER 510 DILLINGHAM RD BARNARDSVILLE NC 28709	56-1890924	501C3		137,667	STUDY	FOOD	
(4)	BIG IVY COMMUNITY CENTER PO BOX 424 BANARDSVILLE NC 28709	56-1890924	501C3	50,000				FOOD PANTRY SUPPORT
(5)	MISSION MINISTRIES ALLIANCE 804 STATE ST MARION NC 28752	56-1872125	501C3		7,458	STUDY	FOOD	
(6)	WNCCHS 257 BILTMORE AVE ASHEVILLE NC 28801	56-1852922	501C3		119,781	STUDY	FOOD	
(7)	LOVING FOOD RESOURCES 123 KENILWORTH RD ASHEVILLE NC 28813	56-1823591	501C3		292,682	STUDY	FOOD & FREEZERS	
(8)	THERMAL BELT OUTREACH MINISTRY 134 WHITE DR COLUMBUS NC 28722	56-1793796	501C3		315,543	STUDY	FOOD	
(9)	BEAVERDAM COMMUNITY DEVELOPMENT CLU 1620 NORTH CANTON RD CANTON NC 28716	56-1767563	501C3		25,497	STUDY	FOOD	

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
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(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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(1)	W. D. WILLIAMS ELEMENTARY 161 BEE TREE RD SWANNANOA NC 28778	56-1756604	501C3		7,667	STUDY	FOOD	
(2)	REACH OF MACON COUNTY 29 MEADOWLARK DR FRANKLIN NC 28734	56-1689264	501C3		26,303	STUDY	FOOD	
(3)	UNITED MINISTRIES OF JACKSON COUNTY 191 SKYLAND DR SYLVA NC 28779	56-1659229	501C3		324,981	STUDY	FOOD	
(4)	ASHEVILLE HUMANE SOCIETY 14 FOREVER FRIENDS LN ASHEVILLE NC 28806	56-1444098	501C3		6,169	STUDY	FOOD	
(5)	MITCHELL COUNTY SHEPHERD'S STAFF FO 10992 S 226 HWY SPRUCE PINE NC 28777	56-1404604	501C3		421,447	STUDY	FOOD	
(6)	MITCHELL COUNTY SHEPHERD'S STAFF FO PO BOX 344 SPRUCE PINE NC 28777	56-1404604	501C3	50,000				REPAIRS & EQUIPMENT
(7)	HIGHLANDS EMERGENCY COUNCIL 71 POPLAR ST HIGHLANDS NC 28741	56-1396460	501C3		421,088	STUDY	FOOD	
(8)	MATT'S MINISTRY - LEDFORD'S CHAPEL 123 WJ CABE RD HAYESVILLE NC 28907	56-1391132	501C3		203,774	STUDY	FOOD	
(9)	MATT'S MINISTRY AT BRASSTOWN CC 255 SETTAWIG RD BRASSTOWN NC 28902	56-1391132	501C3		63,986	STUDY	FOOD	

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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OMB No. 1545-0047

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Inspection**

Name of the organization

**MANNA FOOD BANK INC**

Employer identification number

**58-1514800**

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HAYWOOD CHRISTIAN MINISTRY 5095 OLD RIVER RD WAYNESVILLE NC 28786	56-1389676	501C3		1,934,059	STUDY	FOOD	
(2)	LEICESTER COMMUNITY CENTER 2979 NEW LEICESTER HWY LEICESTER NC 28748	56-1316735	501C3		111,811	STUDY	FOOD	
(3)	THE SHARING HOUSE TRANSYLVANIA COUN 164 DUCKWORTH AVE BREVARD NC 28712	56-1292875	501C3		265,364	STUDY	FOOD	
(4)	THE SHARING HOUSE PO BOX 958 BREVARD NC 28712	56-1292875	501C3	12,000				REBUILDING
(5)	HELPMATE SHELTER 35 WOODFIN ST ASHEVILLE NC 28801	56-1276293	501C3		8,286	STUDY	FOOD	
(6)	WESTERN CAROLINA RESCUE MINISTRIES 225 PATTON AVE ASHEVILLE NC 28801	56-1249407	501C3		182,966	STUDY	FOOD	
(7)	WESTBRIDGE VOCATIONAL, INC. 140 LITTLE SAVANNAH RD SYLVA NC 28779	56-1208982	501C3		9,052	STUDY	FOOD	
(8)	VICTORY BAPTIST CHURCH 1276 FONTANA RD BRYSON CITY NC 28713	56-1137178	501C3		136,944	STUDY	FOOD	
(9)	SWANNANOVA VALLEY CHRISTIAN MINISTRY 101 NORTH RIDGEWAY AVE BLACK MOUNTAIN NC 28711	56-1132257	501C3		84,851	STUDY	FOOD	

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
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(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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Employer identification number

**58-1514800**

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ABCCM - SOUTH MINISTRY 10 BUCK SHOALS RD ASHEVILLE NC 28704	56-0945004	501C3		149,745	STUDY	FOOD	
(2)	ABCCM - CRISIS MINISTRY 24 CUMBERLAND AVE ASHEVILLE NC 28801	56-0945001	501C3		65,034	STUDY	FOOD	
(3)	ABCCM - HOMINY VALLEY CRISIS MINIST 1914 SMOKY PARK HWY CANDLER NC 28715	56-0945001	501C3		222,686	STUDY	FOOD	
(4)	ABCCM - NORTH SAMARITAN CRISIS MINI 403 WEAVERVILLE HWY ASHEVILLE NC 28804	56-0945001	501C3		90,809	STUDY	FOOD-FREEZER	
(5)	MOUNTAIN PROJECTS 81 ELMWOOD WAY WAYNESVILLE NC 28786	56-0849092	501C3		7,859	STUDY	FOOD	
(6)	BLUE RIDGE COMMUNITY HEALTH SERVICE 220 5TH AVE HENDERSONVILLE NC 28792	56-0794933	501C3		23,869	STUDY	FOOD	
(7)	THE SALVATION ARMY - HENDERSONVILLE 239 3RD AVE E HENDERSONVILLE NC 28792	56-0767736	501C3		130,593	STUDY	FOOD	
(8)	FUMC WAYNESVILLE 566 SOUTH HAYWOOD ST WAYNESVILLE NC 28786	56-0728628	501C3		185,018	STUDY	FOOD & FREEZERS	
(9)	FIRST UNITED METHODIST CHURCH OF WA PO BOX 838 WAYNESVILLE NC 28786	56-0728628	501C3	20,000				EQUIPMENT

