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# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	For the	e 2008 calen	dar year,	or tax year begi	nning Jul	1	, 2008	, and endi	ng Jun			, 20		
В	Check if	applicable		C Name of organia	zation					D Emp	oloyer Id	entification	on Number	
	Add	lress change	Please use IRS label	MannaReli	ef Minist	ries				7.5	-280	9600	)	
	f 1 Nan	ne change	or print or type	Number and str	eet (or PO box if	mail is not delivered to	street a	ddr) Room/s	uite	E Tele	phone n	umber		<u> </u>
		al return	See specific	P.O. Box	540669					(8	17)	557-	8700	
	1 7	mination	Instruc- tions.	City, town or co			State	ZIP code + 4	1					
	F-4	ended return		Grand Pra	irie		ТX	75054		G Gros	ss recein	ts \$ 2.	454,691	1 =
	$\vdash$	dication pending	F Name :	and address of princip					H(a) Is this					$\neg \neg \neg$
						Grand Prair	ie Ti	x 75054	H(b) Are a				Yes	No
	Tay	exempt statu			(insert no )	4947(a)(1)		527	If 'No	' attach a l	list (see	instructio	ons)	
<u>:</u>				narelief.or		1 1 4347 (8)(1)	UI	132/	Wes C		a numba	. ▶		
K						Other ►		Year of Forma	H(c) Group				omicite TX	
Pa		of organization	X Corpora	ation Trust	Association	Other	<u> </u>	tear of Forma	tion 195	9 11	ii State	or legal d	omicite 1A	
ra		Summa		annization's mis-	cion or most s	ignificant activitie	<u>. т</u> і	ho mini	etru i	neets	the	nhv	eical	
						children t						_ <u>P.11 y .</u>	31001	<del></del>
ဥ						bution of o					-21			
nai	_	WILL DCI Y		acii ana ci	ne manara	244211 21 2		~_7_5 ay	Promo					
Ne.	2 7	Check this bo		if the organizati	on discontinue	d its operations of	r dısn	osed of mo	re than :	– – – 25% of u	 ts asse	ets	<u>-</u>	
ŏ				bers of the gove			. u.op	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3	13		
85 E	1		_	-		rning body (Part \	/I, line	e 1b)			4	2		
itie	5 7	Total number	of emplo	yees (Part V, Iir	ne 2a)						5			
Activities & Governance				teers (estimate i							6			
⋖						II, line 12, column	(C)				7			0.
	bι	Net unrelated	business	s taxable income	from Form 99	90-T, line 34					_   7	1		
										Prior Ye			Current Y	
<u>o</u>				nts (Part VIII, line					<u> </u>	2,990	<u>, 581</u>	•	2,094	<u>,904.</u>
Revenue		Program serv					-							
ě		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 158, 1									,082			,604.
_											•			,608.
							(A), III	ne 12)	+				2,305	
				ounts paid (Part					-	8	<u>, 189</u>	<del>-  </del> -	546	<u>,035.</u>
ì	ı	•		members (Part					<u> </u>			<del>-  </del>		
စ္						<del>irt-IX, setumn (A)</del>	; Ines	5-10)	ļ	1,078	,101	•	901	<u>,027.</u>
nse	16a F	Professional	fundraısır	ng fees (Part IX,	column (A), U		.		ļ			_		
Expenses	ь 7	Total fundrais	sing expe	nses (Part IX, c	tumn (D), line	25)►	3 7	75,666.				<u> </u>		
ш	17 (	Other expens	es (Part	IX, column (A),	ines 11 at PIRI.	91824111				2,317	,841		698	,849.
	18 7	Total expense	es Add li	nes 13-17 (must	edual Part IX	. column (A), line	2 <del>4</del> 5).			3,404	,431		2,147	911.
	19 F	Revenue less	expense	s Subtract line	8 from lines	PER LIST	٠ ا			-246				,205.
8 8							Ţ		Rogi	inning o			End of Ye	
Net Assots or Fund Balancos	20 7	Total assets (	(Part X li	me 16)						1,029				,195.
88		rotal liabilitie	•	•							,012			,645.
S.E.			•	-	lina 21 fram lii	20				_	, 345	_		,550.
	22   N  rt		ure Bloc	ances Subtract	ine 21 nomin	le 20				700	, 545	•	020	, 330.
1 4	1 ( 11													
		true, correct, a	ind complete	Declaration of prepa	examined this returner (other than office	n, including accompany cer) is based on all info	rmation	of which prepared	arer has any	knowledge	e or my	Kilowieug	e and belief,	l is
Sig	10	- h/	llia	m. 111	. 10	t			1	4-	12	- 7	010	
He	re	Signature			ullen	<b>)</b>				ate	<u> </u>		, , ,	
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		Type or pr	int name an	d title	1405									<del></del>
		1,7,2,2,4			<del></del>		Fi	Date	Т.	Na atrick	· I	Preparer	r's identifying tructions)	number
Pai	id		,				- 1	Date	s	Check if self-		(see inst	tructions)	
Pre		Preparer's signature	dlan	· 4 / 10 ~ 1		l. Mas	l.	04 /00 /1		mployed				
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		ZIP + 4		ington			7601	.5	F	hone no	<b>►</b> (8)		795-504	$\overline{}$
						? (see instruction						X	Yes	No
BA	A For I	Privacy Act a	and Paper	rwork Reductior	ı Act Notice, s	ee the separate is	nstruc	ctions.		TEEA01	01 04/	23/09	Form <b>99</b>	0 (2008)

