

Form **8879-TE**

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

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 10/01, 2023, and ending 9/30, 20 24

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

2023

Department of the Treasury
Internal Revenue Service

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 <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	7,417,693
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	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 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 2023 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

I authorize **MVA TAX & ADVISORS LLC** to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 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 2023 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.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 **MICHAEL ARCIERI** Date _____

ERO Must Retain This Form — See Instructions

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

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

Open to Public Inspection

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

A For the 2023 calendar year, or tax year beginning **10/01/23**, and ending **09/30/24**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MANNA ON MAIN STREET		D Employer identification number 23-2287252
	Doing business as		E Telephone number 215-855-5454
	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		G Gross receipts \$ 7,431,094

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.MANNAONMAIN.ORG	H(c) Group exemption number
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1981	M State of legal domicile: PA
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> 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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	44
	6 Total number of volunteers (estimate if necessary)	6	1500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,265,196	5,871,052
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	753,824	892,253
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,199	74,757
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	153,718	579,631
		8,187,937	7,417,693
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,855,479	3,346,988
	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)	1,892,024	1,842,606
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 220,529		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,282,143	1,331,743
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,029,646	6,521,337	
19 Revenue less expenses. Subtract line 18 from line 12	158,291	896,356	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,425,813	4,784,655
	22 Net assets or fund balances. Subtract line 21 from line 20	1,516,912	979,398
	2,908,901	3,805,257	

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 JULIE ROSNER-LENGELE	Date
	Type or print name and title TREASURER	

Paid Preparer Use Only	Print/Type preparer's name MICHAEL ARCIERI	Preparer's signature MICHAEL ARCIERI	Date 06/25/25	Check <input type="checkbox"/> if self-employed	PTIN P00917490
	Firm's name MVA TAX & ADVISORS LLC	Firm's EIN 47-4997298			
	Firm's address 125 CALIFORNIA RD QUAKERTOWN, PA 18951	Phone no. 215-538-1371			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ **2,817,150** including grants of \$ **1,388,412**) (Revenue \$ **22,323**)

SEE SCHEDULE O

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4b (Code:) (Expenses \$ **1,270,332** including grants of \$ **748,821**) (Revenue \$ **781,564**)

MANNA'S KITCHEN (SOUP KITCHEN): IN FYE 2024, MANNA SET A RECORD WITH 151,627 MEALS SERVED, SHATTERING LAST YEAR'S RECORD OF 109,096 MEALS SERVED. MANNA STAFF AND VOLUNTEERS UTILIZE DONATED FOOD - FROM GROCERY STORES, INDIVIDUALS, BUSINESSES AND FAITH-BASED GROUPS RUNNING FOOD DRIVES AND OTHER COMMUNITY PARTNERS - TO PREPARE EACH AND EVERY ONE OF THESE MEALS. WE DISTRIBUTE TO-GO MEALS SEVEN DAYS A WEEK, AND WE SERVE SIT-DOWN HOT MEALS FOUR DAYS A WEEK. EVERY DAY, WE FEED APPROXIMATELY 400 PEOPLE THROUGH A COMBINATION OF TO-GO MEALS AND SIT-DOWN MEALS. BOTH TO-GO MEALS AND SIT-DOWN MEALS FEATURE A VARIETY OF MEAL OPTIONS, INCLUDING MEAT, PORK, SEAFOOD AND VEGETARIAN THANKS TO MANNA'S GENEROUS FOOD DONORS, WHOSE FOOD DONATIONS ACCOUNT FOR OVER 90% OF THE FOOD USED TO PREPARE THE MEALS.

4c (Code:) (Expenses \$ **1,886,897** including grants of \$ **1,200,143**) (Revenue \$)

SEE SCHEDULE O

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

(Expenses \$ **45,039** including grants of \$ **9,612**) (Revenue \$ **88,366**)

4e Total program service expenses **6,019,418**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	162
1b	0

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	
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	14	
b	Enter the number of voting members included on line 1a, above, who are independent	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

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.
 Own website Another's website 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
LANSDALE

660 E. MAIN STREET

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, box 6 of 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY FIELDS CHAIRPERSON	1.50 0.00	X		X				0	0	
(2) APRIL B. DONAHUE VICE CHAIRPERSON	1.50 0.00	X		X				0	0	
(3) JULIE ROSNER-LENGELE TREASURER	1.50 0.00	X		X				0	0	
(4) CARRIE HAWKINS CHARLTON SECRETARY	1.50 0.00	X		X				0	0	
(5) JOANNE KLINE DIRECTOR	1.00 0.00	X						0	0	
(6) CHARLES COLE DIRECTOR	1.00 0.00	X						0	0	
(7) CYNTHIA FALONE DIRECTOR	1.00 0.00	X						0	0	
(8) HIMANSHU PATEL DIRECTOR	1.00 0.00	X						0	0	
(9) MICHAEL LYON DIRECTOR	1.00 0.00	X						0	0	
(10) BETSY ROUSH DIRECTOR	1.00 0.00	X						0	0	
(11) REBECCA THOMPSON DIRECTOR	1.00 0.00	X						0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) IAN RIDGWAY										
(12) DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
(13) KYLE TRIBBLE										
(13) DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
(14) KIET LUONG										
(14) DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
(15) SUZAN NEIGER GOULD										
(15) EXECUTIVE DIRECTOR	40.00 0.00			<input checked="" type="checkbox"/>				111,099	0	0
(16)										
(17)										
(18)										
(19)										
1b Subtotal								111,099		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								111,099		

