Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 10/01, 2021, and ending 9/30, 20 22

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to *www.irs.gov/Form8879TE* for the latest information.**

OMB No. 1545-0047

2021

Name of filer: MANNA ON MAIN STREET

EIN or SSN: 23-2287252

Name and title of officer or person subject to tax: JULIE ROSNER-LENGELE, TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ▶	X	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	10,263,263
2a	**Form 990-EZ** check here ▶		**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here ▶		**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here ▶		**b** **Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a	**Form 8868** check here ▶		**b** **Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here ▶		**b** **Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here ▶		**b** **Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here ▶		**b** **FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here ▶		**b** **Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here ▶		**b** **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) ______________________, (EIN) ____________ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize HUTCHINSON, GILLAHAN & FREEH, PC (**ERO firm name**) to enter my PIN 72522 (**Enter five numbers, but do not enter all zeros**) as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ ____________ Date ▶ ____________

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

23705836842
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ ____________ Date ▶ ____________

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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 10/01/21 **, and ending** 09/30/22

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

C Name of organization: MANNA ON MAIN STREET

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 606 EAST MAIN STREET | Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: LANSDALE PA 19446

D Employer identification number 23-2287252

E Telephone number 215-855-5454

G Gross receipts $ 10,272,568

F Name and address of principal officer:
JULIE ROSNER-LENGELE
606 E. MAIN STREET, SUITE 1001
LANSDALE PA 19446

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

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

J **Website:** ▶ WWW.MANNAONMAIN.ORG

H(c) Group exemption number ▶

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

L Year of formation: 1981 **M** State of legal domicile: PA

Part I Summary

Activities & Governance

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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	44
6	Total number of volunteers (estimate if necessary)	6	590
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

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,894,253	9,447,545
	9	Program service revenue (Part VIII, line 2g)	699,243	666,080
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,955	6,169
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100,019	143,469
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,699,470	10,263,263
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,406,618	7,036,589
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,364,295	1,743,274
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 283,395		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	977,791	1,112,691
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,748,704	9,892,554
	19	Revenue less expenses. Subtract line 18 from line 12	950,766	370,709

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,444,081	3,496,771
	21	Total liabilities (Part X, line 26)	1,078,058	760,039
	22	Net assets or fund balances. Subtract line 21 from line 20	2,366,023	2,736,732

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 | Date

JULIE ROSNER-LENGELE TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CHERI H. FREEH, CPA,CGMA		06/02/23		P00207833

Firm's name ▶ HUTCHINSON, GILLAHAN & FREEH, PC — Firm's EIN ▶ 23-2939378

Firm's address ▶ 125 CALIFORNIA ROAD, QUAKERTOWN, PA 18951-2483 — Phone no. 215-538-1371

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 [X] 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 [X] 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 $ 3,520,284 including grants of $ 1,375,864) (Revenue $ 666,080)

SEE SCHEDULE O

4b (Code:) (Expenses $ 279,621 including grants of $ 279,621) (Revenue $)

SEE SCHEDULE O

4c (Code:) (Expenses $ 5,610,394 including grants of $ 5,374,111) (Revenue $)

SEE SCHEDULE O

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

(Expenses $ 6,993 including grants of $ 6,993) (Revenue $)

4e Total program service expenses ▶ 9,417,292

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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		X

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? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
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? *If "Yes," complete Schedule L, Part II*	26		X
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? *If "Yes," complete Schedule L, Part III*	27		X
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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

				Yes	No
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 44			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* See instructions.				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on 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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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		X
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		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		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?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
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		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on 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 parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

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 ..... 1a 12 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	X	
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ PA,NY,VA,MD,NJ,CA,FL,SC,MA,MN,IL,WI

18 Section 6104 requires an organization to make its Forms 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.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on 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 ▶

SUZAN NEIGER GOULD 660 E. MAIN STREET
LANSDALE PA 19446 215-855-5454

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) SUZAN NEIGER GOULD EXECUTIVE DIRECTOR	40.00 0.00			X				98,880	0	0
(2) CARRIE CHARLTON SECRETARY	1.00 0.00	X		X				0	0	0
(3) CHARLES COLE DIRECTOR	1.00 0.00	X						0	0	0
(4) APRIL DONAHUE DIRECTOR	1.00 0.00	X						0	0	0
(5) CYNTHIA FALONE DIRECTOR	1.00 0.00	X						0	0	0
(6) JEFFREY FIELDS VICE CHAIRPERSON	1.50 0.00	X		X				0	0	0
(7) JOANNE KLINE DIRECTOR	1.00 0.00	X						0	0	0
(8) MICHAEL LYON DIRECTOR	1.00 0.00	X						0	0	0
(9) BRUCE MICHELSON CHAIRPERSON	1.50 0.00	X		X				0	0	0
(10) IAN RIDGWAY DIRECTOR	1.00 0.00	X						0	0	0
(11) JULIE ROSNER-LENGELE TREASURER	1.50 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(12) BETSY ROUSH DIRECTOR	1.00 0.00	X						0	0	0
(13) REBECCA THOMPSON DIRECTOR	1.00 0.00	X						0	0	0
1b Subtotal ▶								98,880		
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								98,880		

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 ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	5,470,233				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,977,312				
	g	Noncash contributions included in lines 1a-1f	1g	$ 1,651,668				
	h	**Total.** Add lines 1a–1f ▶			9,447,545			

			Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue	2a	CONTRACT MEAL INCOME		603,155			603,155
	b	PANTRY INCOME		55,612			55,612
	c	CAFE INCOME		6,982			6,982
	d	SHARE FOOD PROGRAMS		331			331
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶		666,080			

						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶				6,169			6,169
	4	Income from investment of tax-exempt bond proceeds ▶							
	5	Royalties ▶							
				(i) Real	(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	c	Rental inc. or (loss)	6c						
	d	Net rental income or (loss) ▶							
				(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a						
	b	Less: cost or other basis and sales exps.	7b						
	c	Gain or (loss)	7c						
	d	Net gain or (loss) ▶							
	8a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a		137,288				
	b	Less: direct expenses	8b		9,305				
	c	Net income or (loss) from fundraising events ▶				127,983			127,983
	9a	Gross income from gaming activities. See Part IV, line 19	9a						
	b	Less: direct expenses	9b						
	c	Net income or (loss) from gaming activities ▶							
	10a	Gross sales of inventory, less returns and allowances	10a						
	b	Less: cost of goods sold	10b						
	c	Net income or (loss) from sales of inventory ▶							

			Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Miscellaneous Revenue	11a	REFUND OF PRIOR YEAR EXPENSES		15,288			15,288
	b	MISCELLANEOUS INCOME		198			198
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d ▶		15,486			
	12	**Total revenue.** See instructions ▶		10,263,263	0	0	815,718

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 ☐

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,036,589	7,036,589		
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				
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	1,431,353	1,178,937	105,086	147,330
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	189,778	149,237	27,089	13,452
10 Payroll taxes	122,143	70,908	23,344	27,891
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
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.)	42,103	27,694	12,641	1,768
12 Advertising and promotion	5,406			5,406
13 Office expenses	36,844	32,424	2,210	2,210
14 Information technology	36,330	31,970	2,180	2,180
15 Royalties				
16 Occupancy	177,027	155,783	10,622	10,622
17 Travel				
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	55,918	49,208	3,355	3,355
23 Insurance	55,850	49,146	3,352	3,352
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PS - COST OF GOODS SOLD	512,703	512,703		
b FR - FUNDRAISING	40,543			40,543
c PS - GRANT EXPENSES	27,494	27,494		
d PS - CLIENT TRAINING PROG	26,299	26,299		
e All other expenses	96,174	68,900	1,988	25,286
25 Total functional expenses. Add lines 1 through 24e	9,892,554	9,417,292	191,867	283,395
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		119,103	1	108,777
	2	Savings and temporary cash investments		2,771,867	2	2,166,924
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		102,965	4	649,009
	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		195,734	8	222,245
	9	Prepaid expenses and deferred charges		2,139	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 503,866			
	b	Less: accumulated depreciation	10b 154,050	252,273	10c	349,816
	11	Investments—publicly traded securities			11	
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		3,444,081	16	3,496,771
Liabilities	17	Accounts payable and accrued expenses		117,305	17	107,861
	18	Grants payable			18	
	19	Deferred revenue		960,753	19	629,741
	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			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			25	22,437
	26	**Total liabilities.** Add lines 17 through 25		1,078,058	26	760,039
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,310,405	27	2,468,016
	28	Net assets with donor restrictions		55,618	28	268,716
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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		2,366,023	32	2,736,732
	33	Total liabilities and net assets/fund balances		3,444,081	33	3,496,771

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,263,263
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,892,554
3	Revenue less expenses. Subtract line 2 from line 1	3	370,709
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,366,023
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,736,732

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: [ ] Cash [X] Accrual [ ] 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?	2a		X
	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: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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?	3a	X	
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 on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: MANNA ON MAIN STREET

Employer identification number: 23-2287252

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,267,789	2,409,146	4,030,180	8,894,253	9,447,545	27,048,913
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	2,267,789	2,409,146	4,030,180	8,894,253	9,447,545	27,048,913
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						27,048,913

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2,267,789	2,409,146	4,030,180	8,894,253	9,447,545	27,048,913
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	758	265	1,289	5,955	6,169	14,436
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.)	241,230	232,857	627,392	813,611	818,854	2,733,944
11 **Total support.** Add lines 7 through 10						29,797,293

12 Gross receipts from related activities, etc. (see instructions) 12 1,207,213

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 90.78 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 15 73.53 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 tax year as a section 501(c)(3) organization, 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 (f)) 15 %

16 Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f)) 17 %

18 Investment income percentage from **2020** Schedule A, Part III, line 17 18 %

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

- **a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
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," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
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 each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required—*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 responsive (*provide details 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	**(ii)** Underdistributions Pre-2021	**(iii)** Distributable Amount for 2021
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 3e			
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. For result greater than zero, *explain in Part VI*. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI*. See instructions.			
7	**Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

GROSS INCOME FROM FUNDRAISING EVENTS	$	645,258
FOOD SALES	$	2,068,838
MISCL INCOME	$	19,848

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization	Employer identification number
MANNA ON MAIN STREET	23-2287252

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization: MANNA ON MAIN STREET

Employer identification number: 23-2287252

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MONTGOMERY COUNTY DEPARTMENT OF HEALTH & HUMAN SVCS OFFICE OF HOUSING AND COMMUNITY DEV PO BOX 311 NORRISTOWN PA 19404	$ 5,449,528	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	KAREEM & NIHAD AFZAL 1213 MEETINGHOUSE RD GWYNEDD PA 19454	$ 200,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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 ON MAIN STREET

Employer identification number: 23-2287252

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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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.

			Held at the End 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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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 make significant use of its collection items (check all that apply):

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

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

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

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

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

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

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

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

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

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

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

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:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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		78,220	18,806	59,414
d Equipment		425,646	135,244	290,402
e Other				

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶ 349,816

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	
(2) PAYROLL LIABILITIES	22,437
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	22,437

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	9,750,560
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	9,750,560
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	512,703		
c	Add lines **4a** and **4b**			4c	512,703
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	10,263,263

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	9,379,851
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	9,379,851
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	512,703		
c	Add lines **4a** and **4b**			4c	512,703
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	9,892,554

Part XIII Supplemental Information.

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

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

PROGRAM SVC COGS $ 512,703

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

PROGRAM SVC COGS $ 512,703

Part XIII Supplemental Information *(continued)*

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, line 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 ON MAIN STREET

Employer identification number: 23-2287252

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	No	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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 5K RACE (event type)	(b) Event #2 VOLUNTEER CHALL (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	104,846	26,265		131,111
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	104,846	26,265		131,111
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	9,205			9,205
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	9,205
	11 Net income summary. Subtract line 10 from line 3, column (d)			▶	121,906

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ... % ☐ No	☐ Yes ... % ☐ No	☐ Yes ... % ☐ 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 to be 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.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization: MANNA ON MAIN STREET

Employer identification number 23-2287252

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? [X] **Yes** [ ] **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

3 Enter total number of other organizations listed in the line 1 table ▶

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 HOUSING AID		91,966			
2 LODGING		1,568			
3 UTILITIES		17,165			
4 SOUP KITCHEN		18,363			
5 SOUP KITCHEN IN-KIND			261,258	AVG COST	MEALS
6 FOOD PANTRY		107,191			
7 FOOD PANTRY IN-KIND			1,268,673	AVG COST	FOOD & SUPPLIES

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

INDIVIDUALS ARE PROVIDED WITH RENT, UTILITY, AND EMERGENCY ACCOMODATIONS AS WELL AS MEDICAL AND PRESCRIPTION ASSISTANCE. THE INDIVIDUALS MEET WITH A CLIENT SERVICES MANAGER WHO ASSESSES THEIR NEEDS AND DETERMINES HOW MUCH ASSISTANCE WILL BE PROVIDED. ALL ASSISTANCE IS PAID TO THIRD PARTIES; NOT THE INDIVIDUALS.

