

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

- B** Check if applicable:
- ☐ Address change
 - ☐ Name change
 - ☐ Initial return
 - ☐ Final return/terminated
 - ☐ Amended return
 - ☐ Application pending

C Name of organization
MANNA FOOD CENTER INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)
12301 OLD COLUMBIA PIKE 200

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
SILVER SPRING, MD 20904

F Name and address of principal officer:
JACQUELINE DECARLO
12301 OLD COLUMBIA PIKE 200
SILVER SPRING, MD 20904

D Employer identification number

52-1289203

E Telephone number

(202) 669-7483

G Gross receipts \$ 11,164,334

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.MANNAFOOD.ORG

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1982

M State of legal domicile:
MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

ELIMINATE HUNGER IN MONTGOMERY COUNTY, MD THROUGH FOOD DISTRIBUTION, EDUCATION AND ADVOCACY.

2 Check this box ☐

3 Number of voting members of the governing body (Part VI, line 1a) **3** 18

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 18

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) **5** 53

6 Total number of volunteers (estimate if necessary) **6** 11,348

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 0

b Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b** 0

Revenue

8 Contributions and grants (Part VIII, line 1h) **Prior Year** 14,233,985 **Current Year** 11,097,513

9 Program service revenue (Part VIII, line 2g) 0 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,461 11,499

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,445 35,633

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,253,891 11,144,645

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 6,312,268 5,496,588

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,357,144 2,496,576

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 422,787

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 2,212,866 2,407,306

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 10,882,278 10,400,470

19 Revenue less expenses. Subtract line 18 from line 12 3,371,613 744,175

Net Assets or Fund Balances

20 Total assets (Part X, line 16) **Beginning of Current Year** 10,150,730 **End of Year** 10,650,966

21 Total liabilities (Part X, line 26) 803,545 559,305

22 Net assets or fund balances. Subtract line 21 from line 20 9,347,185 10,091,661

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

2023-03-13

Date

JACQUELINE DECARLO CHIEF EXECUTIVE OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00097044

Firm's name ▶ MARCUM LLP

Firm's EIN ▶ 11-1986323

Firm's address ▶ 1 RESEARCH COURT SUITE 400

Phone no. (301) 691-3600

ROCKVILLE, MD 20850

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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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:

STRIVES TO END HUNGER IN MONTGOMERY COUNTY THROUGH EDUCATION, ADVOCACY, AND FOOD DISTRIBUTION. MANNA HAS THE TRACK RECORD, PASSION, AND COMMITMENT TO HELP CREATE A FOOD SYSTEM WHERE ALL PEOPLE AT ALL TIMES HAVE ACCESS TO NUTRITIOUS, APPROPRIATE FOOD SO THEY CAN BE FULL PARTICIPANTS IN OUR COMMUNITY.

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 \$ 6,391,867 including grants of \$ 4,010,434) (Revenue \$)

MANNA FOOD CENTER, INC. (THE ORGANIZATION) IS A NON-PROFIT ORGANIZATION THAT IS MONTGOMERY COUNTY, MARYLAND'S LARGEST AND MOST FAR-REACHING PROVIDER OF FOOD ASSISTANCE. THE ORGANIZATION STRIVES TO MEET ITS NEIGHBORS' REQUESTS FOR SERVICES BY SERVING AS BOTH A FOOD BANK AND A FOOD PANTRY. FOR MORE THAN THREE DECADES, THE ORGANIZATION HAS BEEN A RELIABLE "THREAD" IN THE SOCIAL SAFETY NET FOR THE VULNERABLE: THE ELDERLY, THE DISABLED, INDIVIDUALS AND FAMILIES IN CRISIS THAT REQUIRE A SUPPLEMENT OF NUTRITIOUS FOOD. THE ORGANIZATION'S WORK IS BUILT ON THREE PILLARS THAT CREATE A UNIQUE AND COMPREHENSIVE APPROACH TO HUNGER RELIEF. PILLAR 1: REDUCE HUNGER AND IMPROVE ACCESS TO NUTRITIOUS FOOD FOR MONTGOMERY COUNTY RESIDENTS WHO EXPERIENCE FOOD INSECURITY. PILLAR 2: STRENGTHEN COMMUNITY FOOD SKILLS AND KNOWLEDGE TO ENCOURAGE AND ENABLE HEALTHY EATING. PILLAR 3: CONNECT MONTGOMERY COUNTY NEIGHBORS TO SERVICE PROVIDERS AND TO EACH OTHER. THE ORGANIZATION IS THE MAIN FOOD BANK IN MONTGOMERY COUNTY, AND NEARLY EVERY LOCAL COUNTY AND NONPROFIT ORGANIZATION RELIES ON THE ORGANIZATION TO PROVIDE ESSENTIAL FOOD TO THEIR CLIENTS THROUGH THEIR REFERRAL SYSTEM. THE VISION FOR THE ORGANIZATION IS TO BE AT THE CENTER OF ENDING HUNGER IN THEIR COMMUNITY. DISTRIBUTES TO AN AVERAGE OF 4,850 FAMILIES APPROXIMATELY 50 POUNDS OF FRESH VEGETABLES, PANTRY STABLES, BREADS, AND FROZEN MEATS EACH MONTH. THIS PROGRAM SERVES 38,326 INDIVIDUALS WITH MORE THAN 3.5 MILLION POUNDS OF FOOD. QUALIFYING FAMILIES MUST REPORT INCOME BELOW MARYLAND'S SELF-SUFFICIENCY STANDARD; HOWEVER, THIS REQUIREMENT HAS BEEN WAIVED SINCE THE START OF THE PANDEMIC. THIS PROGRAM IS RUN AT 22 SITES AND INCLUDES DELIVERY TO QUALIFYING FAMILIES.