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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

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		1,361,924				
	f All other contributions, gifts, grants, and similar amounts not included above	1f		4,509,128				
	g Noncash contributions included in lines 1a-1f	1g	\$	2,104,552				
	h Total. Add lines 1a-1f			5,871,052				
	Program Service Revenue	2a CONTRACT MEAL INCOME		Business Code	781,564			781,564
b CAFE INCOME				88,366			88,366	
c SHARE FOOD PROGRAMS				22,323			22,323	
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				892,253				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			74,757			74,757
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
		b Less: rental expenses	6b					
		c Rental inc. or (loss)	6c					
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
		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			174,343			
		b Less: direct expenses	8b		13,401			
		c Net income or (loss) from fundraising events			160,942			160,942
	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							
Miscellaneous Revenue	11a REIMB OF PRIOR YR FEDERAL EXP		Business Code	416,685	416,685			
	b MISCELLANEOUS INCOME			2,004			2,004	
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				418,689			
12 Total revenue. See instructions				7,417,693	416,685	0	1,129,956	

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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	3,346,988	3,346,988		
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	1,523,967	1,279,326	114,755	129,886
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	189,579	155,455	24,645	9,479
10 Payroll taxes	129,060	108,342	9,718	11,000
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.)	92,185		92,185	
12 Advertising and promotion	6,037			6,037
13 Office expenses	15,915	12,831	1,542	1,542
14 Information technology	47,598	40,934	3,332	3,332
15 Royalties				
16 Occupancy	237,066	203,878	16,594	16,594
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	16,463	14,159	1,152	1,152
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	75,588	65,006	5,291	5,291
23 Insurance	54,039	46,473	3,783	3,783
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	610,601	610,601		
b PS - CLIENT TRAINING PROG	40,530	40,530		
c PS - DUES & FEES	39,899	39,899		
d PS - MISCELLANEOUS EXPENS	23,640	23,640		
e All other expenses	72,182	31,356	8,393	32,433
25 Total functional expenses. Add lines 1 through 24e	6,521,337	6,019,418	281,390	220,529
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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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	181,522	1	235,267
	2	Savings and temporary cash investments	2,920,017	2	2,231,525
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	120,959	4	315,075
	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	120,032	8	135,773
	9	Prepaid expenses and deferred charges	4,065	9	30
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,064,119		
	b	Less: accumulated depreciation	10b 292,144	10c	1,771,975
	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	89,990	15	95,010
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,425,813	16	4,784,655	
Liabilities	17	Accounts payable and accrued expenses	443,722	17	164,166
	18	Grants payable		18	
	19	Deferred revenue	1,071,942	19	100
	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	812,763
	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	1,248	25	2,369
	26	Total liabilities. Add lines 17 through 25	1,516,912	26	979,398
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,873,901	27	3,775,030
	28	Net assets with donor restrictions	35,000	28	30,227
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	2,908,901	32	3,805,257	
33	Total liabilities and net assets/fund balances	4,425,813	33	4,784,655	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,417,693
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,521,337
3	Revenue less expenses. Subtract line 2 from line 1	3	896,356
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,908,901
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	3,805,257

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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	X	

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SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,030,180	8,894,253	9,447,545	7,265,196	5,871,052	35,508,226
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	4,030,180	8,894,253	9,447,545	7,265,196	5,871,052	35,508,226
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						35,508,226

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	4,030,180	8,894,253	9,447,545	7,265,196	5,871,052	35,508,226
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,289	5,955	6,169	15,199	74,757	103,369
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.)	627,392	813,611	818,854	928,629	1,068,600	4,257,086
11 Total support. Add lines 7 through 10						39,868,681

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12 Gross receipts from related activities, etc. (see instructions) **12** 5,095,768

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 2023 (line 6, column (f) divided by line 11, column (f)) **14** 89.06 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 **15** 90.28 %

16a **33 1/3% support test — 2023.** 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 — 2022.** 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 — 2023.** 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 — 2022.** 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

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Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) = 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 = 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) = 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 = 18 %

- 19a 33 1/3% support tests — 2023. 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 — 2022. 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 on 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

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Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (<i>explain in detail in Part VI</i>):		
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 0.05 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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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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	\$	708,438
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FOOD SALES	\$	3,520,483
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MISCL INCOME	\$	28,165
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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2023

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.

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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	\$ 1,194,907	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ESTATE OF HELEN RAWSON EARLY 1700 N. LINE STREET LANSDALE PA 19446-1212	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<p style="text-align: center; font-size: 48px; opacity: 0.5;">CLIENT COPY</p>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2023

Open to Public Inspection

Name of the organization

Employer identification number

MANNA ON MAIN STREET

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.

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

Part II Conservation Easements

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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.

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

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					

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

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

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

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

- (i)** Unrelated organizations?
- (ii)** Related organizations?

