2007 Client

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 **2007** Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 7/01/07 **, and ending** 6/30/08

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: MANNA FOOD BANK, INC

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

City or town, state or country, and ZIP + 4: ASHEVILLE NC 28805-2445

D Employer identification number: 58-1514800

E Telephone number: 828-299-3663

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ **Yes** ☒ **No**

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ **Yes** ☐ **No** (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ **Yes** ☒ **No**

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ WWW.MANNAFOODBANK.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 9,763,796

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	7,914,741		
	c	Indirect public support (not included on line 1a)	1c	116,658		
	d	Government contributions (grants) (not included on line 1a)	1d	758,752		
	e	**Total** (add lines 1a through 1d) (cash $ 1,683,062 noncash $ 7,107,089)			1e	8,790,151
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	955,842
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	24,514
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory	880	8a	
b	Less: cost or other basis and sales expenses		8b	
c	Gain or (loss) (attach schedule)	880	8c	

Revenue	d	Net gain or (loss). Combine line 8c, columns (A) and (B) SEE STMT 1			8d	880
	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here ▶ ☐				
	a	Gross revenue (not including $ ______ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	-7,591
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	9,763,796
Expenses	13	Program services (from line 44, column (B))			13	9,245,574
	14	Management and general (from line 44, column (C))			14	261,726
	15	Fundraising (from line 44, column (D))			15	288,358
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	9,795,658
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	-31,862
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3,668,805
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2			20	-57,802
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	3,579,141

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 3	25a	59,313	42,705	8,897	7,711
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	827,596	595,261	120,943	111,392
27 Pension plan contributions not included on lines 25a, b, and c	27	37,217	26,796	5,583	4,838
28 Employee benefits not included on lines 25a – 27	28	166,327	138,660	13,619	14,048
29 Payroll taxes	29	65,429	48,103	8,703	8,623
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	8,584	4,185	3,526	873
34 Telephone	34	9,709	7,754	1,953	2
35 Postage and shipping	35	10,928	2,384	2,015	6,529
36 Occupancy	36	101,023	96,759	2,878	1,386
37 Equipment rental and maintenance	37	38,377	35,096	3,281	
38 Printing and publications	38	4,113	2,718	1,151	244
39 Travel	39	750	529	46	175
40 Conferences, conventions, and meetings	40	8,928	5,501	2,372	1,055
41 Interest	41	969		969	
42 Depreciation, depletion, etc. (attach schedule)	42	98,862	80,078	16,605	2,179
43 Other expenses not covered above (itemize): a SEE STATEMENT 4	43a	8,357,533	8,159,045	69,185	129,303
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	9,795,658	9,245,574	261,726	288,358

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☒ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $ ____ ; **(ii)** the amount allocated to Program services $ ____ ;

(iii) the amount allocated to Management and general $ ____ ; and **(iv)** the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ COLLECTING AND DISTRIBUTING FOOD All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a DISTRIBUTED FOOD TO ELIGIBLE RECIPIANTS. DURING F/Y 2007 331 AGENCY SITES IN 16 WESTERN NC COUNTIES WERE SERVED. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	8,835,420
b COLLECTED AND SALVAGED EDIBLE, BUT UNMARKETABLE FOOD TO BE DISTRIBUTED TO ELIGIBLE PARTICIPANTS. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	128,837
c BOUGHT FOOD THROUGH CO-OP BUYING AT WHOLESALE PRICES TO BE RE-SOLD TO AGENCIES AFFORDING THEM A SUBSTANTIAL SAVINGS IN COST. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	281,317
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	9,245,574

Part IV Balance Sheets (See the instructions.)