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
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(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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Employer identification number

**58-1514800**

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

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(1)	ELIADA HOMES 823 ELIADA HOME RD ASHEVILLE NC 28806	56-0611587	501C3		24,275	STUDY	FOOD	
(2)	SPRING CREEK NUTRITION - MARS HILL 13075 NC HWY 209 HOT SPRINGS NC 28743	56-0568406	501C3		157,792	STUDY	FOOD & FREEZERS	
(3)	BELLVIEW COMMUNITY DEVELOPMENT CLUB 270 OLD BELLVIEW RD MURPHY NC 28906	56-0556746	501C3		115,368	STUDY	FOOD-FREEZER	
(4)	YMCA HEALTHY LIVING MOBILE MARKET 30 WOODFIN ST ASHEVILLE NC 28801	56-0530013	501C3		261,435	STUDY	FOOD	
(5)	AMERICA CARES 309 ROCKWOOD RD ARDEN NC 28704	52-2345143	501C3		734,742	STUDY	FOOD	
(6)	WEST MARION ELEMENTARY 820 MARLER RD MARION NC 28752	52-1523729	501C3		84,200	STUDY	FOOD	
(7)	EAST MCDOWELL MIDDLE SCHOOL 676 STATE ST MARION NC 28752	51-1523729	501C3		25,584	STUDY	FOOD	
(8)	THE COMMUNITY KITCHEN 288 CRABTREE MOUNTAIN RD CANTON NC 28716	51-0605733	501C3		233,246	STUDY	FOOD	
(9)	COMMUNITY KITCHEN PO BOX 513 CANTON NC 28716	51-0605733	501C3	50,000				REPAIRS

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(1)	GIVENS GERBER PARK 40 GERBER RD ASHEVILLE NC 28803	51-0199312	501C3		53,685	STUDY	FOOD	
(2)	GIVENS GREAT LAURELS 80 CANDLER ST WAYNESVILLE NC 28786	51-0199312	501C3		33,521	STUDY	FOOD	
(3)	RESTORATION HOUSE WNC 81 ACADEMY ST BRYSON CITY NC 28713	47-4539555	501C3		171,855	STUDY	FOOD	
(4)	RESTORATION HOUSE WNC PO BOX 154 BRYSON CITY NC 28713	47-4539555	501C3	50,000				EQUIPMENT & SALARIES
(5)	ASPCA 25 HERITAGE DR ASHEVILLE NC 28806	47-3987701	501C3		8,022	STUDY	FOOD	
(6)	HAYWOOD PATHWAYS CENTER 179 HEMLOCK ST WAYNESVILLE NC 28786	47-2608669	501C3		81,666	STUDY	FOOD	
(7)	HAYWOOD PATHWAYS CENTER 179 HEMLOCK ST. WAYNESVILLE NC 28786	47-2608669	501C3	39,000				REPAIRS
(8)	BOUNTY & SOUL - FRESH MARKET 999 OLD US HWY 70 BLACK MOUNTAIN NC 28711	46-4759362	501C3		919,996	STUDY	FOOD	
(9)	BOUNTY & SOUL 999 OLD US HWY 70W BLACK MOUNTAIN NC 28711	46-4759362	501C3	50,000				FARMER MKT SUPPORT

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(1)	HALL FLETCHER ELEMENTARY SCHOOL 60 RIDGELAWN RD ASHEVILLE NC 28806	46-3676336	501C3		9,700	STUDY	FOOD	
(2)	BULADEAN COMMUNITY FOOD PANTRY 12190 NC 226 BAKERSVILLE NC 28705	46-1470662	501C3		36,212	STUDY	FOOD	
(3)	TOE RIVER AGGREGATION CENTER TRAINI PO BOX 1507 BURNSVILLE NC 28714	45-5100047	501C3	50,000				
(4)	TOE RIVER AGGREGATION CENTER TRAINI PO BOX 1507 BURNSVILLE NC 28714	45-5100047	501C3	65,000				
(5)	FEEDING AVERY FAMILIES 189 OLD VALE RD NEWLAND NC 28657	45-2302126	501C3		367,677	STUDY	FOOD	
(6)	ASHEVILLE FIRST CHURCH OF THE NAZAR 385 HAZEL MILL RD ASHEVILLE NC 28806	44-0552034	501C3		60,938	STUDY	FOOD	
(7)	COMMUNITY FOOD PANTRY (ST. PAUL'S) 3685 CHIMNEY ROCK RD HENDERSONVILLE NC 28779	36-5013474	501C3		147,703	STUDY	FOOD	
(8)	BETHEL RURAL COMMUNITY PANTRY 664 SONOMA RD WAYNESVILLE NC 28786	34-2063022	501C3		23,386	STUDY	FOOD	
(9)	DIAPER BANK OF NORTH CAROLINA 437 DIMMOCKS MILL RD HILLSBOROUGH NC 27278	32-0401621	501C3		89,952	STUDY	FOOD	

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(1)	PIGEON COMMUNITY MULTICULTURAL DEVE 450 PIGEON ST WAYNESVILLE NC 28786	32-0131282	501C3		5,371	STUDY	FOOD & FREEZERS	
(2)	PIGEON COMMUNITY MULTICULTURAL DEVE PO BOX 1494 WAYNESVILLE NC 28786	32-0131282	501C3	47,000			EQUIPMENT	
(3)	LOVING HEARTS - BEAR CLOSET 337 GARDEN CREEK RD MARION NC 28752	30-1219976	501C3		20,835	STUDY	FOOD	
(4)	ROOT CAUSE FARM PO BOX 271 FAIRVIEW NC 28730	27-1710446	501C3	30,000			EQUIPMENT & SALARIES	
(5)	FISHES & LOAVES FOOD PANTRY 549 FRANK ALLEN RD CASHIERS NC 28717	26-3516849	501C3		21,658	STUDY	FOOD	
(6)	COUNCIL ON AGING OF BUNCOMBE COUNTY 46 SHEFFIELD CIR ASHEVILLE NC 28803	23-7410586	501C3		13,118	STUDY	FOOD	
(7)	COUNCIL ON AGING OF BUNCOMBE 46 SHEFFIELD CIRCLE ASHEVILLE NC 28803	23-7410586	501C3	25,000			PROGRAM SUPPORT	
(8)	FORSYTH HUMANE SOCIETY 4881 COUNTRY CLUB RD WINSTON-SALEM NC 27104	23-7055886	501C3		27,218	STUDY	FOOD	
(9)	COLABORATIVA LA MILPA 528 EMMA RD ASHEVILLE NC 28806	20-8303608	501C3		222,369	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) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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