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,429		19,429
b Buildings		639,592	1,332	638,260
c Leasehold improvements		779,361	31,740	747,621
d Equipment		625,737	259,072	366,665
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 1,771,975

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, line 12, col. (B))		

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, line 13, col. (B))		

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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, line 15, col. (B))	

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	2,369
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,369

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	6,807,092
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	6,807,092
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	610,601	
c	Add lines 4a and 4b		4c	610,601
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	7,417,693

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	5,910,736
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	5,910,736
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	610,601	
c	Add lines 4a and 4b		4c	610,601
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	6,521,337

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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 \$ **610,601**

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

PROGRAM SVC COGS \$ **610,601**

Part XIII Supplemental Information *(continued)*

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**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2023

Open to Public Inspection

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 fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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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.

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.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>5K RACE</u> (event type)	<u>VOLUNTEER CHALL</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	140,888	26,862	167,750
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	140,888	26,862	167,750
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	13,143		13,143
	10	Direct expense summary. Add lines 4 through 9 in column (d)			13,143
11	Net income summary. Subtract line 10 from line 3, column (d)			154,607	

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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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

**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

2023

**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? 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)								

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- 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

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

Schedule I (Form 990) 2023

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		15,224			
2 UTILITIES		2,191			
3 SOUP KITCHEN		29,007			
4 SOUP KITCHEN IN-KIND			719,814	AVG COST	MEALS
5 FOOD PANTRY		53,444			
6 FOOD PANTRY IN-KIND			1,334,968	AVG COST	FOOD & SUPPLIES
7 OTHER ASSISTANCE		7,782			

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

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 ERUC RENT & UTILITY		1,118,754			
2 GIFT CARDS		56,192			
3 CGPT TRAINEE SUPPORT		9,612			
4					
5					
6					
7					

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

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Open To Public Inspection

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

Department of the Treasury
Internal Revenue Service

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	2,100,770	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	3,782	FACE VALUE
26 Other ()				
27 Other ()				
28 Other ()				

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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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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.

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**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

2023

**Open to Public
Inspection**

Name of the organization

MANNA ON MAIN STREET

Employer identification number

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 2024, MANNA WAS SERVED BY OVER 1,500 UNDUPLICATED VOLUNTEERS, PROVIDING MORE THAN 24,000 HOURS OF SERVICE.

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

MANNA'S MARKET (FOOD PANTRY): ON AN AVERAGE MONTH, MANNA'S MARKET PROVIDES GROCERIES THROUGH 1,200 VISITS FOR 800 HOUSEHOLDS, WHILE SEVERAL DOZEN NEW HOUSEHOLDS SIGN UP FOR THE MARKET EVERY MONTH. MANNA'S MARKET SHOPPERS CAN SHOP TWO TIMES PER MONTH AND CAN CHOOSE TO SHOP IN PERSON OR ORDER ONLINE.

Name of the organization

Employer identification number

MANNA ON MAIN STREET

23-2287252

IN SEPTEMBER 2024, MANNA OPENED MANNA'S ONLINE MARKET HUB, MARKING A SIGNIFICANT EXPANSION OF MANNA'S CAPACITY TO FULFILL ONLINE ORDERS AND INCREASING THE CONVENIENCE AND FLEXIBILITY IT PROVIDES SHOPPERS. APPROXIMATELY HALF OF MARKET VISITS ARE IN PERSON, WHILE THE OTHER HALF ARE ONLINE, WITH DEMAND FOR ONLINE ORDERING CONTINUING TO GROW. IN FYE 2024, MANNA SERVED 1,794 HOUSEHOLDS, AN INCREASE FROM 1,648 SERVED IN FYE 2023. HOUSEHOLDS SHOPPING IN MANNA'S MARKET RECEIVED A TOTAL OF 691,254 LBS. OF FOOD. UTILIZING THE SMARTCHOICE INVENTORY AND ORDERING SYSTEM, MANNA PROVIDES A "CHOICE MODEL" SO THAT CLIENTS CAN SELECT WHOLESOME FOOD BASED ON DIETARY AND CULTURAL PREFERENCES. MANNA'S MARKET PROVIDES JUST ABOUT ANYTHING ONE CAN FIND IN A CONVENTIONAL GROCERY STORE - FRESH PRODUCE, MEAT, DAIRY, PET FOOD, HYGIENE PRODUCTS, CLEANING SUPPLIES AND OTHER HOUSEHOLD ESSENTIALS. THANKS TO MANNA'S GENEROUS DONORS, THE AMOUNT OF FOOD A HOUSEHOLD RECEIVES 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.

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TO FURTHER MANNA'S REACH IN THE COMMUNITY, MANNA HAS PARTNERED WITH ALL SIX LOCAL POLICE DEPARTMENTS TO PROVIDE EMERGENCY FOOD BAGS TO FAMILIES AND INDIVIDUALS WHOM OFFICERS ENCOUNTER IN NEED IN THE COMMUNITY.