4b (Code:) (Expenses \$ 1,010,273 including grants of \$ 701,317) (Revenue \$)

SMART SACKS: DISTRIBUTES FOOD THROUGH A NETWORK OF ALMOST 60 MONTGOMERY COUNTY PUBLIC ELEMENTARY SCHOOLS. THE PROGRAM FILLS A CRITICAL GAP BY PROVIDING FOOD TO CHILDREN AND THEIR FAMILIES ON FRIDAYS DURING THE SCHOOL YEAR TO ENSURE THEY HAVE NUTRITIOUS FOOD TO EAT DURING THE WEEKEND. THE PROGRAM DISTRIBUTED 429,610 POUNDS OF FOOD TO NEARLY 27,000 CHILDREN THIS PAST SCHOOL YEAR. ONE OF THE ORGANIZATION'S NEWER INITIATIVES, SCHOOL-BASED PANTRIES, CONTINUED TO EXPAND BY ADDING KEMP MILL ELEMENTARY SCHOOL. WITH HARMONY HILLS AND HIGHLAND ELEMENTARY SCHOOL, THE 3 PANTRIES RESULTED IN THE ORGANIZATION'S DOUBLING SERVICE NUMBERS, SUPPORTING 6,773 SCHOOL-AGE CHILDREN AND FAMILIES OVERALL, INCLUDING 38,000 POUNDS OF PRODUCE AND PANTRY STAPLES AT THE PANTRIES.

4c (Code:) (Expenses \$ 553,418 including grants of \$ 239,805) (Revenue \$)

COMMUNITY FOOD RESCUE (CFR): IS A FIRST-OF-ITS KIND, COORDINATED FOOD RECOVERY NETWORK LED BY THE ORGANIZATION AND BUILDING ON THE FORMER FOOD FOR AGENCIES PROGRAM. BY PARTNERING WITH A RANGE OF HUNGER RELIEF ORGANIZATIONS, VOLUNTEERS AND BUSINESSES, THE INITIATIVE IS MAKING SURE THAT EDIBLE FOOD REACHES HUNGRY NEIGHBORS. CFR BUILDS UPON THE WORK OF ESTABLISHMENTS ALREADY RECOVERING GOOD FOOD BEFORE IT IS THROWN AWAY AND IDENTIFIES NEW DONORS. STATE-OF-THE-ART TECHNOLOGY MAKES REAL-TIME MATCHES BASED ON GEOGRAPHY AND TRANSPORTATION OPTIONS. TRAININGS AND MINI-GRANTS ARE OFFERED TO BUILD CAPACITY AND INCREASE FOOD-RESCUING CAPABILITIES.

(Code:) (Expenses \$ 1,146,517 including grants of \$ 545,032) (Revenue \$)



















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

(Expenses \$ 1,146,517 including grants of \$ 545,032) (Revenue \$)

4e Total program service expenses ▶ 9,102,075

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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 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 	2 Yes	
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	3	No
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	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
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 	6	No
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 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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 	9	No
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	10 Yes	
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. 	11a Yes	
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 	11b	No
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 	11c	No
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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	14b	No
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	15	No
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	16	No
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. 	17	No
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 	18 Yes	
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 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

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Page **4****Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	Yes	
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>		No
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>		No
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>		No
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>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	Yes	
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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		No
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>		No
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>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		No
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>		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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	2a 53			
b 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.		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
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)?		4a		No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
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?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a 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?		7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d 			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a 			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a 			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b 			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b 			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a 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.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b 			
c Enter the amount of reserves on hand	13c 			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess				

15	Is the organization subject to the section 4990 tax on payment(s) of more than \$2,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	16	No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 18		
b Enter the number of voting members included in line 1a, above, who are independent	1b 18		
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?	2		No
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?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
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?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

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?	10a	No
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?	11a Yes	
b Describe on 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	12a Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c Yes	
13 Did the organization have a written whistleblower policy?	13 Yes	
14 Did the organization have a written document retention and destruction policy?	14 Yes	
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	15a Yes	
b Other officers or key employees of the organization	15b Yes	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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?	16a	No
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 MD

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain 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:
THE ORGANIZATION 12301 OLD COLUMBIA PIKE 200 SILVER SPRING, MD 20904 (202) 669-7483