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 OTHER ASSISTANCE		3,868			
2 RENT & UTILITY ASSISTANCE		5,213,244			
3 GIFT CARDS		46,300			
4 CGPT TRAINEE SUPPORT		6,993			
5					
6					
7					

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0074

2021

Open To Public Inspection

Name of the organization: MANNA ON MAIN STREET

Employer identification number: 23-2287252

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory	X	1	1,648,391	ESTIMATED FAIR MKT VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (GIFT CARDS)	X	1	3,277	FACE VALUE
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - SUPPLEMENTAL INFORMATION

THE ORGANIZATION KEEPS RECORDS OF NON-CASH DONATIONS IN A DATABASE BY USING A DESCRIPTION OF THE ITEMS DONATED BY THE DONOR WHEN COMPLETING A DONATION FORM. DONORS ARE PROVIDED WITH A WRITTEN ACKNOWLEDGEMENT OF THEIR CONTRIBUTIONS BUT NO DOLLAR VALUE IS ASSIGNED. THE DONOR IS RESPONSIBLE FOR ASSIGNING A VALUE FOR TAX PURPOSES. THIS PRACTICE IS FOLLOWED DUE TO THE HIGH VOLUME OF DONATIONS AND LOW DOLLAR VALUE OF MOST INDIVIDUAL CONTRIBUTIONS.

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 Form 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	Employer identification number
MANNA ON MAIN STREET	23-2287252

FORM 990 - ORGANIZATION'S MISSION

MANNA ON MAIN STREET IS COMMITTED TO ENDING HUNGER IN THE NORTH PENN REGION BY PROVIDING FOOD, FULFILLING SOCIAL SERVICE AND EDUCATION NEEDS, AND CONDUCTING COMMUNITY OUTREACH. THROUGH A FOOD PANTRY AND SOUP KITCHEN, EMERGENCY FINANCIAL AID, COUNSELING AND REFERRALS, AND EDUCATION OPPORTUNITIES, WE SERVE THOSE IN NEED WITH THE HOPE "THAT EVERYONE MIGHT BE FED".

FORM 990, PART I, LINE 6

VOLUNTEERS

USING ITS LARGE CORPS OF VOLUNTEERS, MANNA IS ABLE TO PROVIDE SERVICES FOR ITS CLIENTS BEYOND THE CAPACITY OF THE PAID STAFF. VOLUNTEERS SERVE IN MANNA'S KITCHEN (SOUP KITCHEN), MANNA'S MARKET (FOOD PANTRY) AND ADMINISTRATIVE AREAS; ARE MEMBERS OF THE BOARD OF DIRECTORS, ADVISORY AND BOARD COMMITTEES; AND HELP CONDUCT FOOD DRIVES AND FUNDRAISING EVENTS. THE CONTRIBUTIONS OF MANNA'S VOLUNTEERS ARE INVALUABLE AND THEY ARE AT THE HEART OF THE COMMUNITY'S INVOLVMENT WITH MANNA. IN FYE 2022, MANNA WAS SERVED BY 590 UNDUPLICATED VOLUNTEERS, PROVIDING 17,349 HOURS OF SERVICE.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

MANNA'S MARKET (FOOD PANTRY): FOR OVER HALF OF FYE 2022 DUE TO THE HARDSHIP TO CLIENTS CAUSED BY THE PANDEMIC, INDIVIDUALS AND FAMILIES IN OUR SERVICE AREA AND BEYOND WERE ABLE TO RECEIVE GROCERIES ONCE A WEEK, RATHER THAN THE TWICE PER MONTH PREPANDEMIC USE OF THE MARKET. IN MAY OF 2022, WE RETURNED TO TWICE PER MONTH USE OF THE MARKET. HOUSEHOLDS CAN SHOP FOR GROCERIES

Name of the organization	Employer identification number
MANNA ON MAIN STREET	23-2287252

TWICE PER CALENDAR MONTH VIA IN-PERSON SHOPPING OR VIA MANNA'S SMARTCHOICE ONLINE ORDERING SYSTEM, BOTH OF WHICH ALLOW FOR FULL CHOICE OF GROCERY ITEMS, INCLUDING FRESH FRUITS AND VEGETABLES, DAIRY, MEAT AND OTHER HOUSEHOLD ESSENTIALS. ONLINE SHOPPING SETS OUR FOOD PANTRY APART, AND WE HAVE INVESTED SUBSTANTIALLY IN SMARTCHOICE, WHICH IS TRANSLATED INTO THE 7 PREFERRED LANGUAGES OF OUR DIVERSE CLIENTELE IN ADDITION TO ENGLISH. IN FYE 2022, ABOUT 30% OF ALL PANTRY ORDERS WERE MADE ONLINE.

IN FYE 2022, MANNA'S MARKET DISTRIBUTED 662,799 POUNDS OF GROCERIES TO 1,178 HOUSEHOLDS OR 3,346 INDIVIDUALS. MANNA EMPLOYES A "CHOICE MODEL" SO THAT CLIENTS CAN SELECT WHOLESOME FOOD BASED ON DIETARY AND CULTURAL PREFERENCES. THE AMOUNT OF FOOD THEY RECEIVE IS BASED UPON FAMILY SIZE AND AGE OF HOUSEHOLD MEMBERS. THERE ARE NO MAXIMUM INCOME EXCLUSIONS BUT MOST MARKET CLIENTS LIVE AT LESS THAN 300% OF THE FEDERAL POVERTY LEVEL AND RECEIVE SNAP BENEFITS.