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

EMERGENCY FINANCIAL AID: IN FYE 2024 MANNA STEWARDED OVER \$86,000 OF ITS OWN FUNDS TO MEET CRITICAL NEEDS FOR 404 HOUSEHOLDS LIVING IN THE NORTH PENN REGION. A SIGNIFICANT PORTION OF THIS FUNDING HELPS PAY FOR RENT OR UTILITY BILLS FOR LOW- AND MODERATE-INCOME HOUSEHOLDS STRUGGLING TO

Name of the organization

Employer identification number

MANNA ON MAIN STREET

23-2287252

MAINTAIN THEIR HOUSING AND KEEP THEIR UTILITIES ON, PREVENTING FURTHER HARDSHIP FOR THE HOUSEHOLD. MOST RECIPIENTS OF MANNA'S EMERGENCY FINANCIAL AID LIVE IN THE NORTH PENN SCHOOL DISTRICT BOUNDARIES WITHIN MONTGOMERY COUNTY.

FROM OCTOBER 2023-JANUARY 2024, MANNA DISTRIBUTED THE REMAINING FUNDS ALLOCATED TO MANNA FROM THE YOUR WAY HOME EMERGENCY RENT AND UTILITY COALITION PROGRAM. THESE FUNDS WENT TO QUALIFYING HOUSEHOLDS IN MONTGOMERY COUNTY TO PREVENT EVICTIONS AND STABLIZE HOUSING.

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

ALL OTHER ACCOMPLISHMENTS: COMMON GROUNDS FOODSERVICE TRAINING PROGRAM IS MANNA'S FREE, 2-MONTH WORKFORCE DEVELOPMENT PROGRAM DESIGNED TO MOVE PEOPLE LIVING IN ECONOMIC INSTABILITY TO SUSTAINABLE EMPLOYMENT. COMMON GROUNDS ADDRESSES TWO OF THE ROOT CAUSES OF FOOD INSECURITY: UNEMPLOYMENT AND UNDEREMPLOYMENT. IN SUPPORT OF MANNA'S KITCHEN, COMMON GROUNDS TRAINEES LEARN BACK-OF-HOUSE SKILLS AND TECHNIQUES IN A COMMERCIAL KITCHEN WHILE WORKING ALONGSIDE MANNA'S CULINARY STAFF TO PREPARE OVER 700 DAILY CONTRACT MEALS BENEFITTING 350 SENIORS THROUGH MEALS ON WHEELS (MANNA PROVIDED OVER 150,000 MEALS ON WHEELS AND OTHER CONTRACT MEALS IN FYE 2024). IN SERVICE TO COMMON GROUNDS CAFE AND CATERING, SOCIAL ENTERPRISES THAT SERVE THE GENERAL PUBLIC, THE TRAINEES LEARN HOW TO PREPARE INDIVIDUAL BREAKFAST AND LUNCH ORDERS, HOW TO PROVIDE EXCELLENT CUSTOMER SERVICE AND HOW TO OPERATE A POINT-OF-SALE SYSTEM. TRAINEES PARTICIPATE IN "POWER SKILLS" CLASSES THAT FOCUS ON ADDITIONAL SKILL BUILDING SUCH AS TIME MANAGEMENT, CONFLICT RESOLUTION, RESUME PREPARATION AND INTERVIEW PRACTICE TO INCREASE THE LIKELIHOOD THEY CAN OBTAIN AND MAINTAIN A LIVING-WAGE JOB UPON GRADUATION



Name of the organization

Employer identification number

MANNA ON MAIN STREET

23-2287252

FROM THE PROGRAM. SINCE THE END OF 2016 THROUGH SEPTEMBER 2024, 133 INDIVIDUALS HAVE GRADUATED FROM THE PROGRAM, WITH 105 GRADUATES EMPLOYED OR ENROLLED IN HIGHER EDUCATION AT THE TIME OF GRADUATION (A 79% JOB PLACEMENT RATE). ALL COMMON GROUNDS GRADUATES LEAVE MANNA WITH SERVSAFE CERTIFICATION.

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 PRESENTED TO THE BOARD FOR A VOTE FOR APPROVAL. ONCE BOARD APPROVED IT IS FILED WITH THE IRS.

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FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL BOARD MEMBERS MUST READ AND SIGN THE CONFLICT OF INTEREST DOCUMENT AT 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

Name of the organization

Employer identification number

MANNA ON MAIN STREET

23-2287252

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.

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

PROGRAM SVC COGS \$ -610,601

PROGRAM SVC COGS \$ 610,601

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

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

2023

Attachment Sequence No. **179**

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	1,160,000
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	2,890,000
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 2022 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 2024. 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(k)(1) election	15	
16	Other depreciation (including ACRS)	16	75,593

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 2023	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 <input type="checkbox"/>		

Section B—Assets Placed in Service During 2023 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	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

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	75,593
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