OMB No. 1545-0047

**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)	HICKORY NUT GORGE OUTREACH INC 2556 MEMORIAL HWY LAKE LURE NC 28746	20-1240771	501C3		45,376	STUDY	FOOD & FREEZERS	
(2)	CHEROKEE COUNTY FOOD PANTRY, INC 121 MAIN ST WEST END PLZ ANDREWS NC 28901	20-1216234	501C3		445,899	STUDY	FOOD	
(3)	GRACE COMMUNITY CHURCH 5182 US 70 WEST MARION NC 28752	95-4896863	CHURCH		7,615	STUDY	FOOD	
(4)	GRACE COMMUNITY CHURCH OF MCDOWELL 5182 US 70 WEST MARION NC 28752	95-4896863	CHURCH		7,311	STUDY	FOOD	
(5)	ARDEN STREET MINISTRY 35 AIRPORT RD ASHEVILLE NC 28704	95-3867863	CHURCH		135,270	STUDY	FOOD	
(6)	DYSARTSVILLE FOOD PANTRY, INC 174 TRINITY CHURCH LP NEBO NC 28761	93-4764580	CHURCH		345,575	STUDY	FOOD	
(7)	METHODIST FOOD PANTRY 296 GRIFFITH RD GREEN MOUNTAIN NC 28740	93-2682044	CHURCH		159,656	STUDY	FOOD	
(8)	FREE COMMUNITY MEAL PO BOX 1988 CANDLER NC 28715	85-3425927	CHURCH	13,810				REBUILDING & REPAIRS
(9)	HAYESVILLE FIRST FREEWILL BAPTIST C 259 TUSQUITTEE ST HAYESVILLE NC 28904	84-1720444	CHURCH		6,364	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

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

**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)	TRINITY ASSEMBLY OF GOD 6971 GEORGIA RD FRANKLIN NC 28734	82-4861967	CHURCH		67,585	STUDY	FOOD	
(2)	NEW BEGINNING BAPTIST CHURCH 29 MARLOWE DR MILLS RIVER NC 28759	58-1860986	CHURCH		107,989	STUDY	FOOD	
(3)	WELCOME TABLE - HOPE UMC 2443 SPARTANBURG HWY EAST FLAT ROCK NC 28726	58-1734733	CHURCH		40,216	STUDY	FOOD & FREEZERS	
(4)	THE SALVATION ARMY - WAYNESVILLE 290 PIGEON ST WAYNESVILLE NC 28786	58-0660607	CHURCH		20,170	STUDY	FOOD	
(5)	GRACE HOUSE - WHITTIER UMC 35 MAIN ST WHITTIER NC 28789	56-2129048	CHURCH		60,565	STUDY	FOOD	
(6)	CALVARY CHAPEL OF ASHEVILLE INC 5516 BOYLSTON HWY MILLS RIVER NC 28759	56-1895938	CHURCH		71,777	STUDY	FOOD	
(7)	MAGGIE VALLEY UMC 4192 SOCO RD MAGGIE VALLEY NC 28751	56-1809410	CHURCH		25,005	STUDY	FOOD	
(8)	LEICESTER BAPTIST CHURCH 18 TONY LUNSFORD DR LEICESTER NC 28748	56-1647913	CHURCH		98,205	STUDY	FOOD	
(9)	VICTORY FELLOWSHIP WORSHIP CENTER 450 AIKEN RD ASHEVILLE NC 28804	56-1529836	CHURCH		63,751	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

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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.

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OMB No. 1545-0047

**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 81 BETHEL CHURCH RD FRANKLIN NC 28734	56-1429688	CHURCH		31,784	STUDY	FOOD	
(2)	ANCHOR BAPTIST CHURCH 3232 HENDERSONVILLE HWY PISGAH FOREST NC 28768	56-1419926	CHURCH		605,941	STUDY	FOOD	
(3)	RECONCILIATION HOUSE 20 ACADEMY ST BURNSVILLE NC 28714	56-1373255	CHURCH		203,249	STUDY	FOOD	
(4)	FORKS OF IVY MISSIONARY BAPTIST CHU 957 OLD MARS HILL HWY WEAVERVILLE NC 28787	56-1333036	CHURCH		25,385	STUDY	FOOD	
(5)	FISHES & LOAVES FOOD PANTRY - ETOWA 110 BRICKYARD RD ETOWAH NC 28729	56-1333035	CHURCH		115,326	STUDY	FOOD	
(6)	CLINCHFIELD UMC - MEALS THAT HEAL 151 RIDGE RD MARION NC 28752	56-1304439	CHURCH		119,635	STUDY	FOOD	
(7)	BAKERSVILLE BAPTIST CHURCH 339 S MITCHELL AVE BAKERSVILLE NC 28705	56-1283820	CHURCH		55,865	STUDY	FOOD	
(8)	GEORGETOWN BAPTIST MINISTRIES 464 DOX CREEK RD LEICESTER NC 28748	56-1159633	CHURCH		584,394	STUDY	FOOD	
(9)	GEORGETOWN BAPTIST CHURCH 464 DIX CREEK RD. #1 LEICESTER NC 28748	56-1159633	CHURCH	50,000				EQUIPMENT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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.