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

MANNA'S KITCHEN (SOUP KITCHEN): IN FYE 2022, WE RETURNED TO BEING OPEN SEVEN DAYS A WEEK AS THE PANDEMIC EASED AND WE COULD SAFELY SERVE A COMMUNITY MEAL. A HYBRID APPROACH WAS USED PROVIDING TO-GO MEALS SEVEN DAYS A WEEK AND A HOT, SIT DOWN MEAL IN THE AFTERNOON MONDAY THROUGH THURSDAY. THIS HYBRID APPROACH WAS THE RESULT OF THE RESPONSE WE RECEIVED FROM CLIENTS WHO APPRECIATED THE CONVENIENCE TO TAKE MEALS HOME RATHER THAN BRINGING THEIR WHOLE FAMILY TO EAT AT MANNA AND THE DESIRE FOR A HOT MEAL IN A COMMUNITY SETTING.

HEALTHY TO-GO MEALS ARE PRODUCED IN MANNA'S KITCHEN AND INCLUDE MEAT, NON-

PORK, AND VEGETARIAN OPTIONS. THE HOT, SIT DOWN MEALS OFFER DINERS A CHOICE FROM A SELECTION OF MEAT AND VEGETARIAN OPTIONS. BOTH TO-GO MEALS AND HOT, SIT DOWN MEALS ARE SERVED BY COMPASSIONATE VOLUNTEERS.

IN FYE 2022, MANNA'S KITCHEN SERVED 66,176 MEALS, 70% MORE THAN PRE-PANDEMIC MEALS SERVICE AND 25% LESS THAN IN FYE 2021 WHEN THE EFFECTS OF THE PANDEMIC WERE STILL EVIDENT.

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

EMERGENCY FINANCIAL AID: MANNA IS ONE OF SIX NONPROFITS ADMINISTERING A FEDERALLY-FUNDED PROGRAM THROUGH MONTGOMERY COUNTY TO ASSIST COUNTY RESIDENTS IMPACTED BY COVID-19 TO STAY HOUSED AND PREVENT EVICTIONS. IN FYE 2022, MANNA STEWARDED NEARLY $5.5 MILLION TO ACHIEVE HOUSING STABILITY FOR HUNDREDS OF HOUSEHOLDS.

ADDITIONALLY, MANNA CONTINUES ITS CORE EMERGENCY FINANCIAL AID PROGRAM TO MEET ONE-TIME CRITICAL NEEDS OF HOUSEHOLDS WHO LIVE IN THE NORTH PENN SCHOOL DISTRICT FOOTPRINT. AID IS PROVIDED FOR RENT, EMERGENCY HOTEL STAYS,UTILITIES, PRESCRIPTIONS, MEDICAL AND DENTAL AID, AND OTHER VARIOUS NEEDS. FUNDS ARE ONLY PROVIDED IF THE INDIVIDUAL IS ABLE TO SUSTAIN THEMSELVES AFTER THE EMERGENCY SITUATION HAS BEEN RESOLVED.

THE HOPE FOR THE HOLIDAYS PROGRAM PROVIDES FAMILIES WITH A $75 VISA GIFT CARD PER CHILD TO PURCHASE NEEDED ITEMS DURING THE WINTER HOLIDAY SEASON. ANY FAMILY WITH CHILDREN 18 AND UNDER THAT USES MANNA'S MARKET IS ELIGIBLE. DONORS CONTRIBUTE THE FUNDS NEEDED TO BUY THE VISA GIFT CARDS.

Name of the organization: MANNA ON MAIN STREET

Employer identification number: 23-2287252

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

COMMON GROUNDS FOOD SERVICE TRAINING TO EMPLOYMENT PROGRAM - A FREE, 8 WEEK TRAINING PROGRAM THAT UTILIZES THE NATIONAL, EVIDENCE-BASED CATALYST KITCHENS MODEL. TRAINEES ATTEND FOOD SERVICE CLASSES AND LEARN EXPERIENTIALLY WHILE CONTRIBUTING TO FOOD PRODUCTION IN MANNNA'S SOUP KITCHEN AND ASSISTING WITH SERVICE THROUGH MANNA'S COMMON GROUNDS CAFE, CATERING AND CONTRACT MEAL SOCIAL ENTERPRISES. THROUGH THESE REAL-LIFE OPPORTUNTIES, THEY GAIN FRONT-OF-HOUSE CUSTOMER SERVICE EXPERIENCE ALONG WITH BACK-OF-HOUSE EXECUTION OF ALL THEY LEARN.

TRAINEES ALSO MEET REGULARLY WITH MANNA'S STAFF TO LEARN WORK AND LIFE SKILLS, INCLUDE RESUME BUILDING AND INTERVIEW SKILLS. MANNA WORKS WITH GRADUATES TO SECURE FOOD SERVICE EMPLOYMENT, WHERE THE TRAINEE CAN THRIVE AND CONTINUE LEARNING AND GROWING.

IN FYE 2022, COMMON GROUNDS ENROLLED 22 TRAINEES, WITH 18 (82%) GRADUATING AND 78% OF GRADUATES EMPLOYED OR ENROLLED IN HIGHER EDUCATION WITHIN ONE YEAR OF GRADUATION.

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

FORM 990 IS PREPARED BY THE INDEPENDENT AUDITOR WITH NARRATIVES PREPARED BY THE EXECUTIVE DIRECTOR. THE DRAFT 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, THE BOARD TREASURER AND THE AUDIT COMMITTEE FOR COMPLETENESS AND ACCURACY. IT IS THEN RESUBMITTED TO THE INDEPENDENT AUDITOR. AN UPDATED COPY IS DISTRIBUTED VIA EMAIL TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO BEING FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL BOARD MEMBERS MUST READ AND SIGN THE CONFLICT OF INTEREST DOCUMENT AT