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Truck	12/20/05	7,029			7,029	5 MO 200DB	7,029	0
25	Telephone System	4/01/12	4,625			4,625	5 MO S/L	4,625	0
32	Storage Credenza	1/09/15	1,815			1,815	10 MO S/L	1,588	181
34	Laptop Security Cabinet	6/30/15	678			678	10 MO S/L	560	68
35	Walk in Freezer	11/29/16	52,701			52,701	10 MO S/L	36,012	5,270
36	Market HVAC Unit & Electric	5/23/17	9,198			9,198	20 MO S/L	2,913	460
37	Chair Rails	2/07/17	1,537			1,537	10 MO S/L	1,025	153
38	IP Cameras	6/20/17	1,248			1,248	5 MO S/L	1,248	0
39	Glass Door Freezer	9/25/17	2,056			2,056	10 MO S/L	1,233	206
40	Glass Door Refrigerator	9/25/17	1,490			1,490	10 MO S/L	894	149
41	Warmer	5/15/17	1,373			1,373	10 MO S/L	881	137
43	Amana Over ACE19V	11/01/16	4,970			4,970	10 MO S/L	3,438	497
44	Coffee Maker Rebuild	11/01/16	1,008			1,008	5 MO S/L	1,008	0
45	Charbroiler	2/20/17	2,800			2,800	10 MO S/L	1,843	280
46	Convection Oven	2/20/17	1,005			1,005	10 MO S/L	661	101
47	2012 Chevy Express Van	10/02/17	13,142			13,142	5 MO S/L	13,142	0
48	Electrical Upgrade for Ovens	10/23/17	9,191			9,191	20 MO S/L	2,719	460
49	Chain link Fence and Concrete Posts	10/20/17	1,875			1,875	10 MO S/L	1,109	188
50	Hobart Edge-13 13" Meat Slicer	4/05/18	1,684			1,684	5 MO S/L	1,684	0
51	Additional Eldectrical for Cafe	4/17/18	1,797			1,797	20 MO S/L	487	90
52	Water Softener	7/12/18	2,606			2,606	10 MO S/L	1,368	260
54	Espresso Machine	5/23/18	4,287			4,287	7 MO S/L	3,266	612
55	Milk Cooler	7/31/18	2,871			2,871	5 MO S/L	2,871	0
56	Sandwich station/Equipment	4/05/18	1,988			1,988	5 MO S/L	1,988	0
57	ADV 2000 Double Chamber/Compactor and	10/04/18	8,028			8,028	10 MO S/L	4,014	803
58	Reach-In Refrigerator	6/18/19	3,353			3,353	10 MO S/L	1,425	335
59	Display Case Refrigerator	6/18/19	3,568			3,568	10 MO S/L	3,641	857
60	Ice Maker	8/20/20	1,120			1,120	7 MO S/L	1,633	589
61	Singer Freezer	8/14/20	3,626			3,626	7 MO S/L	1,476	518
62	Singer Fidgeator	8/14/20	3,810			3,810	7 MO S/L	1,551	545
63	2020 Promaster 2500 Dodge Van	7/10/20	54,327			54,327	5 MO S/L	31,781	10,866
64	Electric Upgrade for Kitchen	5/08/20	15,793			15,793	20 MO S/L	2,428	790
65	Gas line, water supply and drain for Kitchen	1/24/20	1,600			1,600	20 MO S/L	264	80
66	HP Notebook	7/20/20	699			699	5 MO S/L	398	140
67	A Frame Garage Building	11/06/20	4,910			4,910	10 MO S/L	1,432	491
68	Combi Gas Oven	12/09/19	22,517			22,517	10 MO S/L	7,768	2,252
69	Hobart Dish Washer	12/09/19	3,737			3,737	10 MO S/L	1,289	374
70	Hoshizaki Reach in Freezer	12/09/19	4,336			4,336	10 MO S/L	1,496	434
71	Hoshizaki Reach in Freezer	12/09/19	4,336			4,336	10 MO S/L	1,496	434
72	Shelving for Market	9/28/21	5,867			5,867	10 MO S/L	1,173	587
74	Refridge Reach in 2 Section	2/05/21	3,565			3,565	10 MO S/L	951	356
75	Camshelving	4/06/21	4,264			4,264	10 MO S/L	1,066	426
76	Paint	4/16/21	5,816			5,816	10 MO S/L	1,406	581
77	2 Circuit Breakers	8/31/21	2,990			2,990	10 MO S/L	623	299
78	Floor Renovations	3/31/21	13,874			13,874	15 MO S/L	2,312	1,388
79	17"x15" Wall Mount Hand Sink	5/25/21	1,320			1,320	10 MO S/L	308	132
80	Hand Sink	10/21/20	1,345			1,345	10 MO S/L	392	135
81	Hand Sink	10/21/20	1,100			1,100	10 MO S/L	321	73
82	Singer Freezer	9/30/21	9,812			9,812	10 MO S/L	1,962	982
83	Singer Freezer	9/30/21	9,812			9,812	10 MO S/L	1,962	982
84	Singer Freezer	9/30/21	9,812			9,812	10 MO S/L	1,962	982
85	Pallet Jack	9/30/21	2,558			2,558	10 MO S/L	512	255
86	Dolly Truck	9/30/21	156			156	5 MO S/L	62	32
87	3 - Bussing Utility Transport Cart	9/30/21	715			715	5 MO S/L	286	143
88	2 - Platform Truck	9/30/21	666			666	5 MO S/L	266	134
89	2022 Subaru Outback	10/05/21	33,277			33,277	5 MO S/L	11,980	6,656
90	2021 Ram Promaster 3500	12/16/21	64,350			64,350	5 MO S/L	20,270	12,870
91	Hobart Tall Base Electric Dish Washer	11/19/21	26,363			26,363	10 MO S/L	4,350	2,636
92	Cafe Refrigerator	9/20/22	3,802			3,802	10 MO S/L	342	380
93	Lizell Furniture, Office & CG Office	5/11/22	25,671			25,671	10 MO S/L	3,273	2,567
94	10 Cannon Ave Land	8/14/23	19,429			19,429	0 -- Land	0	0
96	2018 Ram Promaster Truck	3/10/23	31,263			31,263	5 MO S/L	3,647	6,253
97	Electric Food Slicer	1/04/23	9,235			9,235	10 MO S/L	693	923
98	Victory Refrigerator Merchandiser	1/04/23	3,802			3,802	10 MO S/L	285	380
99	Reach In Refrigerator	3/30/23	1,680			1,680	10 MO S/L	84	168
100	Reach In Refrigerator 19 cu ft	4/10/23	3,360			3,360	10 MO S/L	168	336
101	Grease Trap Lid	10/21/22	1,828			1,828	15 MO S/L	112	122
102	Utility Room Flooring	1/25/23	2,266			2,266	15 MO S/L	101	151

