

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

2016
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

| | | | |
|--|---|------------|--|
| 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 | C Name of organization MANNA FOOD BANK, INC | | D Employer identification number 58-1514800 |
| | Doing business as | | E Telephone number 828-299-3663 |
| | Number and street (or P.O. box if mail is not delivered to street address) 627 SWANNANOA RIVER ROAD | Room/suite | G Gross receipts\$ 30,098,898 |
| | City or town, state or province, country, and ZIP or foreign postal code ASHEVILLE NC 28805-2445 | | |

| | |
|---|---|
| F Name and address of principal officer: HANNAH RANDALL 627 SWANNANOA RIVER ROAD ASHEVILLE NC 28805-2445 | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
|---|---|

| | | |
|--|--|---|
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | J Website: WWW.MANNAFOODBANK.ORG | H(c) Group exemption number u |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u | L Year of formation: 1982 | M State of legal domicile: NC |

Part I Summary

| | | | | |
|---|---|-------------------|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: INVOLVING, EDUCATING, AND UNITING PEOPLE IN THE WORK OF ENDING HUNGER IN WESTERN NORTH CAROLINA. | | | |
| | 2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 17 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 17 | |
| | 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 61 | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 6419 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | | |
| Revenue | | | Prior Year | Current Year |
| | 8 Contributions and grants (Part VIII, line 1h) | 24,195,902 | 28,576,600 | |
| | 9 Program service revenue (Part VIII, line 2g) | | 0 | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -140,446 | 16,864 | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,338,309 | 1,317,246 | |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 25,393,765 | 29,910,710 | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 19,508,628 | 24,242,361 | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,827,387 | 2,575,955 | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 173,091 | 119,116 | |
| | b Total fundraising expenses (Part IX, column (D), line 25) u | 550,723 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,841,400 | 2,700,478 | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 25,350,506 | 29,637,910 | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 43,259 | 272,800 | | |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 8,708,598 | 8,576,997 | |
| | 21 Total liabilities (Part X, line 26) | 912,615 | 384,086 | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 7,795,983 | 8,192,911 | | |

Part II Signature Block

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

| | | |
|------------------|--|--------------------|
| Sign Here | Signature of officer NANCY FLIPPIN | Date CFO |
| | Type or print name and title | |

| | | | | | |
|-------------------------------|--|--------------------------------|------|---|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name RUFUS W. DOLLAR | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P01293995 |
| | Firm's name } CARTER, P. C. | Firm's EIN } 38-3828234 | | | |
| | Firm's address } 16 BILTMORE AVE STE 200 ASHEVILLE, NC 28801-3617 | Phone no. 828-259-9900 | | | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

INVOLVING, EDUCATING, AND UNITING PEOPLE IN THE WORK OF ENDING HUNGER IN WESTERN NORTH CAROLINA.2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **26,835,839** including grants of \$ **24,242,361**) (Revenue \$)

MANNA FOODBANK SERVES AS THE CENTRAL DISTRIBUTION CENTER FOR MORE THAN 220 NONPROFIT PARTNER AGENCIES THAT PROVIDE FOOD ASSISTANCE THROUGHOUT MANNA'S 16-COUNTY WESTERN NORTH CAROLINA SERVICE AREA. THE COUNTIES MANNA SERVES ARE DIVERSE AND INCLUDE THE FOLLOWING: AVERY, BUNCOMBE, CHEROKEE, CLAY, GRAHAM, HAYWOOD, HENDERSON, JACKSON, MACON, MADISON, MCDOWELL, MITCHELL, POLK, SWAIN, TRANSYLVANIA, AND YANCEY COUNTY. MANNA'S PARTNER AGENCIES INCLUDE FOOD PANTRIES, SHELTERS, COMMUNITY KITCHENS, CHURCH MINISTRIES, AND OTHER COMMUNITY ORGANIZATIONS OFFERING EMERGENCY FOOD ASSISTANCE FOR RESIDENTS STRUGGLING WITH HUNGER - ESPECIALLY CHILDREN, FAMILIES, SENIORS, VETERANS, DISABLED, AND GROWING NUMBERS OF THE WORKING POOR.

4b (Code:) (Expenses \$ **641,191** including grants of \$) (Revenue \$)

MANNA PACKS FOR KIDS IS A DIRECT-FOOD ASSISTANCE PROGRAM PARTNERING WITH 172 SITES ACROSS OUR 16 COUNTY SERVICE AREA. EACH WEEK, VOLUNTEERS PACK AND DELIVER OVER 4,800 BAGS OF FOOD TO PUBLIC SCHOOL CHILDREN WHO ARE FOOD INSECURE AND RELY ON FREE MEAL PLANS TO HAVE ENOUGH TO EAT. EACH BAG CONTAINS SNACKS AND MEALS TO LAST OVER THE WEEKEND WHEN THESE FOOD-INSECURE CHILDREN WOULD NOT HAVE ENOUGH TO EAT. IN FY 16/17, A TOTAL OF 152,846 MANNA PACKS WERE DISTRIBUTED. IN ADDITION, MANNA DISTRIBUTED BAGS OF FOOD TO AN AVERAGE OF 1,130 CHILDREN THROUGH THE SUMMER PACK PROGRAM IN 9 COUNTIES, PROVIDING MUCH NEEDED FOOD ASSISTANCE WHILE CHILDREN ARE OUT OF SCHOOL DURING THE WEEK.

4c (Code:) (Expenses \$ **782,863** including grants of \$) (Revenue \$)

MANNA FOODBANK HAS COORDINATORS WHO PROVIDE RESOURCES, SUPPORT AND GUIDANCE TO ALL OF OUR PARTNER AGENCIES ENSURING THAT THEY ADHERE TO NATIONAL SAFE SERV STANDARDS AS WELL AS FEEDING AMERICA'S HIGH FOOD SAFETY STANDARDS FOR FOODBANKS.

IN ORDER TO ADDRESS THE INTERSECTION BETWEEN FOOD INSECURITY AND HEALTH RISKS, MANNA HAS IMPLEMENTED SPECIALIZED PROGRAMS TARGETING INCREASED ACCESS TO FRESH AND HEALTHY FOODS ACROSS OUR SERVICE AREA. OUR THREE PRONG APPROACH TO OUR HEALTH INITIATIVES INCLUDES: 1. INCREASING THE NUTRITIONAL CONTENT OF THE FOOD MADE AVAILABLE TO OUR CLIENTS 2. IMPACTING CLIENT

4d Other program services (Describe in Schedule O.)

(Expenses \$ **81,676** including grants of \$) (Revenue \$)4e Total program service expenses **28,341,569**

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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 |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|----------|----------|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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 | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4b | If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | 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? | X | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | X | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | 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 | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|----------|----------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 1a 17 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 17 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