Form 990 (2021)

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA DAVIS CHAIR	2.00	X		X				0	0	0
(2) DEANNA WILSON PAST BOARD MEMBER	2.00	X		X				0	0	0
(3) JASON L MILLS TREASURER	2.00	X		X				0	0	0
(4) FORREST A DANIELS DSC BOARD MEMBER	2.00	X						0	0	0
(5) JORGE ESPINOSA BOARD MEMBER	2.00	X						0	0	0
(6) LORNA P FORDE BOARD MEMBER	2.00	X						0	0	0
(7) MATTHEW J KEENE BOARD MEMBER	2.00	X						0	0	0
(8) JESSICA M NARDI BOARD MEMBER	2.00	X						0	0	0
(9) HOLLY J WONG BOARD MEMBER	2.00	X						0	0	0

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 1

	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	No
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	No
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	No

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
PROSOURCING PARTNERS LLC 8330 BOONE BLVD SUITE 350 VIENNA, VA 22182	ACCOUNTING SERVICES	123,788


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 1

Form 990 (2021)

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
--	----------------------	--	---	--

 Federated campaigns 1a

 Contributions, Gifts, Grants, and Membership dues 1b

 OtherAmt 1c

 Similar 1d

 Fundraising events 1e

49,565

d Related organizations 1d

e Government grants (contributions) 1e

2,983,911

f All other contributions, gifts, grants, and similar amounts not included above 1f

8,064,037

g Noncash contributions included in lines 1a - 1f:\$ 1g

2,725,047

h Total. Add lines 1a-1f 11,097,513

2a	Business Code				

3 Investment income (including dividends, interest, and other similar amounts)		11,499			11,499															
4 Income from investment of tax-exempt bond proceeds																				
5 Royalties																				
<table border="1"> <thead> <tr> <th></th> <th>(i) Real</th> <th>(ii) Personal</th> </tr> </thead> <tbody> <tr> <td>6a Gross rents</td> <td></td> <td></td> </tr> <tr> <td>b Less: rental expenses</td> <td></td> <td></td> </tr> <tr> <td>c Rental income or (loss)</td> <td></td> <td></td> </tr> <tr> <td colspan="3">d Net rental income or (loss)</td> </tr> </tbody> </table>			(i) Real	(ii) Personal	6a Gross rents			b Less: rental expenses			c Rental income or (loss)			d Net rental income or (loss)						
	(i) Real	(ii) Personal																		
6a Gross rents																				
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<table border="1"> <thead> <tr> <th></th> <th>(i) Securities</th> <th>(ii) Other</th> </tr> </thead> <tbody> <tr> <td>7a Gross amount from sales of assets other than inventory</td> <td></td> <td></td> </tr> <tr> <td>b Less: cost or other basis and sales expenses</td> <td></td> <td></td> </tr> <tr> <td>c Gain or (loss)</td> <td></td> <td></td> </tr> <tr> <td colspan="3">d Net gain or (loss)</td> </tr> </tbody> </table>			(i) Securities	(ii) Other	7a Gross amount from sales of assets other than inventory			b Less: cost or other basis and sales expenses			c Gain or (loss)			d Net gain or (loss)						
	(i) Securities	(ii) Other																		
7a Gross amount from sales of assets other than inventory																				
b Less: cost or other basis and sales expenses																				
c Gain or (loss)																				
d Net gain or (loss)																				
8a Gross income from fundraising events (not including \$ 49,565 of contributions reported on line 1c). See Part IV, line 18		13,765																		
8b Less: direct expenses		19,689																		
c Net income or (loss) from fundraising events		-5,924			-5,924															
9a Gross income from gaming activities. See Part IV, line 19																				
9b Less: direct expenses																				
c Net income or (loss) from gaming activities																				
10a Gross sales of inventory, less returns and allowances																				
10b Less: cost of goods sold																				
c Net income or (loss) from sales of inventory																				
<table border="1"> <thead> <tr> <th>Miscellaneous Revenue</th> <th>Business Code</th> </tr> </thead> <tbody> <tr> <td>11a OTHER INCOME</td> <td>900099</td> </tr> <tr> <td>b</td> <td></td> </tr> <tr> <td>c</td> <td></td> </tr> <tr> <td>d All other revenue</td> <td></td> </tr> <tr> <td colspan="2">e Total. Add lines 11a-11d</td> </tr> </tbody> </table>		Miscellaneous Revenue	Business Code	11a OTHER INCOME	900099	b		c		d All other revenue		e Total. Add lines 11a-11d		41,557	41,557					
Miscellaneous Revenue	Business Code																			
11a OTHER INCOME	900099																			
b																				
c																				
d All other revenue																				
e Total. Add lines 11a-11d																				
12 Total revenue. See instructions		11,144,645	41,557	0	5,575															

Form 990 (2021)