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OMB No. 1545-0047

**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)	EBBS CHAPEL FOOD PANTRY - BRIGHT HO 271 LAUREL VALLEY RD MARS HILL NC 28754	56-1145099	CHURCH		7,968	STUDY	FOOD	
(2)	FRANCIS ASBURY UMC FOOD PANTRY 725 ASBURY RD CANDLER NC 28715	56-1072651	CHURCH		27,004	STUDY	FOOD=FREEZERS	
(3)	FREE COMMUNITY MEAL 89 OLD CANDLER TOWN RD CANDLER NC 28715	56-1072651	CHURCH		434,563	STUDY	FOOD	
(4)	CATHOLIC CHARITIES DIOCESE FOOD PAN 50 ORANGE ST ASHEVILLE NC 28801	56-1058954	CHURCH		39,964	STUDY	FOOD	
(5)	FLAT CREEK BAPTIST CHURCH 21 FLAT CREEK CHURCH RD WEAVERVILLE NC 28787	56-0885321	CHURCH		11,288	STUDY	FOOD	
(6)	FAMILY TO FAMILY 777 TUNNEL RD ASHEVILLE NC 28805	56-0883842	CHURCH		32,178	STUDY	FOOD	
(7)	ST. JOHN'S FOOD PANTRY 339 SOUTH MAIN ST MARION NC 28752	56-0850824	CHURCH		146,583	STUDY	FOOD	
(8)	MOUNTAIN AGING PARTNERS 82 ELMWOOD WAY WAYNESVILLE NC 28786	56-0849092	CHURCH		6,335	STUDY	FOOD	
(9)	BEULAH BAPTIST CHURCH 483 SUNSET CIR CANTON NC 28716	56-0556746	CHURCH		84,057	STUDY	FOOD	

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

**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)	CULLOWHEE VALLEY BAPTIST CHURCH 36 TILLEY CREEK RD CULLOWHEE NC 28723	56-0556746	CHURCH		18,925	STUDY	FOOD	
(2)	EAST FLAT ROCK FBC 227 SPARTANBURG HWY EAST FLAT ROCK NC 28726	56-0556746	CHURCH		25,427	STUDY	FOOD	
(3)	IN HIS HANDS (COMMUNITY BAPTIST) 24 CHINQUAPIN RD BREVARD NC 28712	56-0556746	CHURCH		175,163	STUDY	FOOD	
(4)	LOVE'S KITCHEN 312 5TH AVE HENDERSONVILLE NC 28739	56-0556746	CHURCH		16,959	STUDY	FOOD	
(5)	MT PLEASANT BAPTIST CHURCH FOOD PAN 151 SCRONCE CREEK RD BURNSVILLE NC 28714	56-0556746	CHURCH		22,131	STUDY	FOOD	
(6)	NORTH TOXAWAY BAPTIST CHURCH 51 SLICK FISHER RD LAKE TOXAWAY NC 28747	56-0556746	CHURCH		48,777	STUDY	FOOD	
(7)	SPARROWS NEST 517 HIAWASSEE ST MURPHY NC 28906	56-0556746	CHURCH		51,688	STUDY	FOOD	
(8)	THE LORD'S CLOSET 14 NORMAN DR SYLVA NC 28779	56-0556746	CHURCH		17,457	STUDY	FOOD	
(9)	TRINITY OF FAIRVIEW FOOD PANTRY 646 CONCORN RD FLETCHER NC 28732	56-0556746	CHURCH		182,324	STUDY	FOOD	

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

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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)	IN HIS HANDS FOOD PANTRY 93 CHESTNUT STREET BREVARD NC 28712	56-0556746	CHURCH	50,000				EQUIPMENT
(2)	CROSSROADS FOOD PANTRY - FBC 5 OAK ST ASHEVILLE NC 28801	56-0554211	CHURCH		73,961	STUDY	FOOD-FREEZER	
(3)	AVE MARIA MINISTRIES 695 SUMMIT AVE SPRUCE PINE NC 28777	53-0196617	CHURCH		23,859	STUDY	FOOD	
(4)	ST. FRANCIS OF ASSISI CATHOLIC CHUR 299 MAPLE ST FRANKLIN NC 28734	53-0196617	CHURCH		46,144	STUDY	FOOD & FREEZERS	
(5)	HENDERSONVILLE SDA CHURCH 2301 ASHEVILLE HWY HENDERSONVILLE NC 28791	52-6037545	CHURCH		7,900	STUDY	FOOD	
(6)	FOSTER SDA 375 HENDERSONVILLE RD ASHEVILLE NC 28803	52-0643036	CHURCH		25,688	STUDY	FOOD	
(7)	UPWARD SEVENTH DAY ADVENTIST CHURCH 961 UPWARD RD FLAT ROCK NC 28731	52-0643036	CHURCH		94,391	STUDY	FOOD	
(8)	LIVING WATERS FOOD PANTRY 30 LOCUST BRANCH RD CHEROKEE NC 28719	45-2296176	CHURCH		622,037	STUDY	FOOD	
(9)	GOD'S WAY FOOD PANTRY 525 TAMSEE GAP RD BALSAM GROVE NC 28708	44-0577787	CHURCH		136,150	STUDY	FOOD & FREEZERS	

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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OMB No. 1545-0047

**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)	EMMANUEL LUTHERAN - GRAB N GO PANTR 51 WILBURN PL ASHEVILLE NC 28806	43-0658188	CHURCH		283,717	STUDY	FOOD	
(2)	AVERY'S CREEK UMC COMMUNITY FOOD PA 874 GLENN BRIDGE RD SE ARDEN NC 28704	32-0409618	CHURCH		86,772	STUDY	FOOD	
(3)	SECOND SEASON THRIFT STORE 156 BOUNDARY ST WAYNESVILLE NC 28786	31-1813333	CHURCH		515,353	STUDY	FOOD & FREEZERS	
(4)	SECOND SEASON - THRIFT STORE & NEIG 156 BOUNDARY STREET WAYNESVILLE NC 28785	31-1813333	CHURCH	5,920				HELENE RECOVERY
(5)	GRACE EPISCOPAL CHURCH FOOD PANTRY 394 N HAYWOOD ST WAYNESVILLE NC 28786	31-1629166	CHURCH		12,294	STUDY	FOOD	
(6)	ANDREWS SDA CHURCH 54 PARK ST ANDREWS NC 28901	30-0269859	CHURCH		64,472	STUDY	FOOD	
(7)	ST VINCENT DE PAUL 109 CRESCENT HILL DR ARDEN NC 28704	20-8974277	CHURCH		302,567	STUDY	FOOD	
(8)								
(9)								

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

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Schedule I (Form 990) (Rev. 12-2024)



**SCHEDULE J**

**(Form 990)**

(Rev. December 2024)

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.**

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OMB No. 1545-0047

**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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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
<b>1b</b>	<b>X</b>	
<b>2</b>	<b>X</b>	
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**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 <b>CLAIRE NEAL</b> CEO	(i)	248,399	0	0	6,047	12,830	267,276	0
	(ii)	0	0	0	0	0	0	0
2 <b>LIZ HIPPS</b> COO	(i)	154,141	0	0	819	11,282	166,242	0
	(ii)	0	0	0	0	0	0	0
3 <b>MARY NESBITT</b> CHIEF DEV OFFICER	(i)	164,450	0	0	4,177	8,416	177,043	0
	(ii)	0	0	0	0	0	0	0
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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

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

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Name of the organization

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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	2	36,120	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	65	1,245,630	FMV
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	32753	34,976,252	RSM US LLC STUDY*
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EQUIPMENT)	X	41	431,283	FMV
26 Other ( )				
27 Other (OTHER GOODS)	X	512	78,978	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 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 \$1.90. THE NUMBER OF DONORS OF FOOD INVENTORY REPRESENTS SEPARATE CONTRIBUTION EVENTS.

