FDA

17 990EZ1

BWF 990



Form **990-EZ** 

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-1150

2017

Open to Public Inspection

Ā	For the	2017 calendar	r year, or tax year beginning	, 2017, and en	ding			, 20	
B	Check if a	eck if applicable C Name of organization				D Employ	yer identification number		
.'∐	Address	hange	MANSFIELD FOOD PANTRY					22-2475213	
ΙЦ	Name cha	inge	Number and street (or P O. box, if mail is not delivered to street a	ddress)	Room/ suite	<b>E</b> Telepho	ne nu	mber	
, П	Initial retu	irn	ĺ						
Н	Final retui	rn/terminated	PO BOX 5 15 BENSON DRIVE					<u>570) 662-2864</u>	
Н	Amended		City or town, state or province, country, and ZIP or fore	eign postał code	03	F Group B	Exemp	tion	
П		n pending	MANSFIELD PA 16933		لــُـٰكِ	Number			
			Cash		•			rganization is not	
		:: ► <u>N/A</u>		<del></del>	-	uired to at			
			<u></u>	<del></del>	27 (FO	rm 990, 99	0-EZ,	or 990-PF).	
		organization	☐ Corporation ☐ Trust ☐ Association	Other _		· · · · · · · · · · · · · · · · · · ·			
L			b to line 9 to determine gross receipts. If gross receipts a		more, or i	f total asse	ts	<b>70.070</b>	
_			ow) are \$500,000 or more, file Form 990 instead of Form		· · ·		<b>\$</b>	72,873	
L	Part !	-	Expenses, and Changes in Net Assets or		ices (see	the instru	ctions	for Part I)	
_		Check if the o	rganization used Schedule O to respond to any question	in this Part I	<u> </u>	<u> </u>			
	1		s, gifts, grants, and similar amounts received			•	1	72,564	
	2	Program sen	vice revenue including government fees and contracts		•	•	2		
	3	Membership	dues and assessments		• •	• •	3		
	4	Investment in	icome	, , ,			4	309	
	5a	Gross amour	nt from sale of assets other than inventory	5a			,"		
	b		other basis and sales expenses	. 5b			]		
	C	• • • • • • • • • • • • • • • • • • • •							
	6	_	fundraising events						
	a	Gross income	e from gaming (attach Schedule G if greater than						
	Ž	\$15,000)			<u></u> '				
	Revenue	b Gross income from fundraising events (not including \$ of contributions							
1	œ		sing events reported on line 1) (attach Schedule G if the	1 1					
	- 1	sum of such gross income and contributions exceeds \$15,000) · · · 6b			1				
		c Less direct expenses from gaming and fundraising events . 6c					1		
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6	ia and 6b and si	ubtract				
	Ì	line 6c) .				•	6d	ļ	
	7a		of inventory, less returns and allowances	7a				İ	
	b		goods sold	· · 7b			-		
	, c	-	or (loss) from sales of inventory (Subtract line 7b from line	e 7a)		• •	7¢		
	8		ie (describe in Schedule O)		• • •		8	70 073	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	· · · ·			9	72,873	
	10		imilar amounts paid (list in Schedule O)		CEIVE	50 ·	10	ļ	
	11	_	to or for members	None of the last	-		11	ļ	
	Expenses 13 14 14	•	er compensation, and employee benefits	APR	232	018 · 19	12		
	된   13		nal fees and other payments to independent contractors					0.001	
	苗   14		Occupancy, rent, utilities, and maintenance				14	8,881	
	15		lications, postage, and shipping	·   <del>OG</del>	DEW		15	70.005	
	16	•	ses (describe in Schedule O)				16	70,285	
_	17		ses. Add lines 10 through 16	<del> </del>	· · · · ·	· · •	17	79,166	
	<u>v</u> 18	•	eficit) for the year (Subtract line 17 from line 9)		•		18	-6,293	
	19		fund balances at beginning of year (from line 27, column	, .	ee with			10.550	
	Net Assets	=	,				19	19,552	
		_	es in net assets or fund balances (explain in Schedule O)	,			20	1	
	21		fund balances at end of year. Combine lines 18 through	20		· •	21	13,259	
Fo	r Paperv	vork Reductio	n Act Notice, see the separate instructions.					Form <b>990-EZ</b> (2017)	