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 <input type="checkbox"/>	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	228,806	228,806		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,267,782	5,267,782		
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	142,743	78,508	35,686	28,549
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	1,993,589	1,684,403	176,365	132,821
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,789	41,791	2,258	3,740
9 Other employee benefits	142,903	125,920	6,213	10,770
10 Payroll taxes	169,552	140,032	16,766	12,754
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	290,365	82,352	194,378	13,635
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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)	484,946	137,538	324,637	22,771
12 Advertising and promotion	15,444	5,736	872	8,836
13 Office expenses	140,134	50,945	37,857	51,332
14 Information technology	82,151	55,111	13,491	13,549
15 Royalties				
16 Occupancy	472,285	424,205	20,688	27,392
17 Travel	41,894	38,194	3,640	60
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	224,444	195,416	11,222	17,806
23 Insurance	52,414	45,637	2,621	4,156
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 OUTREACH	148,896	144,249	2,136	2,511
b EQUIPMENT RENTAL	111,563	111,275	120	168
c WAREHOUSE SUPPLIES	109,383	108,839	544	0
d REPAIRS AND MAINTENANCE	102,650	96,860	5,326	464
e All other expenses	130,737	38,476	20,788	71,473
25 Total functional expenses. Add lines 1 through 24e	10,400,470	9,102,075	875,608	422,787
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).				

Form **990** (2021)

Part X **Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	7,447,239	1	7,848,487
	2 Savings and temporary cash investments	37,701	2	32,094
	3 Pledges and grants receivable, net	140,971	3	347,533
	4 Accounts receivable, net	200	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	287,152	8	200,117
	9 Prepaid expenses and deferred charges	39,677	9	119,946
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,072,654		
	b Less: accumulated depreciation	1,326,196	10c	746,458
	11 Investments—publicly traded securities	1,198,530	11	1,337,924
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	18,407	15	18,407
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,150,730	16	10,650,966	
Liabilities	17 Accounts payable and accrued expenses	219,168	17	392,129
	18 Grants payable		18	
	19 Deferred revenue	131,965	19	70,353
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	372,210	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	80,202	25	96,823
	26 Total liabilities. Add lines 17 through 25	803,545	26	559,305
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,332,059	27	10,076,535
	28 Net assets with donor restrictions	15,126	28	15,126
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,347,185	32	10,091,661
	33 Total liabilities and net assets/fund balances	10,150,730	33	10,650,966

Form **990** (2021)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	11,144,645
2 Total expenses (must equal Part IX, column (A), line 25)	2	10,400,470
3 Revenue less expenses. Subtract line 2 from line 1	3	744,175

3	Revenue less expenses. Subtract line 2 from line 1	3	744,175
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,347,185
5	Net unrealized gains (losses) on investments	5	301
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,091,661

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 on 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		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c 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.	Yes	
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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2021)

Form 990 (2021)

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A

(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and

Complete if the organization is a section 501(c)(3) nonexempt charity. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions.

Name of the organization

MANNA FOOD CENTER INC

Part I Reason for Public Charity Status (All organizations must check one box.)

The organization is not a private foundation because it is: (For lines 1 through 12, check the appropriate 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) if the organization has more than \$500,000 of gross assets.)
- 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 (not a hospital) and having as its purpose the medical research described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a state or local government or governmental unit described in section 170(b)(1)(A)(v).
- 6

☐

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi).
- 7

☒

An organization that normally receives a substantial part of its support from the general public. (Complete Part II.)
- 8

☐

A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9

☐

An agricultural research organization described in section 170(b)(1)(A)(viii) or a non-land grant college of agriculture. See instructions. Enter the name of the organization on line 9a.
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from activities related to its exempt functions—subject to certain exceptions; (2) more than 33 1/3% of its support from investment income and unrelated business taxable income (less section 1361(b)(3)(B) income); or (3) more than 33 1/3% of its support from the general public. (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to make payments to one or more publicly supported organizations described in section 509(a)(1). (Complete Part IV, Sections A and B.)
- a

☐

Type I. A supporting organization operated, supervised, or controlled by the organization(s) the power to regularly appoint or elect a majority of the organization's directors or trustees. (Complete Part IV, Sections A and B.)
- b

☐

Type II. A supporting organization supervised or controlled in connection with the management of the supporting organization vested in the same person as the organization(s). (Complete Part IV, Sections A and C.)
- c

☐

Type III functionally integrated. A supporting organization operated exclusively for the benefit of the organization(s) (see instructions). You must complete Part IV, Section D.
- d

☐

Type III non-functionally integrated. A supporting organization operated exclusively for the benefit of the organization(s) (see instructions). The organization generally must satisfy a distribution requirement. 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 qualified organization under section 509(a)(2).
- 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 a publicly supported organization?
			Yes
Total			

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

Cat. No.

1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	8,282,583	8,456,247	
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	8,282,583	8,456,247	
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.			