PART I, LINE 6 - THE NUMBER OF CONTRIBUTIONS ON LINE 6 FOR DONATED VEHICLES REPRESENTS 2 SEPARATE ITEMS RECEIVED.

PART I, LINE 9 - THE NUMBER OF SECURITY CONTRIBUTIONS ON LINE 9 REPRESENTS 65 SEPARATE DONATIONS.

PART I, LINE 25 - THE NUMBER OF EQUIPMENT CONTRIBUTIONS ON LINE 25 FOR DONATED EQUIPMENT REPRESENTS 41 SEPARATE ITEMS RECEIVED.

PART I, LINE 27 - 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. THE NUMBER OF CONTRIBUTIONS ON LINE 27 REPRESENTS 512 SEPARATE ITEMS RECEIVED.

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**FORM 990 - ORGANIZATION'S MISSION**

**MISSION: TO INVOLVE, EDUCATE, AND UNITE PEOPLE IN THE WORK OF ENDING HUNGER IN WESTERN NORTH CAROLINA.**

**VISION: A HUNGER-FREE WESTERN NORTH CAROLINA WHERE EVERYONE HAS ACCESS TO NUTRITIOUS FOOD AND THE OPPORTUNITY TO THRIVE.**

**MANNA EXISTS TO ENSURE THAT NO ONE IN OUR MOUNTAIN COMMUNITIES FACES HUNGER ALONE. EVERY DAY, OUR STAFF, PARTNERS, AND VOLUNTEERS WORK TO PROVIDE ACCESS TO HEALTHY FOOD AND TO CREATE PATHWAYS TOWARD LASTING STABILITY.**

**FORM 990 - ADDITIONAL INFORMATION**

**RESERVE STRATEGY AND ANTICIPATED FUNDING CHANGES (SCHEDULE O NARRATIVE) MANNA MAINTAINS DESIGNATED RESERVE FUNDS TO ENSURE OPERATIONAL STABILITY, RESPONSIVENESS TO COMMUNITY NEEDS, AND LONG-TERM ORGANIZATIONAL RESILIENCE. AS OF JUNE 30, 2025, MANNA'S TOTAL WORKING CAPITAL WAS APPROXIMATELY \$59.6 MILLION**

**EVERY DOLLAR OF THAT RESERVE SERVES AN IMPORTANT PURPOSE IN MANNA'S IMMEDIATE RESPONSE AND OUR LONG-TERM SUSTAINABILITY.**

**OUR RESERVES ARE STRATEGICALLY ALLOCATED TO ADVANCE CRITICAL PRIORITIES AND ENSURE LONG-TERM SUSTAINABILITY, INCLUDING THE CONSTRUCTION OF OUR NEW FACILITY TO BE FOOD-BANK READY (FACILITY FUND), THE PURCHASE OF ESSENTIAL FOODS INCLUDING LOCAL PRODUCE, MEAT, EGGS, CHEESE FOR OUR NEIGHBORS (ESSENTIAL FOOD FUND), EMERGENCY RESPONSE READINESS IN THE AFTERMATH OF HURRICANE HELENE (SURGE CAPACITY FUND), LONG-TERM COMMUNITY CAPACITY BUILDING (COMMUNITY CAPACITY FUND), PROTECTION AGAINST MARKET OR FUNDING VOLATILITY (VOLATILITY RESERVE), FUNDING OUR CAPITAL PROJECTS SUCH AS OUR FLEET, TECHNOLOGY INFRASTRUCTURE AND EQUIPMENT (CAPITAL RESERVE), AND MANNA'S POLICY TO MAINTAIN AT LEAST SIX MONTHS OF LIQUIDITY TO SUPPORT CONTINUITY OF SERVICES (OPERATING RESERVE)**

**TOGETHER, THESE RESERVE FUNDS WILL BE STRATEGICALLY UTILIZED TO RESPOND TO THE DEVASTATION AND ECONOMIC IMPACT CREATED BY HELENE, WHILE ALSO OFFSETTING REDUCTIONS IN PUBLIC ASSISTANCE RESOURCES, STABILIZING FOOD ACQUISITION AND DISTRIBUTION, AND MAINTAINING PROGRAM CONTINUITY FOR THE COMMUNITIES MANNA SERVES.**

**THIS RESERVE APPROACH REFLECTS OUR DESIRE TO MAINTAIN A PRUDENT FISCAL MANAGEMENT AND A COMMITMENT TO MEETING THE IMMEDIATE NEED WHILE ALSO SUSTAINING MANNA'S MISSION TO END HUNGER IN WESTERN NORTH CAROLINA, ENSURING THE ORGANIZATION REMAINS FINANCIALLY PREPARED TO MEET RISING COMMUNITY NEEDS AND EVOLVING ECONOMIC CONDITIONS.**

**CONCLUSION**

**FY 2024-2025 WAS A DEFINING YEAR IN MANNA'S HISTORY. DESPITE LOSING OUR WAREHOUSE TO HURRICANE HELENE, WE CONTINUED TO SERVE FAMILIES EVERY DAY WITH THE HELP OF DONORS, VOLUNTEERS, AND PARTNERS. THE GENEROSITY OF THIS COMMUNITY REBUILT OUR OPERATIONS AND RENEWED OUR MISSION. MANNA MOVES FORWARD STRONGER, DEEPLY ACCOUNTABLE, AND DEDICATED TO THE PEOPLE OF WESTERN NORTH CAROLINA.**

**FORM 990, PART I, LINE 6**

**MANNA FOODBANK IS HONORED TO SHARE THAT WE HAVE ACHIEVED A 4-STAR RATING**

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FROM CHARITY NAVIGATOR FOR 13 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 24/25 MANNA EXPERIENCED TREMENDOUS GROWTH IN OUR VOLUNTEER PROGRAM WITH 4,474 CARING VOLUNTEERS PROVIDING 64,370 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  
ORGANIZATIONAL OVERVIEW**