Part III Statement of Program Service Accomplishments (see instructions)  1 Briefly describe the organization's mission The ministry meets the physical needs and the spiritual needs of children	
	<del>-</del>
The ministry meets the physical needs and the spiritual needs of children	<del>-</del> <del>-</del> -
through the operation of various programs that include	
ministry outreach and the distribution of dietary supplements.	
2 Did the organization undertake any significant program services during the year which were not listed on the prior	
Form 990 or 990-EZ?	No 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 I
If 'Yes,' describe these changes on Schedule O	
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the to expenses, and revenue, if any, for each program service reported	(3) al
expenses, and revenue, it any, for each program service reported	
4 (0 ) 4 (1 000 742 ) 4 (1 000 742 ) 7 (2 000 742 )	C00 >
4a (Code ) (Expenses \$ 1,808,743. including grants of \$ 16,427.) (Revenue \$ 206	
Since 1999, MannaRelief has distributed dietary supplements to 893 orphanages	
in the Blessing program as well as conducted religious outreach programs	<b></b>
directed at orphans in various countries. In the United States,	<b>-</b> -
over 9,100 children have been assisted through the Hope program. In total,	
7,213 children have been assisted through the ministry's programs.	
<b>4b</b> (Code) (Expenses \$ including grants of \$) (Revenue \$	)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4c (Code:) (Expenses \$ including grants of \$ ) (Revenue \$	)
	<del>-</del>
	<del>-</del>
4d Other program services (Describe in Schedule O.)	
(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e Total program service expenses ► \$ 1,808,743. (Must equal Part IX, Line 25, column (B))	

\* **K** 

Form 990 (2008) MannaRelief Ministries

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)7f 'Yes,' complete			
-	Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets ?f 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services if 'Yes,' complete Schedule D. Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25% 'Yes.' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	^	Х
	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
				<u> </u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b	_x_	ļ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16	х	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e # Yes, complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a7f 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a?If 'Yes,' complete Schedule G, Part III	19 20		X
20 21	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H  Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X	
	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 57f 'Yes,' complete			
	Schedule J	23		_X_
24 a	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, and that was issued after December 31, 20027f 'Yes,' answer questions 24b-24d and	24		.,
	complete Schedule K If No, go to question 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
		240		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	_	<del> </del>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u>x</u>
ŀ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? Yes, complete Schedule L, Part III	27		Х
BAA		Form	990 (	(2008)

Form 990 (2008) MannaRelief Ministries

Part IV | Checklist of Required Schedules (continued)

	terr periodicination required volumeday			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee),			
	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		X
		200		
•	b Have a family member who had a direct or indirect business relationship with the organization? Yes, complete Schedule L, Part IV	28b	х	
(	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions *If 'Yes,' complete Schedule M .	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations of 'Yes,' complete Schedule N, Part I	31_		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets if 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity If 'Yes,' complete Schedule R, Parts II, III, IV, and V. line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)7f 'Yes,' complete Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
BAA		Form	990 (	(2008)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 10 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1ь 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 30 calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X this return? 3a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 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 Х **b** If 'Yes.' enter the name of the foreign country See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b 7 Organizations that may receive deductible contributions under section 170(c). 7 a Х a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? **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? 7с Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Х benefit contract? 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have Х 8 excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Х **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9Ь Х 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12 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 other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11 b 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 BAA Form 990 (2008) Form 990 (2008) MannaRelief Ministries 75–2809600 Page
Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