Section	Line	Description	Sub-line	Sub-amount	(A) Beginning of year	Line	(B) End of year
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45	Cash—non-interest-bearing			400	45	2,007
	46	Savings and temporary cash investments			520,722	46	546,490
	47a	Accounts receivable	47a	62,918			
	b	Less: allowance for doubtful accounts	47b		74,633	47c	62,918
	48a	Pledges receivable	48a	150,533			
	b	Less: allowance for doubtful accounts	48b	8,693	79,887	48c	141,840
	49	Grants receivable			16,374	49	10,000
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)				50b	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			828,318	52	687,411
	53	Prepaid expenses and deferred charges				53	
	54a	Investments—publicly-traded securities SEE STATEMENT 5 ▶ ☐ Cost ☒ FMV			166,504	54a	162,455
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	55a	Investments—land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule) SEE STMT 6			560,776	56	554,705
	57a	Land, buildings, and equipment: basis	57a	2,535,891			
	b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 7	57b	960,287	1,650,753	57c	1,575,604
	58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 8)			4,676	58	16,505
	59	**Total assets** (must equal line 74). Add lines 45 through 58			3,903,043	59	3,759,935
Liabilities	60	Accounts payable and accrued expenses			127,441	60	180,794
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET			106,797	64b	
	65	Other liabilities (describe ▶)				65	
	66	**Total liabilities.** Add lines 60 through 65			234,238	66	180,794
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			3,297,068	67	3,126,463
	68	Temporarily restricted			212,193	68	246,758
	69	Permanently restricted			159,544	69	205,920
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			3,668,805	73	3,579,141
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			3,903,043	74	3,759,935

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	9,726,994
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	-57,802		
2	Donated services and use of facilities	b2	21,000		
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	-36,802
c	Subtract line **b** from line **a**			c	9,763,796
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	9,763,796

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	9,816,658
b	Amounts included on line **a** but not Part I, line 17:				
1	Donated services and use of facilities	b1	21,000		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	21,000
c	Subtract line **b** from line **a**			c	9,795,658
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	9,795,658

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation (If not paid, enter -0-.)	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
SEE STATEMENT 9				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 20			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a: 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

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Part VI Other Information (continued)

				Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b 21,000			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	501(c)(7) orgs. Enter: **a** Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs. Enter: **a** Gross income from members or shareholders	87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed ▶ NONE

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 36

91a The books are in care of ▶ STEPHANIE WELLS Telephone no. ▶ 828-299-3663

Located at ▶ 637 SWANNANOA RIVER RD ASHEVILLE, NC ZIP + 4 ▶ 28805-2445

			Yes	No
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)?	91b		X
	If " Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country ▶			

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041—**Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a RECLAIM SCANNING FEES					169,125
b SHARED MAINTENANCE FEES					637,215
c ADMINSTRATIVE REIMBURSEMENT					149,502
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	24,514	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	880	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS			1	-7,591	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		17,803	955,842

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 973,645

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 10

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
Note: If "Yes" to **(b),** file Form 8870 **and** Form 4720 (see instructions).

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Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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.

Signature of officer Date

CATHERINE SCHALLER EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date 1/22/09	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Instr. X) P00454591
Firm's name (or yours if self-employed), address, and ZIP + 4	PAINTER, RUSSELL & ASSOCIATES, PLLC 48 PATTON AVE STE 400 ASHEVILLE, NC 28801-3300	EIN ▶ 56-2171567	Phone no. ▶ 828-259-9900

DAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization: MANNA FOOD BANK, INC

Employer identification number: 58-1514800

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to empl. benefit plans & deferred comp.	**(e)** Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ 0 (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d	Enter the total number of donor advised funds owned at the end of the tax year ▶	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶	0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ ....

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	9,726,749	11,131,256	11,901,905	12,663,840	45,423,750
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	992,473	970,062	942,020	1,159,893	4,064,448
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	36,098	7,537	9,154	8,627	61,416
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets STMT 11	5,618	5,432	29,380	5,580	46,010
23 Total of lines 15 through 22	10,760,938	12,114,287	12,882,459	13,837,940	49,595,624
24 Line 23 minus line 17	9,768,465	11,144,225	11,940,439	12,678,047	45,531,176
25 Enter 1% of line 23	107,609	121,143	128,825	138,379	

26 **Organizations described on lines 10 or 11: a** Enter 2% of amount in column (e), line 24 ▶ 26a 910,624

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 45,531,176

d Add: Amounts from column (e) for lines: 18 61,416 19 ______ 22 46,010 26b ______ ▶ 26d 107,426

e Public support (line 26c minus line 26d total) ▶ 26e 45,423,750

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 99.7641 %

27 **Organizations described on line 12: a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2006) ______ (2005) ______ (2004) ______ (2003) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year: N/A