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019
7 Amounts from line 4.	8,282,583	8,456,247	
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	7,962	9,434	
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.).	5,876	4,570	
11 Total support. Add lines 7 through 10			
12 Gross receipts from related activities, etc. (see instructions)			
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth year, check this box and stop here			

Section C. Computation of Public Support Percentage

- 14** Public support percentage for 2021 (line 6, column (f) divided by line 11, column (c))
- 15** Public support percentage for 2020 Schedule A, Part II, line 14
- 16a** **33 1/3% support test—2021.** If the organization did not check the box on line 13, 16a, 1, the organization does not qualify under the 33 1/3% support test. If the organization checked the box on line 13, 16a, 1, and **stop here**. The organization qualifies as a publicly supported organization.
- b** **33 1/3% support test—2020.** If the organization did not check a box on line 13, 16a, 1, the organization does not qualify under the 33 1/3% support test. If the organization checked a box on line 13, 16a, 1, and **stop here**. The organization qualifies as a publicly supported organization.
- 17a** **10%-facts-and-circumstances test—2021.** If the organization did not check the box on line 13, 16a, 1, and if the organization meets the "facts-and-circumstances" test, check this box. If the organization does not meet the "facts-and-circumstances" test, the organization qualifies as a publicly supported organization.
- b** **10%-facts-and-circumstances test—2020.** If the organization did not check the box on line 13, 16a, 1, and if the organization meets the "facts-and-circumstances" test, check this box. If the organization does not meet 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, 1, and if the organization is a private foundation, check this box. If the organization is not a private foundation, do not check this box. (See instructions.)

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 513(c)(3)

(Complete only if you checked the box on line 10 of Part III. If the organization fails to qualify under the tests listed below, the organization is not a publicly supported organization.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019
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	to or expended on its behalf. . . .			
	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) ►	(a) 2017	(b) 2018	(c)
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 on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth year, check this box and stop here.			

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (c))
16	Public support percentage from 2020 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (c))
18	Investment income percentage from 2020 Schedule A, Part III, line 17
19a	33 1/3% support tests—2021. If the organization did not check the box on line 18, more than 33 1/3%, check this box and stop here. The organization qualifies for the 33 1/3% support tests for 2021.
b	33 1/3% support tests—2020. If the organization did not check a box on line 18, not more than 33 1/3%, check this box and stop here. The organization qualifies for the 33 1/3% support tests for 2020.
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and stop here. The organization is a private foundation.

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's records? If "No," describe in **Part VI** how the supported organizations are designated. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an EIN 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined the EIN. Describe in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(3) below.
- b Did the organization confirm that each supported organization qualified under the public support tests under section 509(a)(2)? If "Yes," describe in **Part V** the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for the organization's exempt purpose? If "Yes," explain in **Part VI** what controls the organization put in place to ensure that all support was used exclusively for the organization's exempt purpose.

- 4a** Was any supported organization not organized in the United States ("foreign : checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b** Did the organization have ultimate control and discretion in deciding whether organization? If "Yes," describe in **Part VI** how the organization had such cor supervised by or in connection with its supported organizations.
- c** Did the organization support any foreign supported organization that does no 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the to the foreign supported organization was used exclusively for section 170(c).
- 5a** Did the organization add, substitute, or remove any supported organizations and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the organizations added, substituted, or removed; (ii) the reasons for each such organization's organizing document authorizing such action; and (iv) how the amendment to the organizing document).
- b Type I or Type II only.** Was any added or substituted supported organization's organizing document?
- c Substitutions only.** Was the substitution the result of an event beyond the c
- 6** Did the organization provide support (whether in the form of grants or the pr than (i) its supported organizations, (ii) individuals that are part of the charity supported organizations, or (iii) other supporting organizations that also supp organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7** Did the organization provide a grant, loan, compensation, or other similar pay section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35 contributor? If "Yes," complete Part I of Schedule L (Form 990) .
- 8** Did the organization make a loan to a disqualified person (as defined in sectic complete Part I of Schedule L (Form 990).
- 9a** Was the organization controlled directly or indirectly at any time during the ta defined in section 4946 (other than foundation managers and organizations d provide detail in **Part VI**.
- b** Did one or more disqualified persons (as defined on line 9a) hold a controlling organization had an interest? If "Yes," provide detail in **Part VI**.
- c** Did a disqualified person (as defined on line 9a) have an ownership interest in in which the supporting organization also had an interest? If "Yes," provide de
- 10a** Was the organization subject to the excess business holdings rules of section certain Type II supporting organizations, and all Type III non-functionally inte answer line 10b below.
- b** Did the organization have any excess business holdings in the tax year? (Use the organization had excess business holdings).

Page 5

Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following
- a** A person who directly or indirectly controls, either alone or together with pers governing body of a supported organization?
- b** A family member of a person described on 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Y **VI**.

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported appoint or elect at least a majority of the organization's directors or trustees . describe in **Part VI** how the supported organization(s) effectively operated, s activities. If the organization had more than one supported organization, des remove directors or trustees were allocated among the supported organizatio applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization oth operated, supervised, or controlled the supporting organization? If "Yes," exp carried out the purposes of the supported organization(s) that operated, supe organization.