		Governing Body and Management				
	For each "processes,	es' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, of changes in Schedule O. See instructions	describe the circumstances,		Yes	No
1.	a Enter the r	umber of voting members of the governing body	1a 3			
	<b>b</b> Enter the r	umber of voting members that are independent	1b 2			
2	Did any off officer, dire	cer, director, trustee, or key employee have a family relationship or a business rel	ationship with any other	2	x	
3	Did the org	anization delegate control over management duties customarily performed by or u directors or trustees, or key employees to a management company or other perso	nder the direct supervision	3		
4	Did the org	anization make any significant changes to its organizational documents		4		X
	•	rior Form 990 was filed?				
5 6	•	anization become aware during the year of a material diversion of the organization rganization have members or stockholders?	's assets?	5 6		X
_		rganization have members, stockholders, or other persons who may elect one or n	nore members of the			
1		cisions of the governing body subject to approval by members, stockholders, or ot	her nercons?	7a 7b		<u>X</u>
_	-		·	- / -		
8	the following		taken during the year by			
	a The govern			8a	Х	
		nittee with authority to act on behalf of the governing body?		8b		<u>X</u>
		rganization have local chapters, branches, or affiliates?		9a	-	_X
1	<b>b</b> If 'Yes,' do and branch	es the organization have written policies and procedures governing the activities of es to ensure their operations are consistent with those of the organization?	f such chapters, affiliates,	9ь		
10	Was a copy describe in	$\prime$ of the Form 990 provided to the organization's governing body before it was filed Schedule O the process, if any, the organization uses to review the Form 990	? All organizations must	10	х	
11	ls there an organizatio	y officer, director or trustee, or key employee listed in Part VII, Section A, who car n's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	11		х
Sec	tion B.	Policies				
			•		Yes	No
12	a Does the o	rganization have a written conflict of interest policy?If 'No,' go to line 13		12a		X
ĺ	b Are officers to conflicts	s, directors or trustees, and key employees required to disclose annually interests $^{\circ}$ ?	hat could give rise			
•	~		!	12b	!	-
	c Does the o <i>Schedule (</i>	rganization regularly and consistently monitor and enforce compliance with the pol I how this is done	ıcy1f 'Yes,' describe in	12b 12c		-
13	Schedule (	rganization regularly and consistently monitor and enforce compliance with the pole of the	ıcy]f 'Yes,' describe in			<u>x</u>
	Schedule ( Does the o	how this is done	ıcy¶ 'Yes,' describe in	12 c		X
14	Schedule C Does the o Does the o	of how this is done a written whistleblower policy?	approval by independent	12c	,	
14 15	Does the or Does the propersons, co	Thow this is done and a written whistleblower policy?  I ganization have a written document retention and destruction policy?  I description compensation of the following persons include a review and a	approval by independent	12c	,	
14 15	Schedule ( Does the o Does the o Did the pro persons, co a The organi	Thow this is done and the second of the following policy?  Toganization have a written whistleblower policy?  Toganization have a written document retention and destruction policy?  Toganization have a written document retention and destruction policy?  Toganization have a written document retention and destruction policy?  Toganization have a written document retention and destruction of the deliberation and decomparability data, and contemporaneous substantiation of the deliberation and decomparability.	approval by independent	12c 13 14	,	X
14 15	Schedule Control Does the or Does the or Did the propersons, control The organization of the office	Thow this is done and the state of the following persons include a review and appraisability data, and contemporaneous substantiation of the deliberation and decretion's CEO, Executive Director, or top management official?	approval by independent	12c 13 14	,	X
14 15	Schedule C Does the o Does the o Did the pro persons, co a The organize Oother office Describe the	The process in Schedule O. (see instructions)  analyzation invest in, contribute assets to, or participate in a joint venture or similar anization invest in, contribute assets to, or participate in a joint venture or similar anization invest in, contribute assets to, or participate in a joint venture or similar anization invest in, contribute assets to, or participate in a joint venture or similar.	approval by independent ision:	12c 13 14 15a 15b		X X X
14 15 16	Schedule Control Does the organization of the propersons, control Does the organization of the organizatio	organization have a written whistleblower policy?  rganization have a written document retention and destruction policy?  rganization have a written document retention and destruction policy?  respectively determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deciration's CEO, Executive Director, or top management official?  respectively employees of the organization?  reprocess in Schedule O. (see instructions)  reprocess in Schedule O. (see instructions)  reprocess in contribute assets to, or participate in a joint venture or similar and the granization adopted a written policy or procedure requiring the organization.	approval by independent ision:  arrangement with a taxable to evaluate its participation	12c 13 14	,	X
14 15 16	Schedule Control Does the organization of the	reganization have a written whistleblower policy? reganization have a written document retention and destruction policy? reganization have a written document retention and destruction policy? resess for determining compensation of the following persons include a review and a support of the deliberation and decreation's CEO, Executive Director, or top management official? res of key employees of the organization? re process in Schedule O. (see instructions) reprocess in Schedule O. (see instructions) reprocess in the organization and procedure assets to the organization and procedure requiring the organization ture arrangements under applicable federal tax law, and taken steps to safeguard respect to such arrangements?	approval by independent ision:  arrangement with a taxable to evaluate its participation	12c 13 14 15a 15b		X X X
14 15 16	Schedule Control Does the organization of the	reganization have a written whistleblower policy?  reganization have a written document retention and destruction policy?  reganization have a written document retention and destruction policy?  resess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and decization's CEO, Executive Director, or top management official?  res of key employees of the organization?  re process in Schedule O. (see instructions)  reparation invest in, contribute assets to, or participate in a joint venture or similar of the year?  The organization adopted a written policy or procedure requiring the organization ture arrangements under applicable federal tax law, and taken steps to safeguard	approval by independent ision:  arrangement with a taxable to evaluate its participation	12c 13 14 15a 15b		X X X