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
103	10 Cannon Ave - Building	9/01/24	639,592			639,592	40 MO S/L	0	1,332
104	Singer Oven	10/11/23	7,161			7,161	10 MO S/L	0	716
105	Singer Prep Station	10/11/23	1,563			1,563	7 MO S/L	0	156
106	Singer Oven	2/06/24	7,161			7,161	10 MO S/L	0	477
107	Singer Reach-In Freezer	3/04/24	1,250			1,250	10 MO S/L	0	73
108	Combi Gas Oven	3/27/24	4,542			4,542	10 MO S/L	0	265
109	10 N Cannon Ave Improvements	9/01/24	697,046			697,046	25 MO S/L	0	2,323
110	SINGER APPLIANCES	9/04/24	110,501			110,501	15 MO S/L	0	419
113	FURNITURE	9/12/24	12,565			12,565	15 MO S/L	0	70
114	COMMUNICATION INFRASTRUCTURE	9/20/23	3,193			3,193	15 MO S/L	0	213
115	Sandwich Prep	9/30/24	1,563			1,563	10 MO S/L	0	0
116	Freezer Reach In	9/30/24	1,250			1,250	10 MO S/L	0	0
	Total Other Depreciation		<u>2,064,119</u>			<u>2,064,119</u>		<u>216,553</u>	<u>75,593</u>
	Total ACRS and Other Depreciation		<u>2,064,119</u>			<u>2,064,119</u>		<u>216,553</u>	<u>75,593</u>
	Grand Totals		2,064,119			2,064,119		216,553	75,593
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,064,119</u>			<u>2,064,119</u>		<u>216,553</u>	<u>75,593</u>