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year each of the organization's supported organization(s)? If "No," describe in **Par** supporting organization was vested in the same persons that controlled or ma
-

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last tax year, (i) a written notice describing the type and amount of support provided, (ii) a copy of the organization's Form 990 that was most recently filed as of the date of notification, and (iii) copies of all 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 by the organization(s) or (ii) serving on the governing body of a supported organization maintained a close and continuous working relationship with the organization?
- 3 By reason of the relationship described in line 2 above, did the organization's officers, directors, or trustees have a voice in the organization's investment policies and in directing the use of the organization's assets during the tax year? If "Yes," describe in **Part VI** the role the organization's officers, directors, or trustees played.

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.
 - a ☐ The organization satisfied the Activities Test. Complete **line 2** below.
 - b ☐ The organization is the parent of each of its supported organizations. Complete **lines 3a and 3b** below.
 - c ☐ The organization supported a governmental entity. Describe in **Part VI** the role the organization's officers, directors, or trustees played.
- 2 Activities Test. **Answer lines 2a and 2b 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," **explain** how these activities directly furthered their exempt purposes, and how the organization determined that its supported organization(s) would have been engaged in the organization's position that its supported organization(s) would have engaged in the organization's involvement.
 - b Did the activities described on line 2a, above constitute activities that, but for the organization's support, the supported organization(s) would have engaged in?
- 3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
 - b Did the organization exercise a substantial degree of direction over the policies of the supported organizations? If "Yes," describe in **Part VI** the role played by the organization's officers, directors, or trustees.

Schedule A (Form 990) 2021

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 qualified 509(a)(3) organization. All other Type III non-functionally integrated supporting organizations must check this box.

Section A - Adjusted Net Income

- 1 Net short-term capital gain
- 2 Recoveries of prior-year distributions
- 3 Other gross income (see instructions)
- 4 Add lines 1 through 3
- 5 Depreciation and depletion
- 6 Portion of operating expenses paid or incurred for production or collection of income or for management, conservation, or maintenance of property held for production of income (see instructions)
- 7 Other expenses (see instructions)
- 8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

- 1 Aggregate fair market value of all non-exempt-use assets (see instructions for calculation of fair market value for tax year or assets held for part of year):
 - a Average monthly value of securities
 - b Average monthly cash balances
 - c Fair market value of other non-exempt-use assets
 - d **Total** (add lines 1a, 1b, and 1c)
 - e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):
- 2 Acquisition indebtedness applicable to non-exempt use assets
- 3 Subtract line 2 from line 1d

3	Subtract line 2 from line 10
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, instructions).
5	Net value of non-exempt-use assets (subtract line 4 from line 3)
6	Multiply line 5 by 0.035
7	Recoveries of prior-year distributions
8	Minimum Asset Amount (add line 7 to line 6)
Section C - Distributable Amount	
1	Adjusted net income for prior year (from Section A, line 8, Column A)
2	Enter 85% of line 1
3	Minimum asset amount for prior year (from Section B, line 8, Column A)
4	Enter greater of line 2 or line 3
5	Income tax imposed in prior year
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated 509(a)(3) support organization (see instructions)

Schedule A (Form 990) 2021

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

Section D - Distributions

1	Amounts paid to supported organizations to accomplish exempt purposes
2	Amounts paid to perform activity that directly furthers exempt purposes of support organization in excess of income from activity
3	Administrative expenses paid to accomplish exempt purposes of supported organization
4	Amounts paid to acquire exempt-use assets
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)
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 not a 509(a)(3) support organization (describe in Part VI). See instructions
9	Distributable amount for 2021 from Section C, line 6
10	Line 8 amount divided by Line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions
1 Distributable amount for 2021 from Section C, line 6	
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.	
3 Excess distributions carryover, if any, to 2021:	
a From 2016.	
b From 2017.	
c From 2018.	
d From 2019.	
e From 2020.	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
h Applied to 2021 distributable amount	
i Carryover from 2016 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4 Distributions for 2021 from Section D, line 7:	
\$	
a Applied to underdistributions of prior years	
b Applied to 2021 distributable amount	
c Remainder. Subtract lines 4a and 4b from line 4.	
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2.	

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization
MANNA FOOD CENTER INC

Employer identification number
52-1289203

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

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

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 990PF, 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.

Cat. No. 30613X

Schedule B (Form 990) (2021)

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
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash
(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash
(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash
(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash
(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash
(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash
(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash
(Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 3

Name of organization MANNA FOOD CENTER INC	Employer identification number 52-1289203
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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

-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 4

Name of organization MANNA FOOD CENTER INC	Employer identification number 52-1289203
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

		(e) Transfer of gift			
		Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gift			
		Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Schedule B (Form 990) (2021)

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE D

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MANNA FOOD CENTER INC

Employer identification number

52-1289203

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		
<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		
<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	
<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,126	15,126	15,228	15,228	15,786
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs			102		558
f Administrative expenses					
g End of year balance	15,126	15,126	15,126	15,228	15,228

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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				
b Buildings				
c Leasehold improvements		831,190	368,390	462,800
d Equipment		1,241,464	957,806	283,658
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				746,458

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

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

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.)		