14 15 16	Does the on Does the organization of t	reganization have a written whistleblower policy? reganization have a written document retention and destruction policy? reganization have a written document retention and destruction policy? resess for determining compensation of the following persons include a review and a support of the deliberation and decreation's CEO, Executive Director, or top management official? res of key employees of the organization? re process in Schedule O. (see instructions) reprocess in Schedule O. (see instructions) reprocess in the organization and procedure assets to the organization and procedure requiring the organization ture arrangements under applicable federal tax law, and taken steps to safeguard respect to such arrangements?	approval by independent ision:  arrangement with a taxable to evaluate its participation	12c 13 14 15a 15b	,	X X X
14 15 16: 18 Sec 17	Does the on Does the organization of the organ	reganization have a written whistleblower policy?  reganization have a written document retention and destruction policy?  recess for determining compensation of the following persons include a review and a support of the deliberation and decretion's CEO, Executive Director, or top management official?  res of key employees of the organization?  re process in Schedule O. (see instructions)  repairation invest in, contribute assets to, or participate in a joint venture or similar goalization invest in adopted a written policy or procedure requiring the organization the organization adopted a written policy or procedure requiring the organization the arrangements under applicable federal tax law, and taken steps to safeguard respect to such arrangements?  Disclosures  The requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and indicate how you make these available Check all that apply	approval by independent ision:  arrangement with a taxable to evaluate its participation the organization's exempt	12 c 13 14 15 a 15 b	e for p	X X X
14 15 16: 18 Sec 17	Does the on Does the organization of the organ	reganization have a written whistleblower policy?  reganization have a written document retention and destruction policy?  recess for determining compensation of the following persons include a review and a supparability data, and contemporaneous substantiation of the deliberation and decretion's CEO, Executive Director, or top management official?  rers of key employees of the organization?  re process in Schedule O. (see instructions)  realization invest in, contribute assets to, or participate in a joint venture or similar goalization invest in adopted a written policy or procedure requiring the organization to the arrangements under applicable federal tax law, and taken steps to safeguard respect to such arrangements?  Disclosures  the written policy or procedure requiring the organization to such arrangements?  Disclosures  the written policy or procedure requiring the organization to such arrangements?  Of requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and indicate how you make these available. Check all that apply	approval by independent ision:  arrangement with a taxable to evaluate its participation the organization's exempt	12 c 13 14 15 a 15 b	e for p	X X X
14 15 16 16 17 18	Schedule C Does the o	reganization have a written whistleblower policy?  reganization have a written document retention and destruction policy?  recess for determining compensation of the following persons include a review and a support of the deliberation and decretion's CEO, Executive Director, or top management official?  res of key employees of the organization?  re process in Schedule O. (see instructions)  repairation invest in, contribute assets to, or participate in a joint venture or similar goalization invest in adopted a written policy or procedure requiring the organization the organization adopted a written policy or procedure requiring the organization the arrangements under applicable federal tax law, and taken steps to safeguard respect to such arrangements?  Disclosures  The requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and indicate how you make these available Check all that apply	approval by independent ision:  arrangement with a taxable to evaluate its participation the organization's exempt d 990-T (501(c)(3)s only) av	12 c 13 14 15 a 15 b		X X X
14 15 163 17 18 19 20	Does the of Does the organization of the organ	reganization have a written whistleblower policy? reganization have a written document retention and destruction policy? reganization have a written document retention and destruction policy? respectively data, and contemporaneous substantiation of the deliberation and decreation's CEO, Executive Director, or top management official? respectively employees of the organization? respectively employees of the organization of the deliberation and decreation's CEO, Executive Director, or top management official? respectively employees of the organization? respectively employees of the organization of the policy or procedure in a joint venture or similar and the granization adopted a written policy or procedure requiring the organization ture arrangements under applicable federal tax law, and taken steps to safeguard respect to such arrangements?  Disclosures  The executive Director, or top management of the person who possesses the boundary of the public.  The executive Director of the person who possesses the boundary of the person who possesses	approval by independent ision:  arrangement with a taxable to evaluate its participation the organization's exempt  d 990-T (501(c)(3)s only) avents, conflict of interest policooks and records of the organization.	12 c 13 14 15 a 15 b 16 a 16 b cy, an	d fina on	X X X
14 15 163 18 Sec 17 18	Does the of Does the organization of the organ	reganization have a written whistleblower policy? reganization have a written document retention and destruction policy? reganization have a written document retention and destruction policy? respectively data, and contemporaneous substantiation of the deliberation and decreation's CEO, Executive Director, or top management official? respectively employees of the organization? respectively employees of the organization of the deliberation and decreation's CEO, Executive Director, or top management official? respectively employees of the organization? respects in Schedule O. (see instructions) represents in, contribute assets to, or participate in a joint venture or similar of the year? respect to reganization adopted a written policy or procedure requiring the organization ture arrangements under applicable federal tax law, and taken steps to safeguard respect to such arrangements?  Procedures an organization to make its Forms 1023 (or 1024 if applicable), 990, and indicate how you make these available Check all that apply rebsite    X	approval by independent ision:  arrangement with a taxable to evaluate its participation the organization's exempt  d 990-T (501(c)(3)s only) avents, conflict of interest policooks and records of the organization.	12 c 13 14 15 a 15 b 16 a	d fina on	X X X