NANCY S. FLIPPIN
ASHEVILLE

627 SWANNANOA RIVER RD

NC 28805-2445 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MELODY DUNLAP | 3.70 | | | | | | | | | |
| PRESIDENT | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (2) SCOTT MCLEAN | 1.20 | | | | | | | | | |
| VICE PRESEIDENT | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (3) SAGE TURNER | 0.60 | | | | | | | | | |
| TREASURER | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (4) JUDY BUTLER | 1.60 | | | | | | | | | |
| SECRETARY | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (5) JIM MATTHEWS | 3.30 | | | | | | | | | |
| PAST PRESIDENT | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (6) MARY C. DAVIS | 0.50 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (7) RON EDGERTON | 1.20 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (8) JEFF GRINDSTAFF | 0.40 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (9) BUD HUGHES | 0.70 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (10) ALLEN KING | 0.40 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (11) RASHEEDA MCDANIELS | 0.20 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (12) STEVE METCALF | 0.80 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (13) LOUISE O'CONNOR | 2.30 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (14) KAREN OLSEN | 0.50 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (15) JERRY PRICKETT | 2.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (16) JO BLAYLOCK RAY | 0.30 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (17) ROBERT SIMMONS | 0.30 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | 0 | 0 | 0 | |
| (18) RUTH BIRGE | 0.25 | | | | | | | | | |
| BRD MBR (TO DEC '16) | 0.00 | X | | | | | 0 | 0 | 0 | |
| (19) BARRY D. KAMPE | 0.25 | | | | | | | | | |
| BRD MBR (TO SEP '16) | 0.00 | X | | | | | 0 | 0 | 0 | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 111,130 | | 20,398 | |
| d Total (add lines 1b and 1c) | | | | | | | 111,130 | | 20,398 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or 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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|--|----------------------|--|---|--|---------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a 167,669 | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c 176,822 | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e 2,020,575 | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 26,211,534 | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 24,630,550 | | | | | |
| | h Total. Add lines 1a-1f | u 28,576,600 | | | | | |
| | Program Service Revenue | 2a | Busn. Code | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | u | | | | | |
| Other Revenue | | 3 Investment income (including dividends, interest, and other similar amounts) | u | 14,453 | | | 14,453 |
| | 4 Income from investment of tax-exempt bond proceeds | u | | | | | |
| | 5 Royalties | u | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental exps. | | | | | | |
| | c Rental inc. or (loss) | | | | | | |
| | d Net rental income or (loss) | u | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 82,616 | 9,603 | | | | |
| | b Less: cost or other basis & sales exps. | 83,059 | 6,749 | | | | |
| | c Gain or (loss) | -443 | 2,854 | | | | |
| | d Net gain or (loss) | u | 2,411 | | | 2,411 | |
| | 8a Gross income from fundraising events (not including \$ 176,822 of contributions reported on line 1c). See Part IV, line 18 | a | 77,945 | | | | |
| | | b Less: direct expenses | b 98,380 | | | | |
| | | c Net income or (loss) from fundraising events | u | -20,435 | | | -20,435 |
| | 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| c Net income or (loss) from gaming activities | | u | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | u | | | | | |
| Miscellaneous Revenue | | Busn. Code | | | | | |
| 11a CO-OP FOOD PROGRAM | | | 559,645 | 559,645 | | | |
| b SHARED MAINTANANCE FEES | | | 492,451 | 492,451 | | | |
| c RECLAIM SCANNING FEES | | | 265,368 | 265,368 | | | |
| d All other revenue | | | 20,217 | | | 20,217 | |
| e Total. Add lines 11a-11d | u | | 1,337,681 | | | | |
| 12 Total revenue. See instructions. | u | | 29,910,710 | 1,317,464 | 0 | 16,646 | |

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 21,682,557 | 21,682,557 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 2,559,804 | 2,559,804 | | |
| 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 | 182,793 | 36,271 | 115,433 | 31,089 |
| 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 | 1,769,999 | 1,374,010 | 256,581 | 139,408 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 41,060 | 23,916 | 10,083 | 7,061 |
| 9 Other employee benefits | 421,884 | 306,868 | 80,628 | 34,388 |
| 10 Payroll taxes | 160,219 | 103,478 | 33,360 | 23,381 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 19,265 | | 19,265 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 119,116 | | | 119,116 |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 158,317 | 24,863 | 37,438 | 96,016 |
| 12 Advertising and promotion | 49,326 | 40,710 | 5,720 | 2,896 |
| 13 Office expenses | 375,479 | 240,163 | 45,803 | 89,513 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 117,347 | 102,801 | 13,744 | 802 |
| 17 Travel | 36,730 | 30,049 | 4,151 | 2,530 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 14,364 | 6,443 | 7,376 | 545 |
| 20 Interest | 6,214 | | 6,166 | 48 |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 288,966 | 223,106 | 65,860 | |
| 23 Insurance | 26,412 | 17,751 | 8,153 | 508 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a USDA FOOD COSTS | 1,360,333 | 1,360,333 | | |
| b SHIPPING & TRANSPORTATION | 207,126 | 206,423 | 202 | 501 |
| c OTHER EXPENSES | 40,599 | 2,023 | 35,655 | 2,921 |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 29,637,910 | 28,341,569 | 745,618 | 550,723 |
| 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 |
|---|--|--------------------------|----------------------|--------------------|
| Assets | 1 Cash—non-interest bearing | 667,414 | 1 | 956,108 |
| | 2 Savings and temporary cash investments | 448,597 | 2 | 249,369 |
| | 3 Pledges and grants receivable, net | 546,098 | 3 | 369,211 |
| | 4 Accounts receivable, net | 243,525 | 4 | 190,473 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 688,645 | 8 | 917,450 |
| | 9 Prepaid expenses and deferred charges | 97,878 | 9 | 93,089 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 6,587,630 | | |
| | b Less: accumulated depreciation | 10b 1,948,288 | 10c 4,785,762 | 4,639,342 |
| | 11 Investments—publicly traded securities | 5,552 | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | 1,199,232 | 12 | 1,147,912 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 25,895 | 15 | 14,043 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 8,708,598 | 16 | 8,576,997 | |
| Liabilities | 17 Accounts payable and accrued expenses | 510,018 | 17 | 347,206 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 8,635 | 19 | 6,597 |
| | 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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 393,962 | 23 | 30,283 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 912,615 | 26 | 384,086 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 7,183,178 | 27 | 7,516,454 |
| | 28 Temporarily restricted net assets | 299,419 | 28 | 362,821 |
| | 29 Permanently restricted net assets | 313,386 | 29 | 313,636 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 7,795,983 | 33 | 8,192,911 | |
| 34 Total liabilities and net assets/fund balances | 8,708,598 | 34 | 8,576,997 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 29,910,710 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 29,637,910 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 272,800 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 7,795,983 |
| 5 | Net unrealized gains (losses) on investments | 5 | 131,220 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -7,092 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 8,192,911 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | X | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (20) KIP MARSHALL JR | 0.25 | | | | | | | | | |
| BRD MBR (TO DEC '16) | 0.00 | X | | | | | | 0 | 0 | |
| (21) ROSS SLOAN | 0.25 | | | | | | | | | |
| BRD MBR (TO DEC '16) | 0.00 | X | | | | | | 0 | 0 | |
| (22) JANIE WILSON | 0.25 | | | | | | | | | |
| BRD MBR (TO DEC '16) | 0.00 | X | | | | | | 0 | 0 | |
| (23) CHUCK CLONINGER | 0.25 | | | | | | | | | |
| BRD MBR (TO JUN '17) | 0.00 | X | | | | | | 0 | 0 | |
| (24) HANNAH RANDALL | 50.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | 0.00 | | | X | | | | 57,670 | 0 | |
| (25) NANCY FLIPPIN | 50.00 | | | | | | | | | |
| CFO | 0.00 | | | X | | | | 53,460 | 0 | |
| 1b Sub-total | | | | | | | | 111,130 | 20,398 | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or 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 **u**

SCHEDULE A
(Form 990 or 990-EZ)

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.

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 17,723,378 | 23,306,603 | 25,847,987 | 24,195,902 | 28,576,600 | 119,650,470 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 17,723,378 | 23,306,603 | 25,847,987 | 24,195,902 | 28,576,600 | 119,650,470 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 119,650,470 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 17,723,378 | 23,306,603 | 25,847,987 | 24,195,902 | 28,576,600 | 119,650,470 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 19,523 | 62,909 | 41,801 | 16,771 | 14,453 | 155,457 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 9,702 | 6,005 | 18,329 | 10,314 | 20,217 | 64,567 |
| 11 Total support. Add lines 7 through 10 | | | | | | 119,870,494 |

12 Gross receipts from related activities, etc. (see instructions) 12 1,317,464

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.82 % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | 99.80 % |

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) u | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) u | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | % |

- 19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | Yes | No |
|-----|--|-----|----|
| 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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 10b below.</i> | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|---|--|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test. Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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. | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2016: | | | |
| a | | | |
| b | | | |
| c From 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2016 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b Excess from 2013 | | | |
| c Excess from 2014 | | | |
| d Excess from 2015 | | | |
| e Excess from 2016 | | | |

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 **\$ 44,350**

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

OMB No. 1545-0047

2016

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**Name of the organization****MANNA FOOD BANK, INC****Employer identification number****58-1514800****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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 | | \$ 1,416,971 | 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 | USDA FOOD RECEIPTS | \$ 1,416,971 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