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.)	

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	
DEFERRED RENT	96,823

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	96,823

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 ☒

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

Page 4

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	11,209,148
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	301
b	Donated services and use of facilities	2b	64,202
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	64,503
3	Subtract line 2e from line 1	3	11,144,645
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	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,144,645

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	10,464,672	
2			Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a		Donated services and use of facilities	2a			64,202
b		Prior year adjustments	2b			
c		Other losses	2c			
d		Other (Describe in Part XIII.)	2d			
e			Add lines 2a through 2d	2e	64,202	
3			Subtract line 2e from line 1	3	10,400,470	
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	0	
5			Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,400,470	

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.

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES (EXCEPT TAXES ON UNRELATED BUSINESS INCOME) UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED BY THE INTERNAL REVENUE SERVICES AS "OTHER THAN A PRIVATE FOUNDATION". NO PROVISION FOR INCOME TAXES IS REQUIRED FOR THE YEARS ENDED JUNE 30, 2022 OR 2021 SINCE THE ORGANIZATION HAD NO TAXABLE INCOME FROM UNRELATED BUSINESS ACTIVITIES. THE INCOME TAX POSITIONS TAKEN BY THE ORGANIZATION FOR YEARS OPEN UNDER THE VARIOUS STATUTES OF LIMITATIONS ARE THAT THE ORGANIZATION CONTINUES TO BE EXEMPT FROM INCOME TAXES AND THAT IT HAS PROPERLY REPORTED UNRELATED BUSINESS INCOME THAT IS SUBJECT TO INCOME TAXES. THE ORGANIZATION BELIEVES THERE ARE NO TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD SIGNIFICANTLY INCREASE UNRECOGNIZED TAX LIABILITIES WITHIN 12 MONTHS OF THE REPORTING DATE. NONE OF THE ORGANIZATION'S FEDERAL OR STATE INCOME TAX RETURNS ARE CURRENTLY UNDER

Additional Data

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SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization
MANNA FOOD CENTER INC

Employer identification number

52-1289203

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 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			
Total ▶						

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

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
--	--------------	--------------	------------------	------------------

		HEROS AGAINST HUNGER AWARDS (event type)	N/A (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	63,330		63,330
	2	Less: Contributions	49,565		49,565
	3	Gross income (line 1 minus line 2)	13,765		13,765
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	15,191		15,191
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	4,498		4,498
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-5,924

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				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	<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 ▶ -----

Address ▶ -----

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
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Schedule G (Form 990) 2021

Additional Data

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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.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
MANNA FOOD CENTER INC

Employer identification number
52-1289203

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.

(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) ALDEN FARMS 19215 BEALLSVILLE RD BEALLSVILLE, MD 20839		INDIVIDUAL/SOLE PROP	10,000	0			FOOD AND NUTRITION ASSISTANCE
(2) AMARANTH ACRES 22814 WEST HARRIS ROAD DICKERSON, MD 20842		LLC	10,000	0			FOOD AND NUTRITION ASSISTANCE
(3) DODO FARMS 1600 20TH ST NW WASHINGTON, DC 20036		PARTNERSHIP	9,035	0			FOOD AND NUTRITION ASSISTANCE
(4) GAITHERSBURG HELP INC 301 MUDDY BRANCH ROAD GAITHERSBURG, MD 20878		501(C)3	45,000	0			FOOD AND NUTRITION ASSISTANCE
(5) LEWIS ORCHARDS 18901 PEACH TREE RD DICKERSON, MD 20842		LLC / PARTNERSHIP	10,000	0			FOOD AND NUTRITION ASSISTANCE
(6) PURPLE MOUNTAIN ORGANICS 7120 CARROLL AVE TAKOMA PARK, MD 20912		INDIVIDUAL/SOLE PROP	10,000	0			FOOD AND NUTRITION ASSISTANCE
(7) SAVAGE ACRES FARM 23301 MT EPHRAIM RD DICKERSON, MD 20842		S CORPORATION	5,933	0			FOOD AND NUTRITION ASSISTANCE
(8) SENECA CREEK COMMUNITY CHURCH 13 FIRSTFIELD ROAD SUITE 100 GAITHERSBURG, MD 20878		501(C)3	34,000	0			FOOD AND NUTRITION ASSISTANCE
(9) CHIRANDU FARMS LLC 10262 WILD APPLE CIRCLE MONTGOMERY VILLAGE, MD 20886		LLC	10,000	0			FOOD AND NUTRITION ASSISTANCE
(10) FARMATHOME PRODUCE 15350 PARTNERSHIP ROAD POOLESVILLE, MD 20837		FOREIGN CORPORATION	10,000	0			FOOD AND NUTRITION ASSISTANCE
(11) PLOW AND STARS FARM 14010 MONTEVIDEO RD POOLESVILLE, MD 20837		LLC	10,000	0			FOOD AND NUTRITION ASSISTANCE
(12) THE FARM AT OUR HOUSE 3 DUKE COURT ROCKVILLE, MD 20850		LLC	10,000	0			FOOD AND NUTRITION ASSISTANCE
(13) KOINER FARM CO CKC FARMING 737 EASLEY STREET SILVER SPRING, MD 20910		501(C)3	9,000	0			FOOD AND NUTRITION ASSISTANCE
(14) HALL BLANCHE 3910 KNOWLES AVENUE UNIT 302 KENSINGTON, MD 20895		INDIVIDUAL/SOLE PROP	7,125	0			FOOD AND NUTRITION ASSISTANCE
(15) COMMON ROOT FARM 18101 BOWIE MILL ROAD DERWOOD, MD 20855		LLC	6,840	0			FOOD AND NUTRITION ASSISTANCE