(2006) ______ (2005) ______ (2004) ______ (2003) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check ▶ **a** ☐ if the organization belongs to an affiliated group. Check ▶ **b** ☐ if you checked **"a"** and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for **all** electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table-	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is-	The lobbying nontaxable amount is-
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	X		
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public	X		
e Publications, or published or broadcast statements	X		
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		
i Total lobbying expenditures (Add lines **c** through **h.**)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. SEE STATEMENT 12

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:			
(i)	Cash	51a(i)		X
(ii)	Other assets	a(ii)		X
b	Other transactions:			
(i)	Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii)	Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii)	Rental of facilities, equipment, or other assets	b(iii)		X
(iv)	Reimbursement arrangements	b(iv)		X
(v)	Loans or loan guarantees	b(v)		X
(vi)	Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

DAA

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

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) . . . . . . ▶ $ ____________

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
MANNA FOOD BANK, INC

Employer identification number
58-1514800

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DIVISION OF SOCIAL SERVICES 325 N SALISBURY ST RALEIGH NC 27699	$ 414,010	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	NC DEPT OF AGRICULTURE PO BOX 725 BUTNER NC 27509	$ 344,742	Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

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

Part II **Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	FOOD	$ 344,742	
		$	
		$	
		$	
		$	
		$	

DAA

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

2007

For calendar year 2007, or tax year beginning 7/01/07 , and ending 6/30/08

Name: MANNA FOOD BANK, INC

Employer Identification Number: 58-1514800

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	WACHOVIA BANK	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	350,000			3,094 MONTHLY AFTER 1ST YR	6.050
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	BUILDING	MORTGAGE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		106,797	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		106,797	

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
PUBLICLY TRADED SECURITIES								
					$ 880	$	$	$ 880
TOTAL					$ 880	$ 0	$ 0	$ 880

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
NET UNREALIZED GAINS ON INVESTMENTS	$ -57,802
TOTAL	$ -57,802

Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	$	$	$
OFFICER COMPENSATION			
COMPENSATION	42,705	8,897	7,711
TOTAL	$ 42,705	$ 8,897	$ 7,711

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	$	$	$	$
BACKPACK PROGRAM EXPENSES	39,439	39,439		
BAD DEBT EXPENSE	710		710	
CONTRACT LABOR	15,005	15,005		
COST OF EVENTS	56,282	606	21	55,655
DIRECT MAILINGS	70,844			70,844
DISTRIBUTED FOOD	6,873,802	6,873,802		
DUES AND PERMITS	1,597	195	1,397	5
FOOD EXCHANGE AGREEMENT	16,958	16,958		
FOOD PURCHASES	668,206	668,206		
FRANKLIN WAREHOUSE	21,792	21,792		
INSURANCE	34,775	16,463	17,527	785
OTHER	37,220	22,100	15,005	115
PROFESSIONAL FEES	99,565	64,463	34,114	988
PUBLIC RELATIONS	12,357	11,953	380	24
TRUCKING	33,892	33,892		
USDA FOOD COST	346,620	346,620		
VEHICLE EXPENSES	28,469	27,551	31	887
TOTAL	$ 8,357,533	$ 8,159,045	$ 69,185	$ 129,303

Statement 5 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK	$	$	
MUTUAL FUNDS	166,504	162,455	MARKET
TOTAL	$ 166,504	$ 162,455	

Statement 6 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
BENEFICIAL INTEREST	$ 560,776	$ 554,705	MARKET
TOTAL	$ 560,776	$ 554,705	

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
AUTOS AND TRUCKS	$ 316,135	$ 232,313	$ 316,134	$ 255,300
BUILDING	1,528,803	328,175	1,543,769	376,496
EQUIPMENT	323,114	248,356	303,345	246,683
OFFICE EQUIPMENT	170,773	128,694	123,177	81,808

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment (continued)

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
LAND				
	$ 249,466	$	$ 249,466	$
TOTAL	$ 2,588,291	$ 937,538	$ 2,535,891	$ 960,287