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	Check if the organization used Sched	lule O to respond to any o	question in this	Part II		<u>.</u>	· ·
			Ļ	(A)Begir	nning of year	1	(B)End of year
22	Cash, savings, and investments		[		15,552		
23	Land and buildings				4,000	_	<del></del>
24	Other assets (describe in Schedule O)		. }		19,552	24	<del></del>
25	Total assets		• • •		<del></del>		<del> </del>
26 27	Total liabilities (describe in Schedule O)				19,552		<u> </u>
27 	Net assets or fund balances (line 27 of co					2 27	<del></del>
P	Statement of Program Sei Check if the organization used Sch	•	•			1	Expenses
Des as r per	at is the organization's primary exempt purpos scribe the organization's program service acco measured by expenses. In a clear and concise sons benefited, and other relevant information	e? FOOD AID T mplishments for each of it manner, describe the ser	O THOSI	E IN N	EED ervices,	5	Required for section 601(c)(3) and 501(c)(4) organizations, optional or others.)
28	SEE ATTACHMENT #2						
29	(Grants \$ ) If this an	nount includes foreign gra	ints, check her	e .		2	8a
30	(Grants \$ ) If this an	nount includes foreign gra	ints, check her	e .	· · • []	2	9a
		nount includes foreign gra	ints, check her	<u>e</u>	<u> </u>	3	0a
31	Other program services (describe in Schedule	•					
		nount includes foreign gra		<u>e .</u>	<u>· · · ▶ Џ</u>	+-	1a
	Total program service expenses (add lines	<del></del>			· · · · •		32
Pé	List of Officers, Directors, Truste Check if the organization used Sch		,		•	see	the instructions for Part IV)
	(a) Name and title	(b) Average hours per week	(C) Repo compen (Forms W-2/1	ortable sation 099 – MISC)	(d) Health bene contributions employee benefit	to plans	. 1
SE	E ATTACHMENT #3	devoted to position	(If not paid,	enter -u-)	and deferred compe	ensat	100
_							
				<del></del>			
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_							
		+					
		1					
		<del> </del>					
			<del> </del>				
FD/	A 17 990EZ2 BWF 990 Form Software	Copyright 1996 - 2018 HRB	Fax Group, Inc.		L		Form <b>990–EZ</b> (2017)

22-2475213

MANSFIELD FOOD PANTRY

Form 990-EZ (2017)

Page 2

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			П
	The second of th		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Χ
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		_X_
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_X_
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	20		7.7
07-	during the year? If "Yes," complete applicable parts of Schedule N	36		<u>X</u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a	27h		57
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	20-		v
b		38a		X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	,		,
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			- '
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			V V.
	organization managers or disqualified persons during the year under sections 4912,	, ,		,,
	4955, and 4958	<u> </u>		, ~
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c		-	
	reimbursed by the organization			,
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	1		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE			
42a	The organization's books are in care of ► SEE ATTACHMENT #4 Telephone no. ►			
	Located at ► ZIP + 4 ►			<del></del>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			7,
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank		,	١.
_	and Financial Accounts (FBAR).	40-	:	7
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> Check here			⊾П
40	and enter the amount of tax-exempt interest received or accrued during the tax year > 43	• • • •	• • •	_
	and office the difficulty of the executive of accorded during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			110
774	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	770		Λ
~	completed instead of Form 990-EZ	44b		·X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	<del>                                     </del>	$\vdash$	<u> </u>
-	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	_	Х
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		,	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		Х
ΕDΛ		agn	EZ	