Name of the organization: MANNA ON MAIN STREET

Employer identification number: 23-2287252

THE BEGINNING OF EACH FISCAL YEAR. NEW BOARD MEMBERS STARTING MID-YEAR ARE REQUESTED TO COMPLETE A CONFLICT OF INTEREST DOCUMENT AS PART OF THEIR ORIENTATION. THE SIGNED DOCUMENTS ARE THEN REVIEWED BY THE GOVERNANCE COMMITTEE FOR ANY POTENTIAL CONFLICT OF INTEREST AND THEN REPORTED TO THE BOARD MEMBERS FOR APPROPRIATE ACTION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE ORGANIZATION CONSULTS TWO EXTERNALLY PUBLISHED NON-PROFIT SALARY SURVEYS TO DETERMINE PROPER COMPENSATION. THIS DATA IS THEN REVIEWED BY THE HUMAN RESOURCE COMMITTEE OF THE BOARD, WHICH INCLUDES INDEPENDENT HUMAN RESOURCE PROFESSIONALS, WHO THEN MAKE A RECOMMENDATION TO THE BOARD FOR THEIR APPROVAL.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE ORGANIZATION CONSULTS TWO EXTERNALLY PUBLISHED NON-PROFIT SALARY SURVEYS TO DETERMINE PROPER COMPENSATION. THIS DATA IS THEN REVIEWED BY THE HUMAN RESOURCE COMMITTEE OF THE BOARD, WHICH INCLUDES INDEPENDENT HUMAN RESOURCE PROFESSIONALS, WHO THEN MAKE A RECOMMENDATION TO THE BOARD FOR THEIR APPROVAL.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS ARE POSTED TO THE ORGANIZATION WEBSITE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

PROGRAM SVC COGS	$	-512,703
PROGRAM SVC COGS	$	512,703

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
▶ **Attach to your tax return.**
▶ **Go to** *www.irs.gov/Form4562* **for instructions and the latest information.**

OMB No. 1545-0172
2021
Attachment Sequence No. **179**

Name(s) shown on return: MANNA ON MAIN STREET
Identifying number: 23-2287252

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	55,923

Part III MACRS Depreciation (Don't include listed property. See instructions.)
Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	55,923
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.
DAA

THE RE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report
Form 990, Page 1

Other Depreciation:

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
1	Truck	12/20/05	7,029				7,029	5	MO	200DB	7,029	0
7	Refrigerator from Nordon, LLC	9/30/11	2,039				2,039	7	MO	S/L	2,039	0
	Sold/Scrapped: 9/30/22											
8	Prestigue Misc Equipment	4/04/12	2,396				2,396	7	MO	S/L	2,396	0
	Sold/Scrapped: 9/30/22											
9	Corsi - Equipment	4/04/12	104,595				104,595	7	MO	S/L	104,595	0
	Sold/Scrapped: 9/30/22											
10	Freezer Nordon	5/31/12	1,165				1,165	7	MO	S/L	1,165	0
	Sold/Scrapped: 9/30/22											
11	Hubert - Small Equipment	5/09/12	6,048				6,048	7	MO	S/L	6,048	0
	Sold/Scrapped: 9/30/22											
23	Furniture	4/02/12	3,742				3,742	10	MO	S/L	3,555	187
	Sold/Scrapped: 9/30/22											
25	Telephone System	4/01/12	4,625				4,625	5	MO	S/L	4,625	0
29	Slicer	1/16/13	1,229				1,229	7	MO	S/L	1,229	0
	Sold/Scrapped: 9/30/22											
32	Storage Credenza	1/09/15	1,815				1,815	10	MO	S/L	1,225	181
34	Laptop Security Cabinet	6/30/15	678				678	10	MO	S/L	424	68
35	Walk in Freezer	11/29/16	52,701				52,701	10	MO	S/L	25,472	5,270
36	Market HVAC Unit & Electric	5/23/17	9,198				9,198	20	MO	S/L	1,993	460