Statement 8 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
OTHER RECEIVABLES	$ 4,676	$ 16,505
TOTAL	$ 4,676	$ 16,505

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MARCIA BROMBERG 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	TREASURER	<1	0	0	0
BECKY BROWN 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	DIRECTOR	<1	0	0	0
FRAN DURDEN 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	DIRECTOR	<1	0	0	0
JOHN EVANS 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	DIRECTOR	<1	0	0	0
BETH FLUHARTY 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	DIRECTOR	<1	0	0	0
CHARLES GAITHER 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	DIRECTOR	<1	0	0	0
JANET GARRETT 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	PRESIDENT	<1	0	0	0
BOB GELDER 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	DIRECTOR	<1	0	0	0
JOEL GILLESPIE 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	DIRECTOR	<1	0	0	0
JACK HARRIS 627 SWANNANOA RIVER ROAD	DEVELOP DIR	40	51,838	11,897	0

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ASHEVILLE NC 28805					
ROBERT HASKINS 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	PAST PRESIDE	<1	0	0	0
DAVID HUSKINS 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	DIRECTOR	<1	0	0	0
JANET MOORE 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	DIRECTOR	<1	0	0	0
CATHERINE SCHALLER 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	EXEC DIR	40	59,313	13,613	0
JOE SCULLY 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	DIRECTOR	<1	0	0	0
W BRADFORD SEARSON 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	VICE PRES	<1	0	0	0
O.L. SHERRILL 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	DIRECTOR	<1	0	0	0
CISSIE STEVENS 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	DIRECTOR	<1	0	0	0
JANET TRULOVE 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	DIRECTOR	<1	0	0	0

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
RUSS TRULUCK 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	DIRECTOR	<1	0	0	0
MARJORIE ULIN 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	SECRETARY	<1	0	0	0
STEVIE WELLS 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	FINANCE DIR	40	46,366	10,641	0
SHERYL WILLIAMS 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805	DIRECTOR	<1	0	0	0

Statement 10 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93A	SCANNING FEES REPRESENT PER PIECE FEES PAID BY THIRD PARTY (SUPERMARKET CHAIN) FOR SCANNING DAMAGED GROCERY ITEMS AT THE ORGANIZATION'S RECLAIM CENTER.
93B	"SHARED MAINTENANCE FEES" ARE PAID BY RECIPIENT AGENCIES (NON PROFIT ORGANIZATIONS FEEDING THE NEEDY). THE ORGANIZATION REQUESTS THESE HANDLING FEES ON A PER POUND BASIS FOR DONATED FOOD THE AGENCIES RECEIVE.
93C	FUNDS RECEIVED FROM TEFAP (USDA) IN ADDITION TO FOOD.

Statement 11 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2006	2005	2004	2003
OTHER INCOME	$ 5,618	$ 5,432	$ 29,380	$ 5,580
TOTAL	$ 5,618	$ 5,432	$ 29,380	$ 5,580

Statement 12 - Schedule A, Part VI-B - Description of Lobbying Activities

Description

EMAIL AGENCIES, DONORS AND OTHER INTERESTED PARTIES TO CONTACT LEGISLATORS TO URGE BUDGET CONSIDERATION FOR ANTI HUNGER LEGISLATION. PARTICIAPTES IN ANNUAL "LEGISLATURE DAY" IN STATE CAPITOL FOR THE PURPOSE OF ADVOCATING FOR FOOD BANKS. PAYS LOBBYIST TO MAKE DIRECT CONTACT WITH STATE LEGISLATORS TO ENCOURAGE POSITIVE LEGISLATION FOR FOOD BANKS.

Form 990, Part I, Line 1d - Government Contributions

Description	Cash	Noncash	Total
CONTRIBUTIONS FROM SCHEDULE B	$ 414,010	$ 344,742	$ 758,752
TOTAL	$ 414,010	$ 344,742	$ 758,752

Schedule A, Part IV-A, Line 26b - Excess Gifts

Donor Name	Total	Excess
	$45,423,750	$
TOTAL	$45,423,750	$ 0