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

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

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|------------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,474,081 | 2,483,581 | 2,048,407 | 1,109,877 | 790,137 |
| b Contributions | 182,618 | 237,323 | 657,033 | 1,865,314 | 1,048,121 |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 168,084 | 1,246,823 | 221,859 | 926,784 | 728,381 |
| f Administrative expenses | | | | | |
| g End of year balance | 1,488,615 | 1,474,081 | 2,483,581 | 2,048,407 | 1,109,877 |

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

- a** Board designated or quasi-endowment **u 54.58 %**
- b** Permanent endowment **u 21.05 %**
- c** Temporarily restricted endowment **u 24.37 %**

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

| | Yes | No |
|---------------|----------|----------|
| 3a(i) | X | |
| 3a(ii) | | X |
| 3b | | |

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------------|--------------------------------------|---------------------------------|------------------------------|------------------|
| 1a Land | | 249,466 | | 249,466 |
| b Buildings | | 4,103,024 | 883,969 | 3,219,055 |
| c Leasehold improvements | | | | |
| d Equipment | | 2,235,140 | 1,064,319 | 1,170,821 |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u 4,639,342**

Part VII Investments—Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|------------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other BENEFICIAL INTEREST IN ENDOWME | 1,147,912 | MARKET |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u | 1,147,912 | |

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

| | | | |
|----------|--|-----------|-------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 30,233,872 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 131,220 |
| b | Donated services and use of facilities | 2b | 93,562 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 98,380 |
| e | Add lines 2a through 2d | 2e | 323,162 |
| 3 | Subtract line 2e from line 1 | 3 | 29,910,710 |
| 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 | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 29,910,710 |

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 | 29,836,944 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 93,562 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 105,472 |
| e | Add lines 2a through 2d | 2e | 199,034 |
| 3 | Subtract line 2e from line 1 | 3 | 29,637,910 |
| 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 | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 29,637,910 |

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

ENDOWMENTS REPRESENTED IN PART V INCLUDE BOARD-RESCTIRED FUNDS FOR CAPITAL IMPROVEMENTS (\$77,000) AND OPERATING RESERVES (\$735,408). OTHER BALANCES HELD UNDER TEMPORARY AND PERMANENT RESTRICTIONS.

THE ORGANIZATION IS ALSO THE BENEFICIARY OF AN ENDOWMENT INTEREST HELD WITH THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC., A 501(C)(3) NONPROFIT FOUNDATION.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SEC 501(C)(3) EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE

Part XIII Supplemental Information (continued)

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.

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

DIRECT FUNDRAISING EXPENSES \$ 98,380

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

DIRECT FUNDRAISING EXPENSES \$ 98,380

UNCOLLECTABLE PLEDGES \$ 7,092

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2016

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

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

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

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

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

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| ONE TO ONE DOCU SOURCE 1 2800 SLATER RD MORRISVILLE NC 27560 | MAILINGS | | X | 400,099 | 119,116 | 280,983 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | 400,099 | 119,116 | 280,983 |

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.

NORTH CAROLINA

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>BLUE JEAN BALL</u> | <u>EMPTY BOWLS</u> | <u>NONE</u> | (add col. (a) through col. (c)) |
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 172,710 | 82,057 | 254,767 |
| | 2 | Less: Contributions | 133,187 | 43,635 | 176,822 |
| | 3 | Gross income (line 1 minus line 2) | 39,523 | 38,422 | 77,945 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 13,095 | 1,683 | 14,778 |
| | 7 | Food and beverages | 67,739 | 4,189 | 71,928 |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 6,351 | 5,323 | 11,674 |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -20,435 |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | | |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

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

Name **u**

Address **u**

- 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 **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- 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 **u** \$

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | ABCCM - CRISIS MINISTRY 24 CUMBERLAND AVE. ASHEVILLE NC 28801 | 56-0945004 | 501C3 | | 379,209 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | AHA - HILLCREST ENRICHMENT PROGRAM PO BOX 1898 ASHEVILLE NC 28802 | 56-1466870 | 501C3 | | 5,206 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | ALTERNATIVE EDUCATION CENTER 172 LUKIN STREET MARION NC 28752 | 56-6001073 | 501C3 | | 93,876 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | ANCHOR BAPTIST CHURCH 3232 HENDERSONVILLE HWY. PISGAH FOREST NC 28768 | 56-1419926 | 501C3 | | 1,679,811 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | ANDREWS SEVENTH-DAY ADVENTIST CHURCH PO BOX 1363 ANDREWS NC 28901 | 30-0269859 | 501C3 | | 21,434 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | ARDEN MISSIONARY BAPTIST CHURCH PO BOX 511 ARDEN NC 28704 | 56-1719188 | 501C3 | | 66,059 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | ASHE-NAZ FOOD PANTRY 385 HAZEL MILL RD ASHEVILLE NC 28806 | 47-2955038 | 501C3 | | 41,716 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | ASHEVILLE CITY & BUNCOMBE COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805 | 56-6000994 | GOV | | 103,235 | STUDY | MANNAPACKS | FOOD DISTRIBUTION |
| (9) | ASHEVILLE CITY PRESCHOOL 441 HAYWOOD RD. ASHEVILLE NC 28806 | 58-1836982 | 501C3 | | 5,607 | STUDY | FOOD | FOOD DISTRIBUTION |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 225**
- 3 Enter total number of other organizations listed in the line 1 table **u 1**

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | ASHEVILLE RECOVERY GROUP 22 BRUCEMONT CIR. ASHEVILLE NC 28806 | 56-1182686 | 501C3 | | 13,578 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | ASHEVILLE TERRACE APARTMENTS 200 TUNNEL ROAD ASHEVILLE NC 28805 | 56-6003041 | | | 7,653 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E LOWERY BLVD NW ATLANTA GA 30318 | 58-1376648 | 501C3 | | 67,678 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | AVE MARIA MINISTRIES ST. LUCIEN CATH. CHURCH (RECTORY) SPRUCE PINE NC 28777 | 53-0196617 | 501C3 | | 96,966 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | AVERY COUNTY ATTN: TAMMY WOODIE ASHEVILLE NC 28805 | 56-6000990 | GOV | | 18,514 | STUDY | MANNAPACKS | FOOD DISTRIBUTION |
| (6) | AVERY COUNTY COOPERATIVE EXTENSION 805 CRANBERRY STREET NEWLAND NC 28657 | 56-6049304 | 501C3 | | 5,072 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | AVERY COUNTY GROUP HOME PO BOX 176 NEWLAND NC 28657 | 56-1087868 | 501C3 | | 6,257 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | AVERY'S CREEK UMC COMMUNITY FOOD PA 874 GLENN BRIDGE ROAD SE ARDEN NC 28704 | 32-0409618 | 501C3 | | 117,727 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | BAKERSVILLE BAPTIST CHURCH 119 S. MITCHELL AVE. BAKERSVILLE NC 28705 | 56-1283820 | 501C3 | | 34,220 | STUDY | FOOD | FOOD DISTRIBUTION |

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | BEACON OF HOPE SERVICES PO BOX 547 MARSHALL NC 28753 | 56-2241353 | 501C3 | | 350,529 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | BEAVERDAM COMMUNITY DEVELOPMENT CLU 1620 N. CANTON ROAD CANTON NC 28716 | 56-1767563 | 501C3 | | 19,561 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | BELOVED HOUSE HOSPITALITY 39 GROVE ST. ASHEVILLE NC 28801 | 80-0334140 | 501C3 | | 64,747 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | BETHEL RURAL COMMUNITY PANTRY PO BOX 1333 WAYNESVILLE NC 28786 | 34-2063022 | 501C3 | | 18,038 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | BETHEL SEVENTH DAY ADVENTIST CHURCH C/O 397 CARIBOU ROAD ASHEVILLE NC 28803 | 56-2234766 | 501C3 | | 105,069 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | BEULAH BAPTIST CHURCH 483 SUNSET CIRCLE CANTON NC 28716 | 56-1326725 | 501C3 | | 110,310 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | BEVERLY HILLS BAPTIST - FAMILY TO F 777 TUNNEL ROAD ASHEVILLE NC 28805 | 56-0883842 | 501C3 | | 40,837 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | BIG IVY COMMUNITY CLUB PO BOX 424 BARNARDSVILLE NC 28709 | 56-1890924 | 501C3 | | 50,871 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | BILTMORE CHURCH OF GOD - JUST A JES 1390 SWEETEN CREEK RD ASHEVILLE NC 28803 | 62-0484177 | 501C3 | | 123,138 | STUDY | FOOD | FOOD DISTRIBUTION |