### MANSFIELD FOOD PANTRY 22-2475213

oim :	990-EZ	(2017)							Pa	ige 4
									Yes	No
		organization engage, directly or indirectly	•	. •		r in oppos	ition			
_	to candi	dates for public office? If "Yes," complete	Schedule C, Pa	artl.	<u>.</u>			46		X
ar	t VI	Section 501(c)(3) organizatio	ns only							
		All section 501(c)(3) organizations mus	t answer questio	ns 47-49	b and 52, and com	plete the ta	bles for lines			
		50 and 51.								_
		Check if the organization used Schedu	ile O to respond	to any q	uestion in this Part V	4				
									Yes	No
	Did the	organization engage in lobbying activities	or have a section	on 501(h)	election in effect du	iring the ta	×			
	year? If	"Yes," complete Schedule C, Part II						47		X
	ls the or	ganization a school as described in secti	on 170(b)(1)(A)(ı	וו)? If "Ye	s," complete Schedu	ıle E		48		Χ
a	Did the	organization make any transfers to an exc	empt non-charit	able relat	ted organization? .			49a	<u> </u>	X
b	If "Yes,"	was the related organization a section 52	27 organization?					49b		X
	Complet	te this table for the organization's five hig	hest compensate	ed emplo	yees (other than off	cers, direc	tors, trustees, an	d key		
	employe	es) who each received more than \$100,0	000 of compensa	ation fron	n the organization. If	there is no	ne, enter "None.	."		
			(b) Avera		(c) Reportable		benefits, contrib- employee benefit	(e) Estim	ated am	ount c
	(	(a) Name and title of each employee	hours per devoted to		compensation (Forms W-2/1099-MISC)	plans,	and deferred	otherco		
NC						1				
						}				
_										
_								1		
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_		· · · · · · · · · · · · · · · · · · ·						<del></del>		
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						-		-		
	\$100,00	te this table for the organization's five hig 0 of compensation from the organization.	. If there is none,				T	ompensatio		
		and business todayes or each independent		-	(2) 1) pe or service		(4)		 	
NC	E						1			
_				<del> </del>		<del></del> -	<del> </del>		<del></del>	
	<del></del>		<del></del>	<del>}</del>	<del></del>		<del> </del>	<del></del>		
			<del></del>	<del> </del>	<del></del>	<del></del>	ļ			
				<del> </del>			-			
				1						
	Total	mhor of other independent contracts	ach recovers	or \$100 i	000		L			
		mber of other independent contractors e	Ū		· -	ach 2				
		organization complete Schedule A? <b>Not</b>			ganizauons must aπ	acii d		<u>.</u> □ v.	, F	<b>N</b> 1-
		ed Schedule A						▶   Ye		No
		of perjury, I declare that I have examined this ref I complete. Declaration of preparer (other than o					-	edge and be	1181, It IS	_]
		M Sarbara Mr	2 lemos					X Y	1/16	I
ign	1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			_			-	Date		
ere		BARBARA MCCONNELL	<u>.                                    </u>		COORD	NATOF	\			
		Type or print name and title								
		Print/Type preparer's name	gparer's signatur	(e)	Date		Check If	PTIN		
aid		ANNETTE_HALLOCK_	natte	X/R	Wock 4/13	118	self- employed	P0035	695	1
rep	arer	Firm's name HAND R BLOC	CK -			7	Firm's EIN ▶ 02	06349	941	
se	Only	Firm's address ▶ 185 N MAIN S	ST				Phone no 57	0-662-	0199	
		iscuss this return with the preparer show		nstruction	s · · ·		Phone no 37			

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public** Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2017