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 and/or Box 7 of Form 1099-MISC) or 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.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did no	ot compen	sate a	ny ·	offic	er,	directo	or, tr	ustee, or key employ	ee	
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours		ition		k all i	that app	ly)	Reportable compensation from	Reportable	Estimated amount of other
	per week	adividi al trascee or director	institutional trustee	Offir #	key employee	Highest कामहस्माञ्चाल employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
William Mullens										
Chief Operating Officer	40.00			х				81,392.	0.	38,610.
Linda Caster										
Chairman/Director	1.00	X		х		ŀ	ŀ	0.	0.	0.
Neecie Moore		-								
Secretary/Director	1.00	X		х				23,077.	0.	l o.
Lydia Herndon										
Treasurer/Director	1.00	х		х	ľ			0.	0.	0.
									· · · · · · · · · · · · · · · · · ·	

Fait VII   Section A. Officers, Directors, 1143		L								
(A)	(B)			-	c)			(D)	(E)	(F)
Name and Title	Average hours per week			Officer		a Highest compensated employee	,	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
									· · · · · · · · · · · · · · · · · · ·	
									_	
1 b Total							▶	104,469.	0	. 38,610.
2 Total number of individuals (including those in 1a) vorganization ► 0	vho rece	eived	d mo	ore t	han	\$10	0,00	00 in reportable c	ompensation from	the Yes No
<ul> <li>Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in</li> <li>For any individual listed on line 1a, is the sum of re the organization and related organizations greater thindividual</li> </ul>	ndividua portable han \$15	l cor 0,00	npei 10? I	nsat If 'Yo	ion es' (	and com	oth plet	er compensation to e Schedule J for s	from such	3 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens redule J	atioi for	n fro suct	m a h pe	iny rsoi	unre n	late	d organization for	services	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization	ed indep	oenc	lent	con	trac	tors	tha	t received more th	nan \$100,000 of	
(A) Name and business addres	s							(B) Description (	of Services	(C) Compensation
			-							
2 Total number of independent contractors (including compensation from the organization ▶ 0	those in	1) י	who	rec	eıve	d m	ore	than \$100,000 in		