37	Chair Rails	2/07/17	1,537				1,537	10	MO	S/L	717	154
38	IP Cameras	6/20/17	1,248				1,248	5	MO	S/L	1,061	187
39	Glass Door Freezer	9/25/17	2,056				2,056	10	MO	S/L	822	206
40	Glass Door Refrigerator	9/25/17	1,490				1,490	10	MO	S/L	596	149
41	Warmer	5/15/17	1,373				1,373	10	MO	S/L	606	138
43	Amana Over ACE19V	11/01/16	4,970				4,970	10	MO	S/L	2,444	497
44	Coffee Maker Rebuild	11/01/16	1,008				1,008	5	MO	S/L	991	17
45	Charbroiler	2/20/17	2,800				2,800	10	MO	S/L	1,283	280
46	Convection Oven	2/20/17	1,005				1,005	10	MO	S/L	460	101
47	2012 Chevy Express Van	10/02/17	13,142				13,142	5	MO	S/L	10,514	2,628
48	Electrical Upgrade for Ovens	10/23/17	9,191				9,191	20	MO	S/L	1,800	460
49	Chain link Fence and Concrete Posts	10/20/17	1,875				1,875	10	MO	S/L	734	188
50	Hobart Edge-13 13" Meat Slicer	4/05/18	1,684				1,684	5	MO	S/L	1,178	337
51	Additional Eldectrical for Cafe	4/17/18	1,797				1,797	20	MO	S/L	307	90
52	Water Softener	7/12/18	2,606				2,606	10	MO	S/L	847	260
54	Expresso Machine	5/23/18	4,287				4,287	7	MO	S/L	2,041	613
55	Milk Cooler	7/31/18	2,871				2,871	5	MO	S/L	1,818	575
56	Sandwich station/Equipment	4/05/18	1,988				1,988	5	MO	S/L	1,391	398
57	ADV 2000 Double Chamber/Compactor anc	10/04/18	8,028				8,028	10	MO	S/L	2,408	803
58	Reach-In Refrigerator	6/18/19	3,353				3,353	10	MO	S/L	754	336
59	Display Case Refrigerator	6/18/19	8,568				8,568	10	MO	S/L	1,928	857
60	Ice Maker	8/20/20	4,120				4,120	7	MO	S/L	574	529
61	Singer Freezer	8/14/20	3,626				3,626	7	MO	S/L	544	466
62	Singer Fidgerator	8/14/20	3,810				3,810	7	MO	S/L	572	489
63	2020 Promaster 2500 Dodge Van	7/10/20	54,327				54,327	5	MO	S/L	12,224	9,778
64	Electric Upgrade for Kitchen	5/08/20	15,793				15,793	20	MO	S/L	1,007	711
65	Gas line, water supply and drain for Kitchen	1/24/20	1,600				1,600	20	MO	S/L	120	72
66	HP Notebook	7/20/20	699				699	5	MO	S/L	147	126
67	A Frame Garage Building	11/06/20	4,910				4,910	10	MO	S/L	450	491
68	Combi Gas Oven	12/09/19	22,517				22,517	10	MO	S/L	3,715	2,027
69	Hobart Dish Washer	12/09/19	3,737				3,737	10	MO	S/L	617	336
70	Hoshizaki Reach in Freezer	12/09/19	4,336				4,336	10	MO	S/L	715	391
71	Hoshizaki Reach in Freezer	12/09/19	4,336				4,336	10	MO	S/L	715	391
72	Shelving for Market	9/28/21	5,867				5,867	10	MO	S/L	0	587
74	Refridge Reach in 2 Section	2/05/21	3,565				3,565	10	MO	S/L	238	356
75	Camshelving	4/06/21	4,264				4,264	10	MO	S/L	213	427
76	Paint	4/16/21	5,816				5,816	10	MO	S/L	242	582
77	2 Circuit Breakers	8/31/21	2,990				2,990	10	MO	S/L	25	299
78	Floor Renovations	3/31/21	13,874				13,874	15	MO	S/L	462	925
79	17"x15" Wall Mount Hand Sink	5/25/21	1,320				1,320	10	MO	S/L	44	132
80	Hand Sink	10/21/20	1,345				1,345	10	MO	S/L	123	135
81	Hand Sink	10/21/20	1,100				1,100	10	MO	S/L	101	110
82	Singer Freezer	9/30/21	9,812				9,812	10	MO	S/L	0	981
83	Singer Freezer	9/30/21	9,812				9,812	10	MO	S/L	0	981
84	Singer Freezer	9/30/21	9,812				9,812	10	MO	S/L	0	981
85	Pallet Jack	9/30/21	2,558				2,558	10	MO	S/L	0	256
86	Dolly Truck	9/30/21	156				156	5	MO	S/L	0	31
87	3 - Bussing Utility Transport Cart	9/30/21	715				715	5	MO	S/L	0	143