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|-------------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | BLACK MOUNTAIN HOME FOR CHILDREN 80 LAKE EDEN ROAD BLACK MOUNTAIN NC 28711 | 56-0538018 | 501C3 | | 104,235 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | BLACK MOUNTAIN OPEN TABLE 101 CHURCH ST. BLACK MOUNTAIN NC 28711 | 90-0501654 | 501C3 | | 11,763 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | BOUNTY AND SOUL FRESH MARKET 999 OLD HIGHWAY 70 BLACK MOUNTAIN NC 28711 | 27-0593409 | 501C3 | | 430,677 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | BREAD OF LIFE, INC. 248 SOUTH CALDWELL ST BREVARD NC 28712 | 56-2053857 | 501C3 | | 135,132 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | BROTHER WOLF ANIMAL RESCUE PO BOX 8195 ASHEVILLE NC 28814 | 20-8787719 | 501C3 | | 20,115 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | CALVARY CHAPEL OF ASHEVILLE, INC. PO BOX 9159 MILLS RIVER NC 28759 | 56-1895938 | 501C3 | | 72,177 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | CALVARY EPISCOPAL FOOD PANTRY PO BOX 187 FLETCHER NC 28732 | 61-1657546 | 501C3 | | 141,123 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | CARE PARTNERS - ADULT DAY CARE PO BOX 5779 ASHEVILLE NC 28813 | 56-2005198 | 501C3 | | 16,454 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | CATHOLIC CHARITIES DIOCESE - FOOD P 50 ORANGE STREET ASHEVILLE NC 28801 | 56-1058954 | 501C3 | | 100,525 | STUDY | FOOD | FOOD DISTRIBUTION |

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

MANNA FOOD BANK, INC

Employer identification number

58-1514800

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|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | CHARITY HOUSE MISSION 178 JOE YOUNG ROAD BURNSVILLE NC 28714 | 47-2433775 | 501C3 | | 7,099 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | CHEROKEE COUNTY ATTN: NANCY TAYLOR ASHEVILLE NC 28805 | 56-6000211 | GOV | | 29,592 | STUDY | MANNAPACKS | FOOD DISTRIBUTION |
| (3) | CHEROKEE COUNTY FOOD BANK, INC. ANDREWS LIONS CLUB/PO BOX 843 ANDREWS NC 28901 | 20-1216234 | 501C3 | | 213,755 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | CHEROKEE COUNTY SHARING CENTER, INC PO BOX 692 MURPHY NC 28906 | 61-1508378 | 501C3 | | 168,396 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | CHILDREN FIRST - EMMA RESOURCE CTR 50 S. FRENCH BROAD AVE., SUITE 246 ASHEVILLE NC 28806 | 56-0576157 | 501C3 | | 22,883 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | CLAY COUNTY ATTN: SHARON HAYDEN ASHEVILLE NC 28805 | 56-6001009 | GOV | | 29,844 | STUDY | MANNAPACKS | FOOD DISTRIBUTION |
| (7) | CLAY COUNTY FOOD PANTRY, INC. PO BOX 853 HAYESVILLE NC 28904 | 56-1915169 | 501C3 | | 254,485 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | CLINCHFIELD UNITED METHODIST CHURCH 151 RIDGE ROAD MARION NC 28752 | 56-1304439 | 501C3 | | 314,976 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | COACH TATE FOUNDATION CAMP FEEDING 1828 US 70 SWANNANOA NC 28778 | 27-2752061 | 501C3 | | 23,602 | STUDY | FOOD | FOOD DISTRIBUTION |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

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58-1514800

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|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | COMMUNITY ACTION OPPORTUNITIES C/O JOBLINK CAREER CENTER MARION NC 28752 | 56-0817672 | 501C3 | | 18,015 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | COMMUNITY BAPTIST CHURCH 200 BUENA VISTA DR. BREVARD NC 28712 | 56-0556746 | 501C3 | | 100,196 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | COMMUNITY BIBLE CHURCH/THE MARKET 4685 LITTLE SAVANNAH RD CULLOWHEE NC 28723 | 56-1431857 | 501C3 | A | 438,091 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | COMMUNITY DISTRIBUTION - SWAIN 100 BRENDELE STREET BRYSON CITY NC 28713 | 58-1514800 | 501C3 | | 1,060,537 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | COMMUNITY TABLE OF JACKSON COUNTY PO BOX 62 DILLSBORO NC 28725 | 56-2264894 | 501C3 | | 307,521 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | COUNCIL ON AGING OF BUNCOMBE COUNTY 75 HAYWOOD STREET ASHEVILLE NC 28801 | 23-7410586 | 501C3 | | 41,159 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | CROSSROADS BAPTIST CHURCH 116 RUNNING PINE RD, LAKE TOXAWAY BREVARD NC 28747 | 68-0576472 | 501C3 | | 180,918 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | CSN - HILLCREST 200 COLLEGE ST., STE 300 ASHEVILLE NC 28801 | 45-3323540 | 501C3 | | 428,237 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | DYSARTSVILLE CHRISTIAN MINISTRIES C/O TRINITY UNITED METHODIST CHURCH NEBO NC 28761 | 56-1151032 | 501C3 | | 143,434 | STUDY | FOOD | FOOD DISTRIBUTION |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2016)

**SCHEDULE I
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Name of the organization

MANNA FOOD BANK, INC

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Part I General Information on Grants and Assistance

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|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | EAST ASHEVILLE WELCOME TABLE 954 TUNNEL ROAD ASHEVILLE NC 28805 | 56-0705866 | 501C3 | | 12,471 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | EAST MARION BAPTIST CHURCH PO BOX 1510 MARION NC 28752 | 56-1120013 | 501C3 | | 35,756 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | EMMANUEL LUTHERAN SHELTER PROG 51 WILBURN PLANCE ASHEVILLE NC 28806 | 56-6022463 | 501C3 | | 11,624 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | ETOWAH UMC - FISHES & LOAVES FOOD P PO BOX 1268 ETOWAH NC 28729 | 56-1333035 | 501C3 | | 174,944 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | FEED MY SHEEP 587 MICAVILLE LOOP BURNSVILLE NC 28714 | 56-1635971 | 501C3 | | 47,921 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | FEEDING AVERY FAMILIES 125 FARM LANE BANNER ELK NC 28604 | 45-2302126 | 501C3 | | 118,657 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | FINES CREEK COMMUNITY DEVELOPMENT 262 GIBSON BRANCH RD. CLYDE NC 28721 | 56-1965399 | 501C3 | | 24,870 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | FIRST AT BLUE RIDGE PO BOX 40 RIDGECREST NC 28770 | 58-1946948 | 501C3 | | 82,091 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | FIRST BAPTIST CHURCH - EAST FLAT RO PO BOX 305 EAST FLAT ROCK NC 28726 | 56-6099950 | 501C3 | | 48,987 | STUDY | FOOD | FOOD DISTRIBUTION |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | FIRST BAPTIST CHURCH - HOMELESS OUT 5 OAK ST. ASHEVILLE NC 28801 | 56-0554211 | 501C3 | | 14,796 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | FIRST BAPTIST CHURCH OF WEAVERVILLE PO BOX 547 WEAVERVILLE NC 28787 | 56-0774902 | 501C3 | | 5,394 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | FIRST BAPTIST CHURCH, DBA SPARROWS 517 HIAWASEE STREET MURPHY NC 28906 | 56-0745813 | 501C3 | | 168,401 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | FIRST PRESBY ASHEVILLE 40 CHURCH STREET ASHEVILLE NC 28801 | 56-0529968 | 501C3 | | 8,220 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | FISHES & LOAVES FOOD PANTRY PO BOX 865 CASHIERS NC 28717 | 26-3516849 | 501C3 | | 58,032 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | FLAT CREEK BAPTIST CHURCH 21 FLAT CREEK CHURCH RD WEAVERVILLE NC 28787 | 56-0885321 | 501C3 | | 39,571 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | FOOD FOR FAIRVIEW PO BOX 2077 FAIRVIEW NC 28730 | 58-2539200 | 501C3 | | 87,545 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | FOSTER SEVENTH DAY ADVENTIST CHURCH 375 HENDERSONVILLE ROAD ASHEVILLE NC 28803 | 56-6057382 | 501C3 | | 53,543 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | FREE COMMUNITY MEAL - MONTMORENCI PO BOX 610 CANDLER NC 28715 | 56-0854024 | 501C3 | | 264,322 | STUDY | FOOD | FOOD DISTRIBUTION |