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 MORE THAN 220 NONPROFIT PARTNER AGENCIES, 100 SCHOOLS, AND DIRECT TO NEIGHBORS THROUGH COMMUNITY MARKETS. OUR SERVICE AREA ENCOMPASSES 6,434 SQUARE MILES, INCLUDING MANY RURAL AREAS AND UNDERFUNDED COMMUNITIES WITH HIGH RATES OF FOOD-INSECURITY. THEREFORE, TO ENSURE THAT THOSE IN NEED RECEIVE FOOD, WE DELIVER TO THE MOST REMOTE LOCATIONS ON A REGULAR BASIS. THE COUNTIES MANNA SERVES INCLUDE MANY COMMUNITIES IN RURAL, UNDERFUNDED AREAS, BUNCOMBE, CHEROKEE, CLAY, GRAHAM, HAYWOOD, HENDERSON, JACKSON, MACON, MADISON, MCDOWELL, MITCHELL, POLK, SWAIN, TRANSYLVANIA, YANCEY COUNTIES AND THE QUALLA BOUNDARY.

AT MANNA, WE FOCUS ON FOOD FOR TODAY, FOOD FOR TOMORROW, AND FOOD FOR A LIFETIME. WE RESPOND TO IMMEDIATE HUNGER NEEDS, STRENGTHEN ACCESS TO NUTRITIOUS FOOD IN LOCAL COMMUNITIES, AND WORK TOWARD LASTING CHANGE SO THAT EVERYONE CAN COUNT ON A STEADY SOURCE OF NOURISHMENT. EVERY PART OF OUR WORK, SOURCING FOOD, SUPPORTING PARTNERS, AND LISTENING TO OUR NEIGHBORS, IS CENTERED ON HELPING PEOPLE THRIVE.

**NUTRITIOUS FOOD DISTRIBUTION**

DURING FY 2024-2025, MANNA DISTRIBUTED MORE THAN 21 MILLION POUNDS OF FOOD ACROSS WESTERN NORTH CAROLINA. MORE THAN 70% OF THE FOOD THAT MANNA DISTRIBUTED WAS CLASSIFIED AS 'HEALTHY STAPLES' WHICH CONSISTS OF ITEMS LIKE WHOLE GRAINS, PROTEINS, DAIRY, FRESH/FROZEN VEGETABLES AND FRUITS. THROUGHOUT FISCAL YEAR 2025, MANNA'S OVERALL DISTRIBUTION NETWORK, INCLUDING PANTRIES, MEAL SITES, AND SCHOOL-BASED PROGRAMS, RECEIVED AN AVERAGE OF 190,000 VISITS EACH MONTH FROM NEIGHBORS SEEKING EMERGENCY FOOD

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ASSISTANCE. EACH VISIT REPRESENTS A HOUSEHOLD COMING TO ONE OF THESE SITES FOR GROCERIES OR A MEAL. THIS REFLECTS THE HIGHEST LEVEL OF NEED MANNA HAS EXPERIENCED IN ITS 40+ YEAR HISTORY.

**SUPPORTING LOCAL FARMERS**

A SIGNIFICANT PORTION OF MANNA'S INVENTORY IS SOURCED DIRECTLY FROM REGIONAL FARMS. PURCHASING LOCALLY GROWN PRODUCE AND PROTEINS STRENGTHENS FOOD ACCESS WHILE SUPPORTING RURAL ECONOMIES. THROUGH THE LOCAL FOOD PURCHASE ASSISTANCE PLUS (LFPA+) PROGRAM, MANNA PURCHASED MORE THAN 650,000 POUNDS OF LOCALLY GROWN FOOD FROM FARMERS AND FOOD HUBS ACROSS WESTERN NORTH CAROLINA AT FAIR MARKET RATES. THIS INVESTMENT EXPANDED ACCESS TO FRESH, NUTRITIOUS PRODUCTS AND DEEPENED RELATIONSHIPS THAT NOW CONTINUE THROUGH THE ESSENTIAL FOODS INITIATIVE. THE 2024 BUNCOMBE COUNTY STRATEGIC PARTNERSHIPS GRANT FURTHER DEMONSTRATED THIS COMMITMENT BY FUNDING PRODUCE PURCHASES FROM HISTORICALLY MARGINALIZED FARMERS FOR FREE DISTRIBUTION ACROSS BUNCOMBE COUNTY THROUGH PARTNER AGENCIES AND COMMUNITY MARKETS. TOGETHER, THESE EFFORTS IMPROVED ACCESS TO NUTRIENT-DENSE FOODS FOR FAMILIES WHILE KEEPING FOOD DOLLARS IN LOCAL COMMUNITIES AND HELPING SMALL FARMS REMAIN VIABLE.

**SNAP ENROLLMENT ASSISTANCE**

THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) REMAINS ONE OF THE MOST EFFECTIVE TOOLS FOR REDUCING HUNGER. SNAP HELPS INDIVIDUALS AND FAMILIES WITH LOW INCOMES AFFORD NUTRITIOUS FOOD, REDUCING HUNGER AND IMPROVING HEALTH AND STABILITY WHILE ALSO BOOSTING LOCAL ECONOMIES BY INCREASING DOLLARS SPENT AT GROCERY STORES, FARMERS MARKETS, AND OTHER FOOD RETAILERS AND SUPPORTING JOBS AND SMALL BUSINESSES. MANNA'S BENEFITS OUTREACH TEAM HELPS ELIGIBLE HOUSEHOLDS APPLY FOR ASSISTANCE AND NAVIGATE THE CERTIFICATION PROCESS. IN FY 2024-2025, MANNA STAFF HELPED 1,888 HOUSEHOLDS COMPLETE SNAP APPLICATIONS, GENERATING MORE THAN \$5 MILLION IN ECONOMIC IMPACT FOR LOCAL GROCERY STORES AND MARKETS. THESE BENEFITS TRANSLATED INTO MORE THAN 900,000 SNAP-SUPPORTED MEALS FOR FAMILIES ACROSS THE REGION.