	t viii j Otatement of Nevenue					
			(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s	1a Federated campaigns 1a					
ANT	b Membership dues 1b			:		
GR.	c Fundraising events 1c					
TS,						
Ëξ						
NS.	e Government grants (contributions) 1 e					
PROGRAM SERVICE REVENUE ONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		4,904.				
F O	g Noncash contribns included in lns 1a-1f. \$ 17	1,349.				
용론	h Total. Add lines 1a-1f	►	2,094,904.			
UE	Busine	ess Code				
Ē	2a					
æ	b					
ŢĊE	с					
£	d					
S						
3RA	f All other program service revenue					
õ		<b>—</b>				
_	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, interes other similar amounts)	st and	3,491.	0.	0.	3,491.
	-		3,431.			3,471.
	4 Income from investment of tax-exempt bond pro	oceeus				· · · · · - · · · · · · · · · ·
	5 Royalties	Personal				1
		reisuliai	* * .			
	6a Gross Rents		* *			
	<b>b</b> Less rental expenses		,			
	c Rental income or (loss)					
	d Net rental income or (loss)	<b>•</b>				
	7 a GIOSS amount nom sales of	) Other				
	assets other than inventory	825.	3 \		z <del></del>	
	<b>b</b> Less: cost or other basis		`	`		
	and sales expenses	712.				
	c Gain or (loss)	113.				
	d Net gain or (loss)	<b>&gt;</b>	113.	0.	0.	113.
NUE	8a Gross income from fundraising events (not including \$					
¥	of contributions reported on line 1c)					
OTHER REVE	See Part IV, line 18					
뜊	b Less direct expenses b					
6	c Net income or (loss) from fundraising events	<b></b>				
					·	
	9a Gross income from gaming activities See Part IV, line 19					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities	<u>-</u>				
	` ' " " " " " " " " " " " " " " " " " "			· <del>-</del>		
	10a Gross sales of inventory, less returns and allowances a 35	5,471.				
		8,863.				
i	<del></del>	0,005.	206 609	206 609	0.	0.
ŀ	c Net income or (loss) from sales of inventory  Miscellaneous Revenue Busine	ss Code	206,608.	206,608.	<u> </u>	U.
ŀ	11a					
	b					
	C					
ŀ	d All other revenue					
	e Total. Add lines 11a-11d .	•				
ļ	<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 10c, and 11e	, 8c, 9c, ▶	2,305,116.	206,608.	0.	3,604.

# Form 990 (2008) MannaRelief Ministries Part IX | Statement of Functional Expenses

Total expenses				
Section 501(c)(3	3) and 501(c)(4) organiz	ations must complete a	Il columns.	
All other organizations must com	plete column (A) but ar	re not required to compl	ete columns (B), (C), and	(D).
amounts reported on lines and 10b of Part VIII.		1 \-/	1 3-7	
d other assistance to governments				

Do not in 6b, 7b, 8	nclude amounts reported on lines Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Gra and line	ints and other assistance to governments I organizations in the U.S. See Part IV,	5,575.	5,575.		•
2 Gra	ints and other assistance to individuals in U.S. See Part IV, line 22	-			
3 Gra	ints and other assistance to governments, anizations, and individuals outside the 5. See Part IV, lines 15 and 16	302,200. 240,260.	302,200. 240,260.		
4 Ber 5 Con	nefits paid to or for members mpensation of current officers, directors, stees, and key employees	139,999.	62,999.	56,000.	21,000.
disc sec	npensation not included above, to qualified persons (as defined under tion 4958(f)(1) and persons described in tion 4958(c)(3)(B)	34,757.	15,270.	15,670.	3,817.
	er salaries and wages	571,300.	464,078.	89,254.	17,968.
401	nsion plan contributions (include section (k) and section 403(b) employer tributions)				
9 Oth	er employee benefits .	92,799.	75,418.	14,973.	2,408.
<b>10</b> Pay	roll taxes	62,172.	40,017.	17,831.	4,324.
11 Fee	s for services (non-employees)	_			
<b>a</b> Mar	nagement				
<b>b</b> Leg		11,270.	11,270.	0.	0.
c Acc	counting	18,765.	0.	18,765.	0.
<b>d</b> Lob	, ,				
	f fundraising svcs See Part IV, In 17				
	estment management fees .				
<b>g</b> Oth	ì	19,152.	13,949.	4,216.	987.
	vertising and promotion		1.50 1.55		
	ce expenses	166,904.	160,165.	3,558.	3,181.
	ormation technology	37,817.	24,595.	0.	13,222.
-	ralties	151 004	120 002	10.010	1 500
	cupancy	151,824.	132,083.	18,212.	1,529.
exp	ver wents of travel or entertainment enses for any federal, state, or local lic officials	52,279.	51,448.	113.	718.
<b>19</b> Con	iferences, conventions, and meetings	2,827.	2,827.	0.	0.
20 Inte	rest				
<b>21</b> Pay	ments to affiliates				
<b>22</b> Dep	reciation, depletion, and amortization	67,328.	58,576.	8,079.	673.
cove and 5% belo	er expenses Itemize expenses not ered above (Expenses grouped together labeled miscellaneous may not exceed of total expenses shown on line 25 ow )				
a_Pr	ogram Products	37,531.	37,531.	0.	0.
	AP Inventory Adjustment	71,497.	71,497.	0.	0.
	dia Production	26,920.	21,536.	0.	5,384.
	es & Subscriptions	18,186.	13,755.	4,087.	344.
	d Debt	9,953.	0.	9,953.	0.
	other expenses	6,596.	3,694.	2,791.	111.
	I functional expenses. Add lines 1 through 24f .	2,147,911.	1,808,743.	263,502.	75 <b>,</b> 666.
SOF orga cost cam	nt Costs. Check here Lift following 98-2 Complete this line only if the enization reported in column (B) joint is from a combined educational inpaign and fundraising solicitation				
RAA					Form 990 (2008)