MAI	<u> 1S</u>	FIELD FO	OD PANTRY			22-24752	213
Pa	rt	Reason	for Public Cha	rity Status (All organizations	s must complete this pa	rt.) See instructions.	
The	orga	anization is not a	private foundation b	ecause it is (For lines 1 throug	h 12, check only one bo	ox)	, 7
1	L	A church, conve	ention of churches, o	or association of churches desc	ribed in <b>section 170(b)</b> (	(1)(A)(i).	
2		A school descri	bed in section 170(	b)(1)(A)(ii). (Attach Schedule E	(Form 990 or 990-EZ)	)	1 1 - 1
3		A hospital or a	cooperative hospital	service organization described	in section 170(b)(1)(A	)(iii).	
4		A medical resea	arch organization ope	erated in conjunction with a hos	spital described in sect	ti <b>on 170(b)(1)(A)(iii)</b> . Ent	ter the hospital's name,
		city, and state		_			
5		An organization	operated for the be	nefit of a college or university o	wned or operated by a	governmental unit descr	ibed in
		section 170(b)(	1)(A)(iv). (Complete	Part II )			
6	Γ	A federal, state,	, or local governmen	t or governmental unit describe	d in section 170(b)(1)(	A)(v).	
7	X	An organization	that normally receiv	es a substantial part of its supp	ort from a governmenta	ıl unıt or from the genera	l public
				ri). (Complete Part II )			
8	Г	A community tri	ust described in sec	tion 170(b)(1)(A)(vi). (Complet	te Part II.)		
9	Г	An agrıcultural ı	research organizatioi	n described in section 170(b)(1	I)(A)(ix) operated in cor	njunction with a land-gra	ınt college
		or university or	a non-land-grant co	ollege of agriculture (see instruc	tions). Enter the name,	city, and state of the coll	ege or
		university					
10	Γ	An organization	that normally receiv	es (1) more than $33\frac{1}{3}\%$ of its:	support from contribution	ons, membership fees, ai	nd gross
		receipts from a	ctivities related to its	exempt functionssubject to c	ertain exceptions, and (	2) no more than $33^{1/}_{3}\%$	of its
		support from gr	ross investment incol	me and unrelated business taxa	able income (less sectio	n 511 tax) from business	ses
		acquired by the	e organization after J	une 30, 1975. See section 509	(a)(2). (Complete Part I	II.)	
11	Γ	An organization	organized and oper	ated exclusively to test for publ	ic safety. See section 5	509(a)(4).	
12	Γ	An organization	organized and oper	ated exclusively for the benefit	of, to perform the functi	ons of, or to carry out th	e purposes
		of one or more	publicly supported of	organizations described in sec	tion 509(a)(1) or sectio	n 509(a)(2). See section	n 509(a)(3).
		Check the box	ın lines 12a through	12d that describes the type of s	supporting organization	and complete lines 12e,	12f, and 12g.
á	1	Type I. A sup	porting organization	operated, supervised, or contri	olled by its supported o	rganization(s), typically b	by giving
		the supported	d organization(s) the	power to regularly appoint or e	lect a majority of the dir	ectors or trustees of the	
		supporting or	ganization. <b>You mus</b>	t complete Part IV, Sections	A and B.		
1	)	Type II. A su	pporting organizatioi	n supervised or controlled in co	nnection with its suppo-	rted organization(s), by h	naving
		control or ma	nagement of the sup	porting organization vested in t	the same persons that o	control or manage the su	pported
		organization(s	s). You must compl	ete Part IV, Sections A and C	•		
	;	Type III fund	tionally integrated.	A supporting organization ope	rated in connection with	n, and functionally integra	ated with,
		_		instructions). You must comp			·
•	i	Type III non	-functionally integr	ated. A supporting organization	n operated in connection	n with its supported orga	anization(s)
		_		The organization generally mus			
		requirement (	(see instructions). Yo	ou must complete Part IV, Sec	tions A and D, and Pa	rt V.	
	•	Check this bo	ox if the organization	received a written determinatio	n from the IRS that it is	a Type I, Type II, Type II	I <del>l</del>
		_		non-functionally integrated sup			
1	:	Enter the number	er of supported organ	nizations			
9	)	Provide the follo	wing information abo	out the supported organization(s	s).		
_	i) N	lame of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization	(V) Amount of monetary	(vi) Amount of other
		organization	. ,	(described on lines 1–10 above (see instructions))	listed in your governing document?	support (see instructions)	support (see instructions)
				adove (see instructions))	Yes No	-  	
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	ı			,	,	1	
		erwork Reducti	ion Act Notice, see	the Instructions for Form 990	or 990-EZ.	Schedule A (Fo	orm 990 or 990-EZ) 2017

FDA

## 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.)

Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d</b> ) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	41,844	61,661	59,797	80,971	72,564	316,837			
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	16,839	17,577	548	17,602		52,566			
4	Total. Add lines 1 through 3	58,683	79,238	60,345	98,573	72,564	369,403			
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.				, ,		369,403			
	tion B. Total Support			<del></del>						
Cal	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d</b> ) 2016	(e) 2017	(f) Total 369, 403			
7	Amounts from line 4	58,683	79,238	60,345	98,573	72,564	369,403			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	532	427	308	303	309	1,879			
9	Net income from unrelated business activities, whether or not the business is regularly carried on				-7					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10		, ,,,	- ',			371,282			
12	Gross receipts from related activities, etc. (see	e instructions)				12				
13	First five years. If the Form 990 is for the org	janization's first, s	second, third, for	urth, or fifth tax ye	ear as a section	501(c)(3)				
	organization, check this box and stop here						. ▶			
Sec	tion C. Computation of Public Sup	port Percent	age							
14	Public support percentage for 2017 (line 6, co	olumn (f) divided	by line 11, colun	nn (f))		14	99.49%			
15	Public support percentage from 2016 Schedu	ile A, Part II, line	14			15	99.44%			
16a	331/3% support test 2017. 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									
þ	33 <sup>1</sup> /3% support test 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> /3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
4	10%-facts-and-circumstances test 2017. 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									
1/8	•	-and-circumstan	ices icsi. The or							
17a b	Part VI how the organization meets the "facts	6. If the organiza	tion did not chec nces" test, check	ck a box on line 1 this box and sto	<b>p here.</b> Explai	17a, and line 15 n in Part VI how t				
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### **SCHEDULE 0**

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2017 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

22-2475213

MANSFIELD FOOD PANTRY

PART III PRIMARY EXEMPT PURPOSE - FOOD SUPPLY DISTRIBUTION FOR THOSE IN NEED - INCLUDES OVER 2,900 FAMILIES OR 10,500 INDIVIDUALS -