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

Schedule I (Form 990) 2021

Page 2

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 FOR NEEDY FAMILIES			5,267,782	NON-CASH FOOD DONATIONS WERE VALUED AT \$1.79 PER POUND	PERISHABLE AND SHELF-STABLE FOOD
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

(7)					
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	AN INDIVIDUAL WHO HAS BEEN QUALIFIED IS ELIGIBLE FOR A REFERRAL TO RECEIVE FOOD. THEY MAKE AN APPOINTMENT FOR A SPECIFIC DATE AND LOCATION. THE STAFF MEMBER RESPONSIBLE FOR FACILITATING THE FOOD DISTRIBUTION RECEIVES A LIST OF ALL CLIENTS SCHEDULED TO PICK UP FOOD ON THAT SPECIFIC DAY AND AT THAT SPECIFIC LOCATION. CLIENTS MUST PROVIDE IDENTIFICATION MATCHING THE REFERRAL INFORMATION IN ORDER TO RECEIVE FOOD. CLIENTS ARE ASKED TO SIGN A FORM INDICATING THAT THEY RECEIVED FOOD. THIS INFORMATION IS TRANSFERRED TO THE REFERRAL DATABASE IN ORDER TO DETERMINE THE NEXT DATE OF ELIGIBILITY. CLIENTS ARE ELIGIBLE TO RECEIVE FOOD ONCE EVERY 30 DAYS.

Schedule I (Form 990) 2021

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SCHEDULE M

(Form 990)

Noncash Contrib

▶ **Complete if the organizations answered "Yes" on For**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest informatio**

Department of the Treasury

Internal Revenue Service

Name of the organization

MANNA FOOD CENTER INC

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed
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 . .		
7 Boats and planes		
8 Intellectual property . . .		
9 Securities—Publicly traded .		
10 Securities—Closely held stock .	X	
11 Securities—Partnership, LLC, or trust interests		
12 Securities—Miscellaneous . .		
13 Qualified conservation contribution—Historic structures		
14 Qualified conservation contribution—Other . . .		
15 Real estate—Residential .		
16 Real estate—Commercial . .		
17 Real estate—Other		
18 Collectibles		
19 Food inventory	X	
20 Drugs and medical supplies .		
21 Taxidermy		
22 Historical artifacts		
23 Scientific specimens . . .		
24 Archeological artifacts . . .		
25 Other ▶ (_____)		
26 Other ▶ (_____)		
27 Other ▶ (_____)		
28 Other ▶ (_____)		

29

Number of Forms 8283 received by the organization during the tax year for co

for which the organization completed Form 8283, Part IV, Donee Acknowledge

30a

During the year, did the organization receive by contribution any property rep

hold for at least three years from the date of the initial contribution, and whic

purposes for the entire holding period?

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review c

32a

Does the organization hire or use third parties or related organizations to soli

contributions?

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of proper

describe in Part II.

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

complete this part for any additional information.

Return Reference

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TIN: 52-1289203

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization
MANNA FOOD CENTER INC

Employer identification number

52-1289203

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE REVIEW PROCESS INVOLVES THE CHIEF EXECUTIVE OFFICER AND THE TREASURER MAKING A PRESENTATION TO THE EXECUTIVE COMMITTEE, FOLLOWED BY AN EMAIL DISTRIBUTION TO THE ENTIRE BOARD.
FORM 990, PART VI, SECTION B, LINE 12C	THE CHIEF EXECUTIVE OFFICER AND EXECUTIVE COMMITTEE MEMBERS MEET SIX TO EIGHT TIMES EACH YEAR. DURING THE COMMITTEE'S MEETING, THEY REVIEW ANY ISSUES THAT ARE RELATED TO THE CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15	THE CHIEF EXECUTIVE OFFICER COMPILES COMPENSATION DATA FROM FOOD BANKS AND OTHER DIRECT SERVICE ORGANIZATIONS IN THE REGION AND PRESENTS TO THE EXECUTIVE COMMITTEE. THE BOARD OF DIRECTORS THEN DECIDES THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER.
FORM 990, PART VI, SECTION C, LINE 19	MANNA'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
PART XII, LINE 2C	THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR THE OVERSIGHT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE ORGANIZATION'S OVERSIGHT PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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

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Schedule O (Form 990) 2021

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