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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
Other Depreciation:									
1	Truck	12/20/05	7,029			7,029	5 MO 200DB	7,029	0
25	Telephone System	4/01/12	4,625			4,625	5 MO S/L	4,625	0
32	Storage Credenza	1/09/15	1,815			1,815	10 MO S/L	1,588	181
34	Laptop Security Cabinet	6/30/15	678			678	10 MO S/L	560	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	13,142	0
48	Electrical Upgrade for Ovens	10/23/17	9,191			9,191	20 MO S/L	2,719	460
49	Chain link Fence and Concrete Posts	10/20/17	1,875			1,875	10 MO S/L	1,109	188
50	Hobart Edge-13 13" Meat Slicer	4/05/18	1,684			1,684	5 MO S/L	1,684	0
51	Additional Elctrical for Cafe	4/17/18	1,797			1,797	20 MO S/L	487	90
52	Water Softener	7/12/18	2,606			2,606	10 MO S/L	1,368	260
54	Espresso Machine	5/23/18	4,287			4,287	7 MO S/L	3,266	612
55	Milk Cooler	7/31/18	2,871			2,871	5 MO S/L	2,871	0
56	Sandwich station/Equipment	4/05/18	1,988			1,988	5 MO S/L	1,988	0
57	ADV 2000 Double Chamber/Compactor and	10/04/18	8,028			8,028	10 MO S/L	4,014	803
58	Reach-In Refrigerator	6/18/19	3,353			3,353	10 MO S/L	1,425	335
59	Display Case Refrigerator	6/18/19	3,568			3,568	10 MO S/L	3,641	857
60	Ice Maker	8/20/20	1,120			1,120	7 MO S/L	1,633	589
61	Singer Freezer	8/14/20	3,626			3,626	7 MO S/L	1,476	518
62	Singer Fidgeator	8/14/20	3,810			3,810	7 MO S/L	1,551	545
63	2020 Promaster 2500 Dodge Van	7/10/20	54,327			54,327	5 MO S/L	31,781	10,866
64	Electric Upgrade for Kitchen	5/08/20	15,793			15,793	20 MO S/L	2,428	790
65	Gas line, water supply and drain for Kitchen	1/24/20	1,600			1,600	20 MO S/L	264	80
66	HP Notebook	7/20/20	699			699	5 MO S/L	398	140
67	A Frame Garage Building	11/06/20	4,910			4,910	10 MO S/L	1,432	491
68	Combi Gas Oven	12/09/19	22,517			22,517	10 MO S/L	7,768	2,252
69	Hobart Dish Washer	12/09/19	3,737			3,737	10 MO S/L	1,289	374
70	Hoshizaki Reach in Freezer	12/09/19	4,336			4,336	10 MO S/L	1,496	434
71	Hoshizaki Reach in Freezer	12/09/19	4,336			4,336	10 MO S/L	1,496	434
72	Shelving for Market	9/28/21	5,867			5,867	10 MO S/L	1,173	587
74	Refridge Reach in 2 Section	2/05/21	3,565			3,565	10 MO S/L	951	356
75	Camshelving	4/06/21	4,264			4,264	10 MO S/L	1,066	426
76	Paint	4/16/21	5,816			5,816	10 MO S/L	1,406	581
77	2 Circuit Breakers	8/31/21	2,990			2,990	10 MO S/L	623	299
78	Floor Renovations	3/31/21	13,874			13,874	15 MO S/L	2,312	1,388
79	17"x15" Wall Mount Hand Sink	5/25/21	1,320			1,320	10 MO S/L	308	132
80	Hand Sink	10/21/20	1,345			1,345	10 MO S/L	392	135
81	Hand Sink	10/21/20	1,100			1,100	10 MO S/L	321	73
82	Singer Freezer	9/30/21	9,812			9,812	10 MO S/L	1,962	982
83	Singer Freezer	9/30/21	9,812			9,812	10 MO S/L	1,962	982
84	Singer Freezer	9/30/21	9,812			9,812	10 MO S/L	1,962	982
85	Pallet Jack	9/30/21	2,558			2,558	10 MO S/L	512	255
86	Dolly Truck	9/30/21	156			156	5 MO S/L	62	32
87	3 - Bussing Utility Transport Cart	9/30/21	715			715	5 MO S/L	286	143
88	2 - Platform Truck	9/30/21	666			666	5 MO S/L	266	134
89	2022 Subaru Outback	10/05/21	33,277			33,277	5 MO S/L	11,980	6,656
90	2021 Ram Promaster 3500	12/16/21	64,350			64,350	5 MO S/L	20,270	12,870
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
94	10 Cannon Ave Land	8/14/23	0			0	0 HY	0	0
96	2018 Ram Promaster Truck	3/10/23	0			0	0 HY	0	0
97	Electric Food Slicer	1/04/23	0			0	0 HY	0	0
98	Victory Refrigerator Merchandiser	1/04/23	0			0	0 HY	0	0
99	Reach In Refrigerator	3/30/23	0			0	0 HY	0	0
100	Reach In Refrigerator 19 cu ft	4/10/23	0			0	0 HY	0	0
101	Grease Trap Lid	10/21/22	0			0	0 HY	0	0
102	Utility Room Flooring	1/25/23	0			0	0 HY	0	0

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AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
103	10 Cannon Ave - Building	9/01/24	0			0	0 HY	0	0
104	Singer Oven	10/11/23	0			0	0 HY	0	0
105	Singer Prep Station	10/11/23	0			0	0 HY	0	0
106	Singer Oven	2/06/24	0			0	0 HY	0	0
107	Singer Reach-In Freezer	3/04/24	0			0	0 HY	0	0
108	Combi Gas Oven	3/27/24	0			0	0 HY	0	0
109	10 N Cannon Ave Improvements	9/01/24	697,046			697,046	25 MO S/L	0	2,323
110	SINGER APPLIANCES	9/04/24	0			0	0 HY	0	0
113	FURNITURE	9/12/24	0			0	0 HY	0	0
114	COMMUNICATION INFRASTRUCTURE	9/20/23	0			0	0 HY	0	0
115	Sandwich Prep	9/30/24	0			0	0 HY	0	0
116	Freezer Reach In	9/30/24	0			0	0 HY	0	0
	Total Other Depreciation		<u>1,065,693</u>			<u>1,065,693</u>		<u>152,342</u>	<u>50,703</u>
	Total ACRS and Other Depreciation		<u>1,065,693</u>			<u>1,065,693</u>		<u>152,342</u>	<u>50,703</u>
	Grand Totals		1,065,693			1,065,693		152,342	50,703
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>1,065,693</u>			<u>1,065,693</u>		<u>152,342</u>	<u>50,703</u>

