

STATE GRANT COMPLIANCE REPORTING

Report Template B: Please use this reporting template for the END OF YEAR report

1. Organization:	
Organization Name:	The Pastor's Pantry (Targeting Senior Hunger)
Organization Tax ID #:	31-1721281
Project/Activity Title:	Targeting Senior Hunger-Food Pantry
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	
Mailing Address (street, city, state, zip code):	PO Box 2051 Lexington, NC 2793
Phone Number (area code + number):	336-249-8824
Fax Number (area code + number):	336-249-8824
Contact Person:	Donna Mashburn
Contact Person Title:	Executive Director
E-Mail Address:	Donna.mashburn@pastorspantry.org

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Donna Mashburn, ED		
Phone Number: 3362-249-8824, Ext. 301		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Tommy Everhart	Board President
Walter Hoffman	Vice President
Mike Turlington	Treasurer
Juanita Smith	Secretary
Peggy Boyles	Assistant Secretary
Dan Briggs	
Jennifer Davis	
David Dunn	
Mike Hall	
Ryan Harman	
Craig Idol	
Carlos Jane'	
Amanda Laws	
Ryan McNeill	
Joe Watkins	

4. What restrictions are placed upon the grant by the grant award document? If the grant award document does not identify specific restrictions, please identify the intended use of the grant funds as included in the award document.			
Restrictions: NA			
5. Does the organization have a Conflict of Interest policy?	<input checked="" type="checkbox"/>	yes	<input type="checkbox"/> no
6. Is the organization a for profit entity?	<input type="checkbox"/>	yes	<input checked="" type="checkbox"/> no

7. Did the organization subgrant or pass down any funds to another organization?				<input type="checkbox"/>	yes	<input checked="" type="checkbox"/>	no
If yes, answer the following:							
a. Name of Subgrantee	b. Program Name			c. Amount Subgranted			
NA	NA			NA			
NA	NA			NA			

8. Program Activities and Accomplishments:
<p>Recipient must complete and submit a separate Program Activities and Accomplishments Report, detailing the program name, the original goals of each program, and a brief narrative of program accomplishments for each funded program. This information is required of all recipients of state funding in an amount greater than or equal to \$25,000.</p>

SCHEDULE OF RECEIPTS AND EXPENDITURES

Report Template C: Please use this reporting template for the END OF YEAR report

9. Organization:	
Organization Name:	The Pastor's Pantry (Targeting Senior Hunger)
Organization Tax ID#:	31/1721281
Organization Fiscal Year End:	December 31, 2022
Mailing Address (street, city, state, zip code):	PO Box 2051 Lexington, NC 27293
Phone Number (area code + number):	336-249-8824
Fax Number (area code + number):	3362-249-8824
Contact Person:	Donna Mashburn
Contact Person Title:	Executive Director
E-Mail Address:	Donna.mashburn@pastorspantry.org

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
b. Expenditures		
Category	Dollar Amount	
Personnel		
Contracted Services		
(a)Total Personnel/Contracted Srvcs Costs:		
Office Supplies & Materials		
Service Related Supplies (Food Purchases)	\$10,000	
(b)Total Supplies & Material Costs:		
Travel		
Communications & Postage		
Utilities		
Printing & Binding		
Repair & Maintenance		
Meeting/Conference Expense		
Employee Training (no travel)		
Classified Advertising		
In-State Board Meeting Expenses		
(c)Total Non-Fixed Operating Expense:		
Office Rent (Land, Buildings, etc.)		
Furniture Rental		
Equipment Rental (Phones, Computers, etc.)		
Vehicle Rental		
Dues & Subscriptions		
Insurance & Bonding		
Books/Library Reference Materials		
Mortgage Principal, Interest and Bank Fees		
(d)Total Fixed Charges & Other Expenses:		
Buildings & Improvements		
Leasehold Improvements		
Furniture/Non-Computer Equip., \$500+ per item		
Computer Equipment/Printers, \$500+ per item		
Furniture/Equip., under \$500 per item		
(e)Total Property & Equipment Outlay:		
Purchase of Services		

Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
(f)Total Services/Contracts:	
Food	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
(g)Total Other Expenses:	\$10,000
Total Expenditures (sum a through g)	\$10,000

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	\$10,000
End of the year cash balance	\$0

NOTE: If total receipts, expenditures, beginning or ending unexpended grant balance available for expenditures is \$500,000 or more, an audit is required *by G.S. 143C-6-23*.

If there are any questions, please contact the Contract Administrator.

PROGRAM ACTIVITIES AND ACCOMPLISHMENTS REPORT
Report Template D: Please use this reporting template for the END OF YEAR report

Recipient Name:	The Pastor's Pantry (Targeting Senior Hunger)
Recipient Tax ID #	31/17121281
Project/Activity Title:	Targeting Senior Hunger-Food Pantry
Recipient's Fiscal Year End:	December 31, 2022
Report Completion Date:	
Preparer of This Report:	Donna Mashburn, Executive Director

1. What were the original goals and expectations for the activity supported by this grant?

To provide monthly distribution of bags and boxes of food directly to those in need, residing in Davidson County, targeting at-risk senior adults, age 60 years and older, experiencing long-term financial stress. With the Directed Grant allocation, Pastor's Pantry will support our agency mission to provide monthly food assistance in our community. As a partnership agency with Second Harvest of Northwest NC, The Pastor's Pantry will make monthly food purchases, as well as purchases through local grocers. The Pastor's Pantry food budget for FY 2022 is \$70,000. The directed grant allocation will be used to supplement the food budget for food purchases.

2. If applicable, how have those goals and expectations been revised or refined during the course of the project?

NA

3. What has the activity accomplished with these grant funds? Please include specific information including facts and statistics to support conclusions and judgments about the activity's impact.

Our Goal is to provide access to safe, nutritious food, promoting good health, relieving some of the financial stress, and allowing low-income populations and at-risk senior adults to afford other basic needs, such as medical care and medicine, utilities, transportation, and housing expenses.

Last fiscal year, 82% of the individuals served showed improvement by indicating they felt some financial relief by receiving monthly groceries, and were able to better afford the other things they need, such as medication, cost of utilities, etc.

We anticipate similar results for fiscal year 2022.

4. If the activity is a continuing one, briefly summarize future plans and funding prospects.

As a nonprofit, whether enlisting the help of the community in advocating for local funds, or whether requesting private funds from foundations, conveying to people that our cause is real and is important, can be not only a challenge, but a frustration. Most grantors are focused on children, education, and the Arts, with little focus on the needs of those struggling to find enough to eat, especially the elderly. Sadly, when it comes to the most significant grants given by America's largest foundations, less than 1% of the funds go to causes related to aging.

As the executive director, I continue to stay diligent in my search for funding opportunity and resource options, as well as persistent in our solicitation and fundraising efforts.

If there are any questions, please contact the Contract Administrator.