BAA

F	irt 🔨	Dalatice Street		(A) Beginning of year		(I End o	<b>3)</b> of year	r
	1	Cash - non-interest-bearing		310,404.	1		2,4	194.
	2	Savings and temporary cash investments		328,677.	2	7	25,3	
	3	Pledges and grants receivable, net			3	_		
	4	Accounts receivable, net		9,953.	4			0.
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	s, trustees, key employees L	0.	5		9,1	183.
	6	Receivables from other disqualified persons (as define	d under section 4958(f)(1)	))				
_		and persons described in section 4958(c)(3)(B) Comp	lete Part II of Schedule L		6			
A S S E T S	7	Notes and loans receivable, net			7			
Ē	8	Inventories for sale or use		45,806.	8		96,7	790.
Ś	9	Prepaid expenses and deferred charges		32,626.	9		18,1	L70.
	10 a	Land, buildings, and equipment cost basis	10a 411,741	. •				
	b	Less: accumulated depreciation Complete Part VI of						
		Schedule D	<b>10b</b> 298,599	165,841.	10 c	1	13,1	L <b>42.</b>
	11	Investments – publicly-traded securities		125,000.	11			0.
	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		11,050.	15		11,0	50.
	16	Total assets Add lines 1 through 15 (must equal line	34)	1,029,357.	16	9	76,1	95.
	17	Accounts payable and accrued expenses	<del></del>	241,012.	17	1	55,6	345.
	18	Grants payable			18			
	19	Deferred revenue			19			
L	20	Tax-exempt bond liabilities		20				
AB	21	Escrow account liability Complete Part IV of Schedule		21				
LIABILITIES	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per	* * * -	*				
į		of Schedule L		22				
Š	23	Secured mortgages and notes payable to unrelated th	rd parties		23			
	24	Unsecured notes and loans payable			24			_
	25	Other liabilities, Complete Part X of Schedule D			25			
	26	Total liabilities. Add lines 17 through 25		241,012.	26		55,6	i45.
N E T		-	X and complete lines	, , , ,	, 4 2			
		27 through 29 and lines 33 and 34.		*	<u>  ^                                   </u>			
ASSETS		Unrestricted net assets		788,345.	27	8:	20,5	50.
Ě		Temporarily restricted net assets			28			
	29	Permanently restricted net assets			29	·······		
R		Organizations that do not follow SFAS 117, check he	re►					
FUZD		lines 30 through 34.			ļ			
	30	Capital stock or trust principal, or current funds			30			
田々上く芝い山の	31	Paid-in or capital surplus, or land, building, and equip			31			
Ä	32	Retained earnings, endowment, accumulated income,	or other funds		32			
Ë	33	Total net assets or fund balances.		788,345.	33	82	20,5	<u>50.</u>
	34	Total liabilities and net assets/fund balances		1,029,357.	34	9.	76 <b>,</b> 1	<u>.95.</u>
Pa	rt XI	Financial Statements and Reporting	<del></del>			Т	-	
		• • • • • • • • • • • • • • • • • • • •	ash X Accrual	Other			Yes	No
		re the organization's financial statements compiled or r	•			2a		Х
		re the organization's financial statements audited by ar	•			2b	_X	
	rev	Yes' to 2a or 2b, does the organization have a committee, or compilation of its financial statements and selections.	tion of an independent ac	countant?		2c		Х
3	a As Auc	a result of a federal award, was the organization requir dit Act and OMB Circular A-133?	ed to undergo an audit or	audits as set forth in the	Single	3a	]	Х
		fes,' did the organization undergo the required audit or	audits?			3b		
DA		100, and the organization undergo the required adult of	audita:	<del></del>			990 /	2000