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

**HEALTHY OPPORTUNITIES PILOT (HOP)**

THROUGH NORTH CAROLINA'S HEALTHY OPPORTUNITIES PILOT, MANNA SERVES AS THE REGIONAL LEAD FOR FOOD INSECURITY SERVICES. THE HEALTHY OPPORTUNITIES PILOT IN NORTH CAROLINA INVESTS UP FRONT IN ACCESS TO NUTRITIOUS FOOD AND OTHER ESSENTIAL SUPPORTS TO IMPROVE HEALTH OUTCOMES AND PREVENT THE NEED FOR COSTLY MEDICAL CARE LATER ON. DURING THE FISCAL YEAR, MANNA PROVIDED CONSISTENT ACCESS TO HEALTHY FOOD WHILE IMPROVING HEALTH OUTCOMES FOR RESIDENTS WITH CHRONIC CONDITIONS BY DISTRIBUTING \$128,828 IN BENEFITS TO OVER 735 PARTICIPANTS,. THIS WORK STRENGTHENS THE LINK BETWEEN NUTRITION AND HEALTH AND HELPS REDUCE BARRIERS FOR PEOPLE LIVING ON A LIMITED INCOME WHO ARE MANAGING ILLNESS.

**PUBLIC EDUCATION**

MANNA FOODBANK IS A NON-PARTISAN ORGANIZATION DEDICATED TO EDUCATING THE

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PUBLIC ON THE ISSUES THAT AFFECT THE PEOPLE THAT WE SERVE. WE ARE DEVELOPING SOLUTIONS TO HUNGER THAT ARE COMMUNITY-DRIVEN, EQUITABLE, ACCESSIBLE, AND VALUE EVERYONE. WE ARE WORKING TO END HUNGER FOR ALL WESTERN NORTH CAROLINIANS THROUGH OUR COMMITMENT TO PROVIDING FOOD FOR TODAY, FOOD FOR TOMORROW, AND FOOD FOR A LIFETIME.

**A YEAR OF UNPRECEDENTED CHALLENGE AND RECOVERY**

ON SEPTEMBER 27, 2024, HURRICANE HELENE COMPLETELY DESTROYED MANNA FOODBANK'S FACILITIES AND OPERATIONS. IN A MATTER OF HOURS, MANNA BECAME THE FIRST FOOD BANK IN THE FEEDING AMERICA NETWORK'S HISTORY TO EXPERIENCE A TOTAL LOSS. THE LOSSES WERE IMMENSE. IN ADDITION TO BOTH WAREHOUSES AND OUR ENTIRE FOOD INVENTORY, MANNA ALSO LOST:  
"ALL WAREHOUSE EQUIPMENT, INCLUDING PALLET JACKS, FORKLIFTS, REACH TRUCKS, AND EVERYDAY SUPPLIES SUCH AS BOXES, PALLETS, AND GLOVES;  
"ALL IT INFRASTRUCTURE, INCLUDING SERVERS, LAPTOPS, PRINTERS, BARCODE SCANNERS, AND A/V EQUIPMENT;  
"THE RECLAMATION CENTER, WHICH RESCUED MORE THAN 2 MILLION POUNDS OF FOOD EACH YEAR;  
"OFFICE FURNITURE, SUPPLIES, AND ALL FACILITY CONTENTS NECESSARY FOR DAILY OPERATIONS.

THE ONLY MAJOR ASSETS WE WERE ABLE TO SAVE WERE OUR TRUCKS. BECAUSE THE TEAM HAD MOVED THEM TO HIGHER GROUND, THOSE TRUCKS WERE BACK ON THE ROAD WITHIN DAYS, REACHING THE HARDEST-HIT MOUNTAIN COMMUNITIES WITH EMERGENCY FOOD AND WATER.

WITHIN FORTY-EIGHT HOURS, MANNA LAUNCHED A TEMPORARY DISTRIBUTION AT THE WNC FARMERS MARKET. BY THE END OF THE FIRST WEEK, WE HAD SECURED AND MOVED INTO AN 84,000-SQUARE-FOOT WAREHOUSE TO KEEP FOOD FLOWING TO OUR SIXTEEN-COUNTY SERVICE AREA. CONSTRUCTION IS NOW UNDERWAY TO BUILD OUT 14,000 SQUARE FEET OF COLD STORAGE, OFFICE SPACE, A VOLUNTEER CENTER AND ADD BACKUP POWER TO SAFEGUARD PERISHABLE FOOD IN FUTURE DISASTERS. THE NEW MILLS RIVER FACILITY REPRESENTS NOT ONLY RECOVERY BUT RENEWAL-STRONGER, SAFER, AND BUILT FOR THE LONG ROAD AHEAD.

ACROSS WESTERN NORTH CAROLINA, THE STORM LEFT DEEP SCARS. MANY PARTNER PANTRIES LOST THEIR BUILDINGS, FOOD, AND VEHICLES. MANNA CONTINUES TO WORK ALONGSIDE THEM TO RESTORE LOCAL CAPACITY AND PLAN FOR THE FUTURE. COMMUNITY NEEDS REMAIN HIGHER THAN EVER. YET THROUGH EVERY CHALLENGE, THE OUTPOURING OF GENEROSITY FROM DONORS, VOLUNTEERS, AND NEIGHBORS HAS KEPT FOOD ON TABLES AND HOPE ALIVE. WHAT BEGAN AS A DEVASTATING LOSS HAS BECOME A TESTAMENT TO THIS REGION'S RESILIENCE AND TO MANNA'S ENDURING COMMITMENT TO SERVE, NO MATTER THE CIRCUMSTANCES.

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

**COMMUNITY IMPACT AFTER HELENE**

SINCE HURRICANE HELENE, MANNA HAS DISTRIBUTED MORE THAN 15 MILLION MEALS AND DELIVERED GENERATORS, PROPANE, COOLERS, CLEANING SUPPLIES, AND HYGIENE PRODUCTS TO FAMILIES ACROSS WESTERN NORTH CAROLINA. FOOD DISTRIBUTION REMAINS FAR ABOVE PRE-STORM LEVELS AS COMMUNITIES CONTINUE TO REBUILD AND

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**RECOVER.**

THIS RESPONSE WAS ONLY POSSIBLE BECAUSE OF THE EXTRAORDINARY GENEROSITY OF OUR COMMUNITY. DONORS, VOLUNTEERS, FARMERS, FAITH GROUPS, CORPORATE PARTNERS, AND NEIGHBORS CAME TOGETHER IN REMARKABLE WAYS TO DONATE FUNDS, FOOD, AND TIME WHEN THEY WERE NEEDED MOST. VOLUNTEERS HELPED LOAD TRUCKS AND STAFF EMERGENCY DISTRIBUTIONS. LOCAL BUSINESSES OPENED THEIR DOORS AND SHARED SUPPLIES. FARMERS DONATED PRODUCE EVEN WHILE FACING THEIR OWN LOSSES.