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|-----|--|-----------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | FRIENDS OF MADISON COUNTY ANIMALS PO BOX 191 MARSHALL NC 28753 | P 56-1865702 | 501C3 | | 14,902 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | FULL GOSPEL FAST FOOD PANTRY C/O 26 SUMMER HEIGHTS DR. BURNSVILLE NC 28714 | 56-2001234 | 501C3 | | 6,676 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | FULL MOON FARM, INC PO BOX 1374 BLACK MOUNTAIN NC 28711 | 02-0645040 | 501C3 | | 7,600 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | GO-KITCHEN READY PO BOX 7235 ASHEVILLE NC 28802 | 26-4230288 | 501C3 | | 37,675 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | GOD'S WAY FELLOWSHIP PO BOX 330 BALSAM GROVE NC 28708 | 04-3774691 | 501C3 | | 230,949 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | GOLDEN HARVEST FOOD BANK 3310 COMMERCE DRIVE AUGUSTA GA 30909 | 58-1466516 | 501C3 | | 64,071 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | GOSPEL TABERNACLE 202 BRICKYARD ROAD ASHEVILLE NC 28806 | 56-1718247 | 501C3 | | 57,846 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | GRACE COMMUNITY CHURCH GRACE CARES SO GRACE SHARES PANTRY MARION NC 28752 | 95-4896863 | 501C3 | | 18,969 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | GRACE EPISCOPAL CHURCH FOOD PANTRY 394 N HAYWOOD STREET WAYNESVILLE NC 28786 | 56-0666920 | 501C3 | | 79,399 | STUDY | FOOD | FOOD DISTRIBUTION |

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Schedule I (Form 990) (2016)

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|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | GRAHAM CO. FELLOWSHIP FOOD DISTRIBUTION 695 TAPOCO RD. ROBBINSVILLE NC 28771 | 20-2007347 | 501C3 | | 47,456 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | GRAHAM COUNTY ATTN: DENISE MOODY ASHEVILLE NC 28805 | 56-6001037 | GOV | | 17,277 | STUDY | MANNAPACKS | FOOD DISTRIBUTION |
| (3) | GRAHAM COUNTY EMERGENCY FOOD PANTRY PO BOX 423 ROBBINSVILLE NC 28771 | 83-0408417 | 501C3 | | 199,894 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | GREAT LAURELS OF JUNALUSKA 2360 SWEETEN CREEK ROAD ASHEVILLE NC 28803 | 51-0199312 | 501C3 | | 97,434 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | HARVEST HOPE FOOD BANK PO BOX 451 COLUMBIA SC 29202 | 57-0725560 | 501C3 | | 335,762 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | HAYESVILLE FIRST FREEWILL BAPTIST PO BOX 1232 HAYESVILLE NC 28906 | 84-1720444 | 501C3 | | 26,791 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | HAYWOOD CHRISTIAN MINISTRY 150 BRANNER AVENUE WAYNESVILLE NC 28786 | 56-1389676 | 501C3 | | 368,350 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | HAYWOOD COUNTY ATTN: BETH STAHL ASHEVILLE NC 28805 | 56-6001045 | GOV | | 33,419 | STUDY | MANNAPACKS | FOOD DISTRIBUTION |
| (9) | HELPMATE INC PO BOX 2263 ASHEVILLE NC 28802 | 56-1276293 | 501C3 | | 9,114 | STUDY | FOOD | FOOD DISTRIBUTION |

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | HENDERSONVILLE SEVENTH DAY ADVENTIS 2301 ASHEVILLE HIGHWAY HENDERSONVILLE NC 28791 | 52-6037545 | 501C3 | | 10,494 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | HENERSON COUNTY ATTN BETH STAHL ASHEVILLE NC 28805 | 56-1821543 | GOV | | 39,303 | STUDY | MANNAPACKS | FOOD DISTRIBUTION |
| (3) | HICKORY NUT GORGE COMMUNITY CHURCH 2594 MEMORIAL HWY. LAKE LURE NC 28746 | 20-1240771 | 501C3 | | 39,587 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | HIGHLANDS EMERGENCY COUNCIL PO BOX 974 HIGHLANDS NC 28741 | 58-1918612 | 501C3 | | 69,879 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | HOMEWARD BOUND 19 N. ANN STREET ASHEVILLE NC 28801 | 56-1568917 | 501C3 | | 6,685 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | HOMINY VALLEY WELCOME TABLE (ASBURY PO BOX 67 CANDLER NC 28715 | 56-1072651 | 501C3 | | 8,613 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | HOT SPRINGS COMMUNITY LEARNING CENT PO BOX 94 HOT SPRINGS NC 28743 | 26-2861397 | 501C3 | | 17,530 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | INGRID'S FOOD PANTRY 690 HAYWOOD ROAD ASHEVILLE NC 28806 | 46-1125489 | 501C3 | | 21,504 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | INTERFAITH ASSISTANCE MINISTRY PO BOX 2562 HENDERSONVILLE NC 28793 | 58-1556963 | 501C3 | | 169,773 | STUDY | FOOD | FOOD DISTRIBUTION |

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Internal Revenue Service

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Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | INTERNATIONAL FRIENDSHIP CENTER/LA 348 SOUTH FIFTH STREET HIGHLANDS NC 28741 | 56-2303345 | 501C3 | | 66,984 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | IRENE WORTHAM CENTER, INC. 916 WEST CHAPEL ROAD ASHEVILLE NC 28803 | 56-0733452 | 501C3 | | 17,359 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | JACKSON COUNTY ATTN: TONYA VICKERY ASHEVILLE NC 28805 | 56-1492826 | GOV | | 12,029 | STUDY | MANNAPACKS | FOOD DISTRIBUTION |
| (4) | KIDS AT WORK PO BOX 250 BALSAM NC 28707 | 30-0466165 | 501C3 | | 14,336 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | LA IGLESIA BAUTISTA GETSEMANI 3580 BREVARD ROAD HENDERSONVILLE NC 28739 | 14-1914733 | 501C3 | | 69,211 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | LEICESTER COMMUNITY CENTER PO BOX 1518 LEICESTER NC 28748 | 51-0540640 | 501C3 | | 42,303 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | LEICESTER COMMUNITY WELCOME TABLE P.O.BOX 36 LEICESTER NC 28748 | 56-1316735 | 501C3 | | 22,195 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | LIBERTY CORNER 723 FAIRVIEW ROAD ASHEVILLE NC 28803 | 56-1562650 | 501C3 | | 5,824 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | LIFE CHALLENGE OF WNC PO BOX 2553 CULLOWHEE NC 28723 | 20-5900465 | 501C3 | | 18,853 | STUDY | FOOD | FOOD DISTRIBUTION |