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Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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Form 990		Two Year Comparison Report		2022 & 2023	
Name		For calendar year 2023, or tax year beginning 10/01/23 , ending 09/30/24		Taxpayer Identification Number	
MANNA ON MAIN STREET				23-2287252	
		2022	2023	Differences	
Revenue	1. Contributions, gifts, grants	1. 3,680,305	4,509,128	828,823	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3. 3,584,891	1,361,924	-2,222,967	
	4. Program service revenue	4. 753,824	892,253	138,429	
	5. Investment income	5. 15,199	74,757	59,558	
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8. 145,580	160,942	15,362	
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11. 8,138	418,689	410,551	
	12. Total revenue. Add lines 1 through 11	12. 8,187,937	7,417,693	-770,244	
Expenses	13. Grants and similar amounts paid	13. 4,855,479	3,346,988	-1,508,491	
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16. 1,892,024	1,842,606	-49,418	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18. 15,046	92,185	77,139	
	19. Occupancy, rent, utilities, and maintenance	19. 205,992	237,066	31,074	
	20. Depreciation and Depletion	20. 62,506	75,588	13,082	
	21. Other expenses	21. 938,599	926,904	-11,695	
	22. Total expenses. Add lines 13 through 21	22. 8,029,646	6,521,337	-1,508,309	
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 158,291	896,356	738,065	
Other Information	24. Total exempt revenue	24. 8,187,937	7,417,693	-770,244	
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26. 922,741	1,546,641	623,900	
	27. Total assets	27. 4,425,813	4,784,655	358,842	
	28. Total liabilities	28. 1,516,912	979,398	-537,514	
	29. Retained earnings	29. 2,908,901	3,805,257	896,356	
	30. Number of voting members of governing body	30. 14	14		
	31. Number of independent voting members of governing body	31. 14	14		
	32. Number of employees	32. 44	44		
	33. Number of volunteers	33. 1329	1500		

Form 990	Tax Return History	2023
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Name MANNA ON MAIN STREET	Employer Identification Number 23-2287252
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	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	4,030,180	8,894,253	9,447,545	7,265,196	5,871,052	
Membership dues						
Program service revenue	509,083	699,243	666,080	753,824	892,253	
Capital gain or loss						
Investment income	1,289	5,955	6,169	15,199	74,757	
Fundraising revenue (income/loss)	111,021	98,195	127,983	145,580	160,942	
Gaming revenue (income/loss)						
Other revenue	713	1,824	15,486	8,138	418,689	
Total revenue	4,652,286	9,699,470	10,263,263	8,187,937	7,417,693	
Grants and similar amounts paid	1,938,837	6,406,618	7,036,589	4,855,479	3,346,988	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	1,170,610	1,364,295	1,742,274	1,892,024	1,842,606	
Professional fees	17,100	26,614	42,103	15,046	92,185	
Occupancy costs	126,104	159,426	177,027	205,992	237,066	
Depreciation and depletion	21,590	33,084	55,918	62,506	75,588	
Other expenses	560,587	758,667	837,643	998,599	926,904	
Total expenses	3,834,828	8,748,704	9,892,554	8,029,646	6,521,337	
Excess or (Deficit)	817,458	950,766	370,709	158,291	896,356	
Total exempt revenue	4,652,286	9,699,470	10,263,263	8,187,937	7,417,693	
Total unrelated revenue						
Total excludable revenue	511,085	707,022	815,718	922,741	1,546,641	
Total Assets	2,205,522	3,444,081	3,496,771	4,425,813	4,784,655	
Total Liabilities	790,265	1,078,058	760,039	1,516,912	979,398	
Net Fund Balances	1,415,257	2,366,023	2,736,732	2,908,901	3,805,257	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 74,757		14			
TOTAL	<u>\$ 74,757</u>					

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Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
AD - PROFESSIONAL FEES	\$ 92,185	\$	\$ 92,185	\$
TOTAL	\$ 92,185	\$ 0	\$ 92,185	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PS - GRANT EXPENSES	\$ 19,196	\$ 19,196	\$	\$
FR - FUNDRAISING	12,345			12,345
FR - NEWSLETTER COSTS	11,695			11,695
PS - SUPPLIES	6,115	6,115		
PS - TELEPHONE	4,425	4,425		
AD - DUES & FEES	3,248		3,248	
FR - DUES & FEES	3,248			3,248
FR - POSTAGE	2,861			2,861
AD - POSTAGE	2,861		2,861	
AD - MISCELLANEOUS EXPENS	1,924		1,924	
FR - MISCELLANEOUS EXPENS	1,924			1,924
PS - STRATEGIC PARTNERSHI	1,620	1,620		
AD - TELEPHONE	360		360	
FR - TELEPHONE	360			360
TOTAL	\$ 72,182	\$ 31,356	\$ 8,393	\$ 32,433

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720 MANNA ON MAIN STREET
23-2287252
FYE: 9/30/2024

Federal Statements

6/25/2025 2:48 PM

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
GOVERNMENT FUNDING	\$ 49,754
DONATIONS	1,904,576
FOOD	2,100,770
GIFT CARDS	3,782
COMMONWEALTH OF PA	
CASH CONTRIBUTION	117,263
MONTGOMERY COUNTY	
CASH CONTRIBUTION	1,194,907
ESTATE OF HELEN RAWSON EARLY	
CASH CONTRIBUTION	500,000
TOTAL	<u>\$ 5,871,052</u>

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Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
COMMONWEALTH OF PA	\$ 367,263	\$
KAREEM & NIHAD AFZAL	200,000	
ESTATE OF HELEN RAWSON EARLY	500,000	
TOTAL	<u>\$ 1,067,263</u>	<u>\$ 0</u>

CLIENT COPY

720 MANNA ON MAIN STREET

23-2287252

FYE: 9/30/2024

Federal Statements

6/25/2025 2:48 PM

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 74,757
TOTAL	\$ 74,757

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