EVERY ACT OF KINDNESS HELPED MANNA STAY ON THE ROAD AND ON MISSION. TOGETHER, THIS REGION ENSURED THAT FOOD REACHED PEOPLE WHO NEEDED IT MOST, PROVING ONCE AGAIN THAT WESTERN NORTH CAROLINA'S STRENGTH LIES IN ITS COMPASSION AND UNITY.

**FINANCIAL STEWARDSHIP AND STABILITY**

INSURANCE PROVIDED ESSENTIAL STABILITY DURING REBUILDING. BY JUNE 30, 2025, MANNA HAD RECEIVED \$2.08 MILLION IN INSURANCE PROCEEDS. THESE RECOVERY FUNDS WERE MANAGED UNDER STRICT INTERNAL CONTROLS AND TRACKED SEPARATELY IN ACCORDANCE WITH GAAP STANDARDS.

THE BOARD CREATED A STRATEGIC FUND FOR COMMUNITY RESILIENCE TO SUSTAIN DISASTER PREPAREDNESS, FACILITY IMPROVEMENTS, AND FUTURE EMERGENCY RESPONSE.

**OPERATIONAL AND FINANCIAL SYSTEMS TRANSFORMATION**

DURING THE PAST YEAR, MANNA EXPERIENCED SIGNIFICANT ORGANIZATIONAL CHANGES, PARTICULARLY WITHIN THE FINANCE FUNCTION. THE LOSS OF OUR FACILITY DURING HURRICANE HELENE REQUIRED IMMEDIATE ADJUSTMENTS TO KEEP FINANCIAL OPERATIONS RUNNING SMOOTHLY WHILE THE ORGANIZATION RELOCATED AND REBUILT. THIS EXPERIENCE ALSO UNDERScoreD THE NEED TO MODERNIZE SYSTEMS AND STRENGTHEN INTERNAL PROCESSES FOR LONG-TERM STABILITY.

TO SUPPORT THIS TRANSITION, MANNA ENGAGED BDO, A NATIONAL ACCOUNTING FIRM, TO PROVIDE EXPERT GUIDANCE AND INTERIM CAPACITY. THEIR WORK INCLUDES STRENGTHENING DAILY FINANCIAL OPERATIONS, REVIEWING ACCOUNTING PLATFORMS, REFINING STAFFING STRUCTURE, AND UPDATING INTERNAL CONTROLS TO IMPROVE ACCURACY AND TRANSPARENCY.

THIS PARTNERSHIP IS HELPING MANNA BUILD A FINANCIAL INFRASTRUCTURE THAT CAN ADAPT TO BOTH GROWTH AND DISRUPTION. CURRENT PRIORITIES INCLUDE SIMPLIFYING DAILY WORKFLOWS, IMPLEMENTING A NEW ACCOUNTING SYSTEM WITH STRONGER REPORTING CAPABILITIES, AND RECRUITING SKILLED FINANCE STAFF.

LONG-TERM, MANNA IS FOCUSED ON MAINTAINING SUSTAINABLE FINANCIAL HEALTH AND CULTIVATING A CULTURE OF CONTINUOUS IMPROVEMENT WITHIN THE DEPARTMENT. STAFF TRAINING AND CROSS-FUNCTIONAL COORDINATION ARE BEING EXPANDED SO THAT FINANCIAL MANAGEMENT REMAINS CONSISTENT AND RESILIENT UNDER ANY CIRCUMSTANCE.

THROUGH THESE EFFORTS, MANNA CONTINUES TO UPHOLD ITS COMMITMENT TO TRANSPARENCY, ACCOUNTABILITY, AND EXCELLENT STEWARDSHIP OF THE RESOURCES ENTRUSTED TO ITS CARE.

**FINANCIAL POSITION**

COSTS TO RESUME OPERATIONS TOTALED \$53.4 MILLION, AN INCREASE OF \$14.1 MILLION FROM THE PRIOR YEAR, DRIVEN BY THE PURCHASE OF OUR NEW FACILITY,

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**MANNA FOOD BANK INC**

Employer identification number

**58-1514800**

EQUIPMENT, SUPPLIES, AND EXPANDED FOOD PURCHASING AND TRANSPORTATION COSTS. MANNA ENDED THE YEAR WITH \$59.6 MILLION IN CASH AND EQUIVALENTS, ENSURING LIQUIDITY FOR ONGOING RECOVERY AND PROGRAM STABILITY.

LOOKING AHEAD, MANNA WILL COMPLETE THE BUILD-OUT OF THE MILLS RIVER FACILITY, ADVANCE LOCAL PURCHASING PARTNERSHIPS, AND CONTINUE WITH THE IMPLEMENTATION OF A REGIONAL FOOD SECURITY RESILIENCE FRAMEWORK DEVELOPED WITH COMMUNITY INPUT. THESE INVESTMENTS WILL POSITION MANNA TO SERVE MORE NEIGHBORS, RESPOND FASTER TO DISASTERS, AND SUSTAIN ACCESS TO NUTRITIOUS FOOD ACROSS WESTERN NORTH CAROLINA.

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 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.

FORM 990, PART XII - ADDITIONAL INFORMATION  
BOARD DESIGNATED FUNDS INCLUDED IN NET ASSETS:

BOARD DESIGNATED OPERATING RESERVE	\$ 20,336,018.00
BOARD DESIGNATED CAPITAL RESERVE	\$ 869,996.00
BOARD DESIGNATED ESSENTIAL FOOD RESERVE	\$ 12,600,000.00
BOARD DESIGNATED SURGE CAPACITY FUND	\$ 3,000,000.00
BOARD DESIGNATED COMMUNITY CAPACITY FUND	\$ 3,000,000.00
BOARD DESIGNATED VOLATILITY FUND	\$ 3,200,000.00
BOARD DESIGNATED SUSTAINABILITY RESERVE	\$ 6,064,328.00
BOARD DESIGNATED FUTURE FACILITIES RESERVE	\$ 4,008,971.00
TOTAL BOARD DESIGNATIONS	\$ 53,079,313.00