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

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Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | LIVING WATERS FOOD PANTRY PO BOX 2230 CHEROKEE NC 28719 | 56-0619351 | 501C3 | | 232,095 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | LOVE'S KITCHEN 312 5TH AVE. WEST HENDERSONVILLE NC 28739 | 56-0559096 | 501C3 | | 37,547 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | LOVING FOOD RESOURCES PO BOX 25142 ASHEVILLE NC 28813 | 56-1823591 | 501C3 | | 244,162 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | LOW COUNTRY FOOD BANK 2864 AZALEA DR CHARLESTON SC 29405 | 57-0751835 | 501C3 | | 264,169 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | M-Y UMC FOOD PANTRY 1195 S. MITCHELL AVE BAKERSVILLE NC 28705 | 56-1358520 | 501C3 | | 151,652 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | MACON COUNTY ATTN: TASHA PILKERTON (CARENET) ASHEVILLE NC 28805 | 56-6001069 | GOV | | 19,241 | STUDY | MANNAPACKS | FOOD DISTRIBUTION |
| (7) | MACON COUNTY CARE NETWORK 130 BIDWELL ST FRANKLIN NC 28734 | 58-1813122 | 501C3 | | 355,755 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | MADISON COUNTY ATTN: WILLA WYATT ASHEVILLE NC 28805 | 56-6001070 | GOV | | 9,716 | STUDY | MANNAPACKS | FOOD DISTRIBUTION |
| (9) | MAGGIE VALLEY UNITED METHODIST CHUR 4192 SOCO ROAD MAGGIE VALLEY NC 28751 | 56-1809410 | 501C3 | | 68,353 | STUDY | FOOD | FOOD DISTRIBUTION |

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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Internal Revenue Service

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Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I General Information on Grants and Assistance

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|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | MARF - CHILES AVENUE GROUP HOME 22 CHILES AVE ASHEVILLE NC 28803 | 56-1074327 | 501C3 | | 7,933 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | MARS HILL BAPTIST PO BOX 218 MARS HILL NC 28754 | 56-0568406 | 501C3 | | 77,536 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | MATT'S MINISTRY /LEDFORD'S CHAPEL PO BOX 205 HAYESVILLE NC 28904 | 34-6004584 | 501C3 | | 236,484 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | MCDOWELL MISSION MINISTRIES PO BOX 297 MARION NC 28752 | 56-1872125 | 501C3 | | 147,147 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | MEDIATION CENTER 40 N. FRENCH BROAD AVE, STE B ASHEVILLE NC 28801 | 56-1424025 | 501C3 | | 5,264 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | MITCHELL COUNTY ATTN: KIM HODSHON ASHEVILLE NC 28805 | 56-6001075 | GOV | | 11,143 | STUDY | MANNAPACKS | FOOD DISTRIBUTION |
| (7) | MITCHELL COUNTY SHEPHERD'S STAFF PO BOX 344 SPRUCE PINE NC 28777 | 56-1404604 | 501C3 | | 114,003 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | MOUNT SHEBA BAPTIST CHURCH PO BOX 650 WEAVERVILLE NC 28787 | 56-1361209 | 501C3 | | 20,628 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | MOUNTAIN PROJECTS SENIOR SERVICES WAYNESVILLE NC 28786 | 56-0849092 | 501C3 | | 23,142 | STUDY | FOOD | FOOD DISTRIBUTION |

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I General Information on Grants and Assistance

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|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | NEIGHBORS IN NEED, INC. PO BOX 64 MARSHALL NC 28753 | 58-1492053 | 501C3 | | 26,922 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | NEW BEGINNING BAPTIST CHURCH 29 MARLOWE DRIVE MILLS RIVER NC 28759 | 58-1860986 | 501C3 | | 125,281 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | NEW CREATION ICC/ PB+J 500 7TH AVE E, HENDERSONVILLE 28792 ASHEVILLE NC 28806 | 56-1779629 | 501C3 | | 279,524 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | NEXT STEP RECOVERY 24 GRAIL STREET ASHEVILLE NC 28801 | 20-4570082 | 501C3 | | 14,073 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | NORTH HOMINY COMMUNITY DEVELOPMENT C/O 280 VISTA VIEW DRIVE CANTON NC 28716 | 58-1479866 | 501C3 | | 86,033 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | NORTH TOXAWAY BAPTIST CHURCH 51 SLICK FISHER ROAD LAKE TOXAWAY NC 28747 | 56-0930077 | 501C3 | | 46,476 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | OAKLEY BAPTIST CHURCH 70 FAIRVIEW AVE. ASHEVILLE NC 28803 | 56-0954383 | 501C3 | | 138,302 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | OPTIMIST SANTA PAL CLUB PO BOX 1912 ASHEVILLE NC 28802 | 56-6055643 | 501C3 | | 6,934 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | PARTNERS UNLIMITED PO BOX 670 ASHEVILLE NC 28802 | 31-1669634 | 501C3 | | 6,592 | STUDY | FOOD | FOOD DISTRIBUTION |

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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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
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|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | PIGEON COMMUNITY DEVELOPMENT CENTER PO BOX 1494 WAYNESVILLE NC 28786 | 32-0131282 | 501C3 | | 12,360 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | POLK COUNTY ATTN: MICHELLE REEDY (THERMAL BELT) ASHEVILLE NC 28805 | 56-6001098 | GOV | | 14,002 | STUDY | MANNAPACKS | FOOD DISTRIBUTION |
| (3) | REACH OF MACON COUNTY PO BOX 228 FRANKLIN NC 28744 | 56-1689264 | 501C3 | | 20,121 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | REACHING AVERY MINISTRY PO BOX 234 NEWLAND NC 28657 | 56-1959018 | 501C3 | | 46,592 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | RECOVERY VENTURES CORP PO BOX 452 BLACK MOUNTAIN NC 28711 | 71-0875890 | 501C3 | | 173,305 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | RHA/ARP - MARY BENSON HOUSE 450 MONTFORD AVE. ASHEVILLE NC 28801 | 30-0567631 | 501C3 | | 5,073 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | RIVERSIDE BAPTIST CHURCH PANTRY 871 RIVERSIDE DRIVE ASHEVILLE NC 28804 | 65-1179502 | 501C3 | | 32,063 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | ROSMAN UNITED METHODIST CHURCH 12076 ROSMAN HWY LAKE TOXAWAY NC 28747 | 56-1388563 | 501C3 | | 10,325 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | S. HARVEST F.B. OF CENTRAL & EASTER 3808 TARHEEL ROAD RALEIGH NC 27609 | 56-1283426 | 501C3 | | 1,039,419 | STUDY | FOOD | FOOD DISTRIBUTION |

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I General Information on Grants and Assistance

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|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | S. HARVEST F.B. OF METROLINA 500-B SPRATT STREET CHARLOTTE NC 28206 | 56-1352593 | 501C3 | | 259,550 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | S. HARVEST F.B. OF NORTHEAST TENNES 1020 JERICHO DRIVE KINGSPORT TN 37615 | 62-1303822 | 501C3 | | 579,713 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | S. HARVEST F.B. OF SE NORTH CAROLIN PO BOX 753 FAYETTEVILLE NC 28302 | 36-3673599 | 501C3 | | 97,285 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | S. HARVEST F.B. OF THE ALBEMARLE PO BOX 1704 ELIZABETH CITY NC 27909 | 56-1341658 | 501C3 | | 94,155 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | SAFE OF PENNSYLVANIA - STACEY'S HOU PO BOX 2013 BREVARD NC 28712 | 58-1640904 | 501C3 | | 8,212 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | SAMUEL'S HAVEN FOOD PANTRY 187 W. JORDAN STREET BREVARD NC 28712 | 56-2262246 | 501C3 | | 39,962 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | SANDY MUSH COMMUNITY CENTER PO BOX 1686 LEICESTER NC 28748 | 84-1722906 | 501C3 | | 16,055 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | SHARE THY BREAD MINISTRY - TRYON SD 2820 LYNN RD. TRYON NC 28782 | 56-1395046 | 501C3 | | 55,965 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | SOUTHERN RECONCILIATION MINISTRIES PO BOX 1147 BURNSVILLE NC 28714 | 56-1373255 | 501C3 | | 146,436 | STUDY | FOOD | FOOD DISTRIBUTION |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | ST. JOHN'S OUTREACH MINISTRIES PO BOX 968 MARION NC 28752 | 56-0850824 | 501C3 | | 178,330 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | ST. VINCENT DE PAUL SOCIETY PO BOX 39 ARDEN NC 28704 | 56-2212543 | 501C3 | | 17,816 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | SWAIN COUNTY ATTN: NEIL HOLDEN ASHEVILLE NC 28805 | 56-6001118 | GOV | | 17,484 | STUDY | MANNAPACKS | FOOD DISTRIBUTION |
| (4) | SWAIN COUNTY FAMILY RESOURCE CENTER PO BOX 515 BRYSON CITY NC 28713 | 27-2553276 | 501C3 | | 8,885 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | SWANNANOVA VALLEY CHRISTIAN MINISTRY PO BOX 235 BLACK MOUNTAIN NC 28711 | 56-1132257 | 501C3 | | 277,379 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | TABERNACLE MISSIONARY BAPTIST CHURCH 56 WALTON ST. ASHEVILLE NC 28801 | 56-1400322 | 501C3 | | 208,046 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | THE 11TH STEP HOUSE 25 STOCKWOOD ROAD ASHEVILLE NC 28803 | 22-3870496 | 501C3 | | 40,352 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | THE BRIDGE FOOD PANTRY 97 PINEBRIDGE AVE. SPRUCE PINE NC 28777 | 44-0577787 | 501C3 | | 186,371 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | THE CHURCH OF THE ADVOCATE 60 CHURCH STREET ASHEVILLE NC 28801 | 56-0552779 | 501C3 | | 9,924 | STUDY | FOOD | FOOD DISTRIBUTION |