720 MANNA ON MAIN STREET
23-2287252
FYE: 9/30/2022

06/02/2023 2:13 PM

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
88	2 - Platform Truck	9/30/21	666				666	5	MO	S/L	0	133
89	2022 Subaru Outback	10/05/21	33,277				33,277	5	MO	S/L	0	5,990
90	2021 Ram Promaster 3500	12/16/21	64,350				64,350	5	MO	S/L	0	8,687
91	Hobart Tall Base Electric Dish Washer	11/19/21	26,363				26,363	10	MO	S/L	0	1,977
92	Cafe Refrigerator	9/20/22	3,802				3,802	10	MO	S/L	0	0
93	Lizell Furniture, Office & CG Office	5/11/22	25,671				25,671	10	MO	S/L	0	963
	Total Other Depreciation		625,083				625,083				219,343	55,923
	Total ACRS and Other Depreciation		625,083				625,083				219,343	55,923
	Grand Totals		625,083				625,083				219,343	55,923
	Less: Dispositions and Transfers		121,214				121,214				121,027	187
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		503,869				503,869				98,316	55,736

AMT Asset Report
Form 990, Page 1

Other Depreciation:

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
1	Truck	12/20/05	7,029				7,029	5	MO	200DB	7,029	0
7	Refrigerator from Nordon, LLC	9/30/11	2,039				2,039	7	MO	S/L	2,039	0
	Sold/Scrapped: 9/30/22											
8	Prestigue Misc Equipment	4/04/12	2,396				2,396	7	MO	S/L	2,396	0
	Sold/Scrapped: 9/30/22											
9	Corsi - Equipment	4/04/12	104,595				104,595	7	MO	S/L	104,595	0
	Sold/Scrapped: 9/30/22											
10	Freezer Nordon	5/31/12	1,165				1,165	7	MO	S/L	1,165	0
	Sold/Scrapped: 9/30/22											
11	Hubert - Small Equipment	5/09/12	6,048				6,048	7	MO	S/L	6,048	0
	Sold/Scrapped: 9/30/22											
23	Furniture	4/02/12	3,742				3,742	10	MO	S/L	3,555	187
	Sold/Scrapped: 9/30/22											
25	Telephone System	4/01/12	4,625				4,625	5	MO	S/L	4,625	0
29	Slicer	1/16/13	0				0	0	HY		0	0
	Sold/Scrapped: 9/30/22											
32	Storage Credenza	1/09/15	1,815				1,815	10	MO	S/L	1,225	181
34	Laptop Security Cabinet	6/30/15	678				678	10	MO	S/L	424	68
35	Walk in Freezer	11/29/16	0				0	0	HY		0	0
36	Market HVAC Unit & Electric	5/23/17	0				0	0	HY		0	0
37	Chair Rails	2/07/17	0				0	0	HY		0	0
38	IP Cameras	6/20/17	0				0	0	HY		0	0
39	Glass Door Freezer	9/25/17	0				0	0	HY		0	0
40	Glass Door Refrigerator	9/25/17	0				0	0	HY		0	0
41	Warmer	5/15/17	0				0	0	HY		0	0
43	Amana Over ACE19V	11/01/16	0				0	0	HY		0	0
44	Coffee Maker Rebuild	11/01/16	0				0	0	HY		0	0
45	Charbroiler	2/20/17	0				0	0	HY		0	0
46	Convection Oven	2/20/17	0				0	0	HY		0	0
47	2012 Chevy Express Van	10/02/17	13,142				13,142	5	MO	S/L	10,514	2,628
48	Electrical Upgrade for Ovens	10/23/17	9,191				9,191	20	MO	S/L	1,800	460
49	Chain link Fence and Concrete Posts	10/20/17	1,875				1,875	10	MO	S/L	734	188
50	Hobart Edge-13 13" Meat Slicer	4/05/18	1,684				1,684	5	MO	S/L	1,178	337
51	Additional Eldectrical for Cafe	4/17/18	1,797				1,797	20	MO	S/L	307	90
52	Water Softener	7/12/18	2,606				2,606	10	MO	S/L	847	260
54	Expresso Machine	5/23/18	4,287				4,287	7	MO	S/L	2,041	613
55	Milk Cooler	7/31/18	2,871				2,871	5	MO	S/L	1,818	575
56	Sandwich station/Equipment	4/05/18	1,988				1,988	5	MO	S/L	1,391	398
57	ADV 2000 Double Chamber/Compactor anc	10/04/18	8,028				8,028	10	MO	S/L	2,408	803
58	Reach-In Refrigerator	6/18/19	3,353				3,353	10	MO	S/L	754	336
59	Display Case Refrigerator	6/18/19	8,568				8,568	10	MO	S/L	1,928	857
60	Ice Maker	8/20/20	4,120				4,120	7	MO	S/L	574	529
61	Singer Freezer	8/14/20	3,626				3,626	7	MO	S/L	544	466
62	Singer Fidgerator	8/14/20	3,810				3,810	7	MO	S/L	572	489
63	2020 Promaster 2500 Dodge Van	7/10/20	54,327				54,327	5	MO	S/L	12,224	9,778
64	Electric Upgrade for Kitchen	5/08/20	15,793				15,793	20	MO	S/L	1,007	711
65	Gas line, water supply and drain for Kitchen	1/24/20	1,600				1,600	20	MO	S/L	120	72
66	HP Notebook	7/20/20	699				699	5	MO	S/L	147	126
67	A Frame Garage Building	11/06/20	4,910				4,910	10	MO	S/L	450	491
68	Combi Gas Oven	12/09/19	22,517				22,517	10	MO	S/L	3,715	2,027
69	Hobart Dish Washer	12/09/19	3,737				3,737	10	MO	S/L	617	336
70	Hoshizaki Reach in Freezer	12/09/19	4,336				4,336	10	MO	S/L	715	391
71	Hoshizaki Reach in Freezer	12/09/19	4,336				4,336	10	MO	S/L	715	391
72	Shelving for Market	9/28/21	5,867				5,867	10	MO	S/L	0	587
74	Refridge Reach in 2 Section	2/05/21	3,565				3,565	10	MO	S/L	238	356
75	Camshelving	4/06/21	4,264				4,264	10	MO	S/L	213	427
76	Paint	4/16/21	5,816				5,816	10	MO	S/L	242	582
77	2 Circuit Breakers	8/31/21	2,990				2,990	10	MO	S/L	25	299
78	Floor Renovations	3/31/21	13,874				13,874	15	MO	S/L	462	925
79	17"x15" Wall Mount Hand Sink	5/25/21	1,320				1,320	10	MO	S/L	44	132
80	Hand Sink	10/21/20	1,345				1,345	10	MO	S/L	123	135
81	Hand Sink	10/21/20	1,100				1,100	10	MO	S/L	101	110
82	Singer Freezer	9/30/21	9,812				9,812	10	MO	S/L	0	981
83	Singer Freezer	9/30/21	9,812				9,812	10	MO	S/L	0	981
84	Singer Freezer	9/30/21	9,812				9,812	10	MO	S/L	0	981
85	Pallet Jack	9/30/21	2,558				2,558	10	MO	S/L	0	256
86	Dolly Truck	9/30/21	156				156	5	MO	S/L	0	31
87	3 - Bussing Utility Transport Cart	9/30/21	715				715	5	MO	S/L	0	143

720 MANNA ON MAIN STREET
23-2287252
FYE: 9/30/2022

06/02/2023 2:13 PM

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
88	2 - Platform Truck	9/30/21	666				666	5	MO	S/L	0	133
89	2022 Subaru Outback	10/05/21	33,277				33,277	5	MO	S/L	0	5,990
90	2021 Ram Promaster 3500	12/16/21	64,350				64,350	5	MO	S/L	0	8,687
91	Hobart Tall Base Electric Dish Washer	11/19/21	0				0	0	HY		0	0
92	Cafe Refrigerator	9/20/22	0				0	0	HY		0	0
93	Lizell Furniture, Office & CG Office	5/11/22	0				0	0	HY		0	0
	Total Other Depreciation		488,632				488,632				181,669	45,524
	Total ACRS and Other Depreciation		488,632				488,632				181,669	45,524
	Grand Totals		488,632				488,632				181,669	45,524
	Less: Dispositions and Transfers		119,985				119,985				119,798	187
	Net Grand Totals		368,647				368,647				61,871	45,337