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | THE COMMUNITY KITCHEN PO BOX 513 CANTON NC 28716 | 51-0605733 | 501C3 | | 302,873 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | THE DOWNTOWN WELCOME TABLE-HAYWOOD PO BOX 2982 ASHEVILLE NC 28801 | 20-5446516 | 501C3 | | 118,891 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | THE LEARNING CENTER 50 S. FRENCH BROAD AVE., SUITE 246 ASHEVILLE NC 28801 | 59-1721943 | 501C3 | | 5,843 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | THE OPEN DOOR 32 COMMERCE STREET WAYNESVILLE NC 28786 | 56-0732998 | 501C3 | | 255,039 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | THE SALVATION ARMY - HENDERSONVILLE PO BOX 2387 HENDERSONVILLE NC 28793 | 58-0660607 | 501C3 | | 439,944 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | THE STOREHOUSE PO BOX 6146 HENDERSONVILLE NC 28793 | 56-1942323 | 501C3 | | 176,439 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | THERMAL BELT OUTREACH MINISTRY PO BOX 834 COLUMBUS NC 28722 | 56-1793796 | 501C3 | | 272,393 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | TRANSYLVANIA CHRISTIAN MINISTRY PO BOX 958 BREVARD NC 28712 | 56-1292875 | 501C3 | | 172,908 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | TRANSYLVANIA COUNTY ATTN: CAROLYN BARTON ASHEVILLE NC 28805 | 56-6001121 | GOV | | 29,559 | STUDY | MANNAPACKS | FOOD DISTRIBUTION |

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | TRINITY OF FAIRVIEW FOOD PANTRY 646 CONCORD ROAD FLETCHER NC 28732 | 56-1194468 | 501C3 | | 207,642 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | TRUETT BAPTIST ASSOCIATION 2235 NC HWY 141 MARBLE NC 28905 | 20-1183600 | 501C3 | | 10,850 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | UNITED CHRISTIAN MINISTRIES OF JACK PO BOX 188 SYLVA NC 28779 | 56-1659229 | 501C3 | | 90,609 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | VECINOS INC. FARMWORKERS HEALTH PR 110 HHS BUILDING, WCU CULLOWHEE NC 28723 | 56-1056752 | 501C3 | | 20,936 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | VERNER CENTER FOR EARLY LEARNING 2586 RICEVILLE ROAD ASHEVILLE NC 28805 | 56-2040462 | 501C3 | | 13,087 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | VICTORY BAPTIST CHURCH PO BOX 1027 BRYSON CITY NC 28713 | 56-1137178 | 501C3 | | 19,705 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | VICTORY FELLOWSHIP WORSHIP CENTER PO BOX 2257 ASHEVILLE NC 28804 | 56-1529836 | 501C3 | | 113,564 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | VOLUNTEER AVERY COUNTY - EMERGENCY PO BOX 447 NEWLAND NC 28657 | 58-1489889 | 501C3 | | 10,048 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | VOLUNTEERS OF AMERICA 2 SPRINGSIDE DRIVE HENDERSONVILLE NC 28792 | 13-1692595 | 501C3 | | 34,549 | STUDY | FOOD | FOOD DISTRIBUTION |

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | WEBSTER ENTERPRISES OF JACKSON COUN 140 LITTLE SAVANNAH RD. SYLVA NC 28779 | 56-1208982 | 501C3 | | 27,139 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | WESTERN CAROLINA RESCUE MINISTRIES PO BOX 909 ASHEVILLE NC 28802 | 56-1249407 | 501C3 | | 379,423 | STUDY | FOOD | FOOD DISTRIBUTION |
| (3) | WHITTIER UNITED METHODIST CHURCH (G PO BOX 668 WHITTIER NC 28789 | 56-2129048 | 501C3 | | 131,182 | STUDY | FOOD | FOOD DISTRIBUTION |
| (4) | WNCGH - GWEN RASH HOME 1 PINE SPRING ST. ASHEVILLE NC 28803 | 58-1472257 | 501C3 | | 6,662 | STUDY | FOOD | FOOD DISTRIBUTION |
| (5) | WOLF CREEK ACADEMY/ABOUT FACE MINIS PO BOX 2001 MARS HILL NC 28754 | 54-2164774 | 501C3 | | 29,518 | STUDY | FOOD | FOOD DISTRIBUTION |
| (6) | WOMEN'S WELLBEING & DEVELOPMENT 100 ATKINSON STREET ASHEVILLE NC 28801 | 35-2307069 | 501C3 | | 13,058 | STUDY | FOOD | FOOD DISTRIBUTION |
| (7) | WOODRIDGE APARTMENTS PRODUCE MARKET 61 BINGHAM RD ASHEVILLE NC 28806 | 56-1783901 | 501C3 | | 44,625 | STUDY | FOOD | FOOD DISTRIBUTION |
| (8) | YANCEY COUNTY COMMITTEE ON AGING PO BOX 546 BURNSVILLE NC 28714 | 56-1458394 | 501C3 | | 77,175 | STUDY | FOOD | FOOD DISTRIBUTION |
| (9) | YMCA OF WESTERN NC 201 BEAVERDAM RD. ASHEVILLE NC 28804 | 56-0530013 | 501C3 | | 217,492 | STUDY | FOOD | FOOD DISTRIBUTION |

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | ZEPHYR HILLS FREEWILL BAPTIST 283 SHELBURNE RD. ASHEVILLE NC 28806 | 58-1490864 | 501C3 | | 17,594 | STUDY | FOOD | FOOD DISTRIBUTION |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |

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

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 FOOD DISTRIBUTION | | | 2,559,804 | STUDY | FOOD |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

PART IV - ADDITIONAL INFORMATION

AMOUNTS REPORTED IN PART II ABOVE REPRESENT FOOD PROVIDED TO RECIPIENT

AGENCIES FOR PURPOSE OF DISTRIBUTION TO THEIR RESPECTIVE COMMUNITIES. FOOD

IS VALUED AT AN AVERAGE PRICE PER POUND. MANNA FOOD BANK DOES NOT DOCUMENT

NUMBER OF INDIVIDUALS SERVED FROM EACH AGENCY FOOD DISTRIBUTION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art — Works of art | | | | |
| 2 Art — Historical treasures | | | | |
| 3 Art — Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | X | 1 | 9,325 | FMV |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities — Publicly traded | | | | |
| 10 Securities — Closely held stock | | | | |
| 11 Securities — Partnership, LLC, or trust interests | | | | |
| 12 Securities — Miscellaneous | | | | |
| 13 Qualified conservation contribution — Historic structures | | | | |
| 14 Qualified conservation contribution — Other | | | | |
| 15 Real estate — Residential | | | | |
| 16 Real estate — Commercial | X | 1 | 1,790 | FACILITY IMPROVEMENTS |
| 17 Real estate — Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 8535 | 24,039,579 | KPMG STUDY* |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other u (EQUIPMENT) | X | 246 | 472,050 | FMV |
| 26 Other u (EVENT SUPPLIES) | X | 83 | 69,728 | FMV |
| 27 Other u (OTHER GOODS) | X | 16 | 38,078 | FMV |
| 28 Other u () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|----------|----------|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | 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 KPMG FOR THE FEEDING AMERICA ORGANIZATION THAT COMPUTES AN AVERAGE PRICE PER POUND OF FOOD DONATED BASED ON AN ANALYSIS OF 29 CATEGORIES OF FOOD. THIS STUDY IS CONDUCTED ANNUALLY. CURRENT YEAR PRICE PER POUND IS \$1.73.**