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

720 MANNA ON MAIN STREET 06/02/2023 2:13 PM
23-2287252
FYE: 9/30/2022

Future Depreciation Report FYE: 9/30/23

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Truck	12/20/05	7,029	0	0
25	Telephone System	4/01/12	4,625	0	0
32	Storage Credenza	1/09/15	1,815	182	182
34	Laptop Security Cabinet	6/30/15	678	68	68
35	Walk in Freezer	11/29/16	52,701	5,270	0
36	Market HVAC Unit & Electric	5/23/17	9,198	460	0
37	Chair Rails	2/07/17	1,537	154	0
38	IP Cameras	6/20/17	1,248	0	0
39	Glass Door Freezer	9/25/17	2,056	205	0
40	Glass Door Refrigerator	9/25/17	1,490	149	0
41	Warmer	5/15/17	1,373	137	0
43	Amana Over ACE19V	11/01/16	4,970	497	0
44	Coffee Maker Rebuild	11/01/16	1,008	0	0
45	Charbroiler	2/20/17	2,800	280	0
46	Convection Oven	2/20/17	1,005	100	0
47	2012 Chevy Express Van	10/02/17	13,142	0	0
48	Electrical Upgrade for Ovens	10/23/17	9,191	459	459
49	Chain link Fence and Concrete Posts	10/20/17	1,875	187	187
50	Hobart Edge-13 13" Meat Slicer	4/05/18	1,684	169	169
51	Additional Eldectrical for Cafe	4/17/18	1,797	90	90
52	Water Softener	7/12/18	2,606	261	261
54	Expresso Machine	5/23/18	4,287	612	612
55	Milk Cooler	7/31/18	2,871	478	478
56	Sandwich station/Equipment	4/05/18	1,988	199	199
57	ADV 2000 Double Chamber/Compactor and Bal	10/04/18	8,028	803	803
58	Reach-In Refrigerator	6/18/19	3,353	335	335
59	Display Case Refrigerator	6/18/19	8,568	856	856
60	Ice Maker	8/20/20	4,120	530	530
61	Singer Freezer	8/14/20	3,626	466	466
62	Singer Fidgerator	8/14/20	3,810	490	490
63	2020 Promaster 2500 Dodge Van	7/10/20	54,327	9,779	9,779
64	Electric Upgrade for Kitchen	5/08/20	15,793	710	710
65	Gas line, water supply and drain for Kitchen	1/24/20	1,600	72	72
66	HP Notebook	7/20/20	699	125	125
67	A Frame Garage Building	11/06/20	4,910	491	491
68	Combi Gas Oven	12/09/19	22,517	2,026	2,026
69	Hobart Dish Washer	12/09/19	3,737	336	336
70	Hoshizaki Reach in Freezer	12/09/19	4,336	390	390
71	Hoshizaki Reach in Freezer	12/09/19	4,336	390	390
72	Shelving for Market	9/28/21	5,867	586	586
74	Refridge Reach in 2 Section	2/05/21	3,565	357	357
75	Camshelving	4/06/21	4,264	426	426
76	Paint	4/16/21	5,816	582	582
77	2 Circuit Breakers	8/31/21	2,990	299	299
78	Floor Renovations	3/31/21	13,874	925	925
79	17"x15" Wall Mount Hand Sink	5/25/21	1,320	132	132
80	Hand Sink	10/21/20	1,345	134	134
81	Hand Sink	10/21/20	1,100	110	110
82	Singer Freezer	9/30/21	9,812	981	981
83	Singer Freezer	9/30/21	9,812	981	981
84	Singer Freezer	9/30/21	9,812	981	981
85	Pallet Jack	9/30/21	2,558	256	256
86	Dolly Truck	9/30/21	156	31	31
87	3 - Bussing Utility Transport Cart	9/30/21	715	143	143
88	2 - Platform Truck	9/30/21	666	133	133
89	2022 Subaru Outback	10/05/21	33,277	5,990	5,990
90	2021 Ram Promaster 3500	12/16/21	64,350	11,583	11,583
91	Hobart Tall Base Electric Dish Washer	11/19/21	26,363	2,373	0
92	Cafe Refrigerator	9/20/22	3,802	342	0
93	Lizell Furniture, Office & CG Office	5/11/22	25,671	2,310	0
	Total Other Depreciation		503,869	57,411	45,134
	Total ACRS and Other Depreciation		503,869	57,411	45,134

Future Depreciation Report FYE: 9/30/23

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
	Grand Totals		503,869	57,411	45,134

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Form **990**

Tax Return History

2021

Name: MANNA ON MAIN STREET

Employer Identification Number: 23-2287252

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	2,267,789	2,409,146	4,030,180	8,894,253	9,447,545	
Membership dues						
Program service revenue	110,176	84,256	509,083	699,243	666,080	
Capital gain or loss	-1,617	-120				
Investment income	758	265	1,289	5,955	6,169	
Fundraising revenue (income/loss)	115,913	138,140	111,021	98,195	127,983	
Gaming revenue (income/loss)						
Other revenue	1,699	126	713	1,824	15,486	
Total revenue	2,494,718	2,631,813	4,652,286	9,699,470	10,263,263	
Grants and similar amounts paid	1,202,092	1,266,466	1,938,837	6,406,618	7,036,589	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	970,520	963,787	1,170,610	1,364,295	1,743,274	
Professional fees	30,563	13,079	17,100	26,614	42,103	
Occupancy costs	108,677	107,486	126,104	159,426	177,027	
Depreciation and depletion	29,592	23,528	21,590	33,084	55,918	
Other expenses	246,611	221,640	560,587	758,667	837,643	
Total expenses	2,588,055	2,595,986	3,834,828	8,748,704	9,892,554	
Excess or (Deficit)	-93,337	35,827	817,458	950,766	370,709	
Total exempt revenue	2,494,718	2,631,813	4,652,286	9,699,470	10,263,263	
Total unrelated revenue						
Total excludable revenue	111,016	84,527	511,085	707,022	815,718	
Total Assets	639,095	652,391	2,205,522	3,444,081	3,496,771	
Total Liabilities	77,123	54,592	790,265	1,078,058	760,039	
Net Fund Balances	561,972	597,799	1,415,257	2,366,023	2,736,732	

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INTEREST INCOME	$ 6,169		14			
TOTAL	$ 6,169					

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
AD - PROFESSIONAL FEES	$ 12,641	$	$ 12,641	$
FR - PROFESSIONAL FEES	1,768			1,768
PS - PROFESSIONAL FEES	27,694	27,694		
TOTAL	$ 42,103	$ 27,694	$ 12,641	$ 1,768

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PS - DUES & FEES	$ 23,481	$ 23,481	$	$
PS - MISCELLANEOUS EXPENS	22,001	22,001		
FR - DUES & FEES	12,663			12,663
FR - NEWSLETTER COSTS	10,010			10,010
PS - STAFFING COSTS	10,010	10,010		
PS - TELEPHONE	4,790	4,790		
PS - ERUC GRANT EXPENSES	3,962	3,962		
PS - STRATEGIC PARTNERSHI	2,785	2,785		
PS - POSTAGE	1,871	1,871		
AD - DUES & FEES	1,661		1,661	
FR - POSTAGE	1,647			1,647
FR - STAFFING COSTS	639			639
AD - TELEPHONE	327		327	
FR - TELEPHONE	327			327
TOTAL	$ 96,174	$ 68,900	$ 1,988	$ 25,286

Schedule A, Part II, Line 1(e)

Description	Amount
GOVERNMENT FUNDING	$ 20,705
DONATIONS	2,125,644
FOOD	1,648,391
GIFT CARDS	3,277
MONTGOMERY COUNTY CASH CONTRIBUTION	5,449,528
KAREEM & NIHAD AFZAL CASH CONTRIBUTION	200,000
TOTAL	$ 9,447,545

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
KAREEM & NIHAD AFZAL	$ 200,000	$
TOTAL	$ 200,000	$ 0

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	$ 6,169
TOTAL	$ 6,169