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

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

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

MANNA FOOD BANK, INC

Employer identification number

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

MANNA FOODBANK BOASTS A 4-STAR RATING FROM CHARITY NAVIGATOR FOR 6 CONSECUTIVE YEARS - THE HIGHEST RATING POSSIBLE FROM THE INDEPENDENT NONPROFIT RATING ORGANIZATION. NATIONALLY, MANNA FOODBANK RANKS IN THE TOP 4% 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 16/17, 6,419 VOLUNTEERS SERVED 66,522 HOURS IN A VARIETY OF VOLUNTEER ROLES. THIS IS THE EQUIVALENT OF 32 FULL-TIME STAFF MEMBERS AND HELPS MANNA CONTINUE TO DEDICATE FINANCIAL RESOURCES TO PROVIDING FOOD.

THE VARIETY OF VOLUNTEER ROLES ALSO INCREASED: MANNA NOW UTILIZES VOLUNTEERS IN EVERY DEPARTMENT. THE VOLUNTEER ROLES RANGE FROM SORTING PRODUCE AND PACKING BULK FOODS, PACKING AND DELIVERING MANNA PACKS FOR KIDS, PICKING ORDERS IN THE WAREHOUSE FOR PARTNER AGENCIES, SORTING LARGE DONATIONS FROM FOOD INDUSTRY DONORS, EDUCATING THE PUBLIC ON MANNA'S WORK VIA AMBASSADORS, TAKING CALLS THROUGH THE FOOD HELPLINE, PARTNER AGENCY OUTREACH AND MONITORING, AND A VARIETY OF ADMINISTRATIVE TASKS.

THESE VOLUNTEERS HELP MANNA KEEP OVERHEAD COSTS LOW AND ENSURE THAT FOR EVERY DOLLAR DONATED, MANNA CAN PROVIDE FOOD FOR THREE AND A HALF MEALS.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**FOOD DISTRIBUTION: DUE TO INCREASING NEED FOR FOOD ASSISTANCE, IN FY**

Name of the organization

Employer identification number

MANNA FOOD BANK, INC

58-1514800

16/17, MANNA FOODBANK DISTRIBUTED A RECORD-BREAKING 17.3 MILLION POUNDS OF FOOD, ENOUGH TO PROVIDE 14.4 MILLION MEALS. MANNA AND THE PARTNER AGENCY NETWORK DISTRIBUTED THE EQUIVALENT OF 39,500 MEALS EVERY DAY OF THE YEAR.

MANNA RECOGNIZES THAT NUTRITIOUS FOOD IS THE CORNERSTONE OF OVERALL HEALTH AND WELL-BEING, AND WORKED DILIGENTLY TO INCREASE THE AMOUNT OF NUTRITIONALLY DENSE FOOD DISTRIBUTED TO PARTNER AGENCIES. IN FY 16/17, 69% OF THE FOOD THAT MANNA DISTRIBUTED WAS CLASSIFIED AS FOODS TO ENCOURAGE WHICH CONSIST OF WHOLE GRAINS, PROTEINS, DAIRY, FRESH/FROZEN VEGETABLES AND FRUITS.

OUR 16 COUNTY SERVICE AREA ENCOMPASSES 6,434 MILES WITH MANY OF OUR COMMUNITIES IN RURAL AND UNDER-SERVED LOCATIONS WITH HIGH FOOD INSECURITY RATES. THEREFORE TO ENSURE THAT THOSE IN NEED RECEIVE FOOD, WE DELIVER TO EVEN THE MOST REMOTE LOCATIONS ON A REGULAR BASIS.

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

FNS OUTREACH IS AN ASSISTANCE PROGRAM THAT HELPS PEOPLE WITH LITTLE OR NO INCOME TO ACCESS RESOURCES FOR FOOD. IT CAN HELP A FAMILY SURVIVE A CRISIS OF UNEMPLOYMENT, POOR HEALTH, OR OTHER HARDSHIPS THAT CAN TRIGGER A DOWNWARD SPIRAL INTO POVERTY.

IN FY 16/17 MANNA FOODBANK'S FOOD STAMP OUTREACH PROVIDED ASSISTANCE TO 1,782 INDIVIDUALS WHO NEEDED HELP COMPLETING OR RECERTIFYING FOR FOOD STAMPS. OUR HELPLINE IS STAFFED BY MANNA STAFF AND HIGHLY TRAINED VOLUNTEERS WHO PROVIDE ASSISTANCE TO PEOPLE IN NEED FROM ACROSS OUR REGION.

Name of the organization

Employer identification number

MANNA FOOD BANK, INC

58-1514800

IN FY 16/17, OUR HELPLINE STAFF PROVIDED ASSISTANCE TO 4,105 CALLERS. THE PRIVACY AND CONVENIENCE OF THE 1-800 SERVICE OVERCOMES NUMEROUS BARRIERS FOR INDIVIDUALS IN NEED INCLUDING TRANSPORTATION, MEDICAL AND LITERACY CHALLENGES ETC. THAT MAY PREVENT PEOPLE FROM ACCESSING THE HELP THAT THEY NEED.

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

BEHAVIORS TO CONSUME MORE NUTRITIONALLY DENSE FOOD AND 3. BUILDING IMPACTFUL COLLABORATIVE PARTNERSHIPS THE HEALTH SYSTEMS, CLINICS AND OTHER HEALTH SERVICE ORGANIZATIONS WHO INTERFACE WITH OUR CLIENTS.

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

PERFORMED ADVOCACY, EDUCATION AND OUTREACH FOR THE PURPOSE OF ADDRESSING FOOD INSECURITY IN THE WESTERN NORTH CAROLINA REGION.

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

THE EXECUTIVE COMMITTEE IS CHAIRED BY THE PRESIDENT AND CONSISTS OF THE ELECTED OFFICERS OF THE BOARD AND THE IMMEDIATE PAST PRESIDENT OF THE BOARD. THIS COMMITTEE PERFORMS THE FUNCTIONS OF THE BOARD OF DIRECTORS IN THE ROUTINE MANAGEMENT OF THE AFFAIRS OF THE ORGANIZATION, ALL PERSONNEL MATTERS, AND SUCH OTHER FUNCTIONS AS DETERMINED BY THE BOARD. MANNA FOOD BANK PERSONNEL POLICIES ARE REVIEWED BIANNUALLY BY THE EXECUTIVE COMMITTEE AND IF DEEMED APPROPRIATE BY THE FULL BOARD. THE ACTIONS OF THE EXECUTIVE COMMITTEE ARE PRESENTED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND

Name of the organization

MANNA FOOD BANK, INC

Employer identification number

58-1514800

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

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
NEW MEMBERS RECEIVE AND SIGN A COPY OF THE POLICY DURING A NEW MEMBER ORIENTATION. MEMBERS ALSO RECEIVE AND SIGN A COPY OF THE POLICY ANNUALLY AT AN ANNUAL BOARD MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION FOR THE INCOMING EXECUTIVE DIRECTOR WAS DETERMINED BY A TRANSITION COMMITTEE USING SEVERAL INPUTS, INCLUDING PRIOR EXECUTIVE COMPENSATION, LOCAL NONPROFIT MARKET DATA, AND THE NEEDS TO ATTRACT STRONG TALENT. A RANGE OF SALARIES WAS ACCEPTED BY THE COMMITTEE DURING SEARCH AND FINAL OFFER WAS DETERMINED BY APPROVAL OF THE BOARD.

AS OF THE FILING OF THIS RETURN, COMPENSATION WAS LAST REVIEWED IN JANUARY 2016.

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

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
UNCOLLECTABLE PLEDGES \$ -7,092