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

\_\_\_\_\_

Open to Public Inspection

Employer identification number

	MannaRelief Ministries   75-2809600												
Par	art I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) e organization is not a private foundation because it is. (Please check onliging organization)												
The	orga	ınızatıon is n	ot a pr	ivate foundation becat	use it is. (Please check o	onl <b>yone</b> o	rganızat	ion )					
1		A church, c	onvent	ion of churches or ass	ociation of churches des	cribed in	section	170(b)(1	χΑχi).				
2	F	A school de	scribed	d in section 170(b)(1)(	A)(ii). (Attach Schedule E	Ξ.)		, , ,					
3	-				e organization described	•	n 170/b	<b>Υ1ΥΔΥ</b> ίί	i). (Atta	ch Sche	dule H )	1	
4	F				ed in conjunction with a h		•		•				utal's
7	_	name, city,		-	a in conjunction with a r	lospitai	acscribe	d iiseeti	011 170	~~\~\	(III) LIII	or the hosp	itai 3
5		An organiza	ition of		of a college or university	y owned	or oper	ated by	a gove	nmenta	I unit de	scribed sec	tion
6		A federal, s	tate, oi	r local government or	governmental unit descri	ıbed ır <b>se</b>	ction 17	<sup>7</sup> 0(b)(1)(	A)(v).				
7	In section 170(b)(1)(A)(vi). (Complete Part II )												
8	= =,												
9	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)												
10		An organiza	ition or	ganized and operated	exclusively to test for pr	ublic saf	ety Se <del>c</del>	section !	509(a)(4	<b>).</b> (see	instructio	ons)	
11	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
		a ∐ Type I		<b>b</b> Type II	c 💹 Type II		•	•			a □	Type III-	
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f		If the organ check this b		received a written det	termination from the IRS	that is a	а Туре І	, Type II	or Typ	e III sup	porting o	organizatio	n,
g		Since Augus	st 17, 2	2006, has the organiza	ition accepted any gift of	r contrib	oution fro	om any	of the f	ollowing	persons	,7	
													Yes No
					controls, either alone or upported organization?	togethe	with pe	ersons d	escribe	d in (ii) i	and (III)	11 g (i)	
		(ii) a fami	ly men	nber of a person desc	cribed in (i) above?							11 g (ii)	
		(iii) a 35%	contro	olled entity of a persor	n described in (i) or (ii) a	bove?						11 g (iii)	<u> </u>
h		Provide the	followi	ng information about t	the organizations the org	anizatio	n suppo	rts					
	Œ	Name of Suppo Organization	rted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in cold in your erning ment?	the organ	rou notify sization in (i) of upport?	organizat (i) organi	is the ion in col zed in the S ?	(vii) Amoun	nt of Support
						Yes	No	Yes	No	Yes	No		
						<u></u>							
							l	İ	!				
								1					
							ŀ						
		<del></del>				<b>†</b>			-			•••	
							1						
				<del> </del> -		<del>  -</del>	<del> </del>	<del> </del>			<del>  </del>		
				-					<u> </u>		<del></del>		
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) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 3,084,132. 5,303,893. 2,990,581. 2,097,000. 2,094,904. 15,570,510. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 2,097,000 5,303,893.2,990,581. Total. Add lines 1-3 3,084,132. 2,094,904. 15,570,510. 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) 3,319,805. Public support. Subtract line 5 from line 4 12,250,705. Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 2,097,000. 3,084,132. 5,303,893. 2,990,581. 2,094,904 570,510. 7 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form 3,340 12,286 10,212 9,082 3,491 similar sources 38,411. Net income form unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) Total support. Add lines 7 11 through 10 15,608,921. 12 2,911,357. 12 Gross receipts from related activities, etc. (see instructions) First five 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 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 78.49% 14 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 82.70% 16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the 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 – 2007. 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 — 2008. 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 top here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2007. 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 top here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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 9 of Part I.) Section A. Public Support Calendar year (or fiscal yr beginning in)▶ (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1-5 7a Amounts included on lines 1, 2. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, rovalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ▶ organization, check this box and stop here. Section C. Computation of Public Support Percentage % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box andstop here. The organization qualifies as a publicly supported organization

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

Scheduke & (Ferm 990 or 990 E2) 2008 MannaRelief Ministries 75-2809600 Page 4 Part IV Supplemental information. Complete this part to provide the explanation required by Part II, line 10: Part III, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	Schedule A	(Form 990 or 9	90-EZ) 2008	MannaR	elief M	inistr	ies		75-2809600	Page 4
Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	Part IV	Supplemen	tal Informa	ation. Com	plete this	part to p	provide the	explanation	required by Part II, line	e 10;
		Part II, line	17a or 17b	o; or Part I	II, line 12.	. Provide	any other	additional ii	nformation. (see instruc	tions)
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# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Schedule D (Form 990) 2008

Employer Identification number

MannaRelief Ministries		75-2809600
Part I Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	nds or Accounts Complete if
the organization answered 'Yes'	to Form 990, Part IV, line 6.	<u> </u>
	(a) Donor advised funds	(b) Funds and other accounts
<ol> <li>Total number at end of year</li> </ol>		
<ol><li>Aggregate contributions to (during year)</li></ol>		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the assets held in d to the organization's exclusive legal control?	lonor advised Yes No
6 Did the organization inform all grantees, done used only for charitable purposes and not for impermissible private benefit??	ors, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or oth	ids may be ner Yes No
Part II Conservation Easements Compl	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held b	y the organization (check all that apply)	
Preservation of land for public use (e g ,	recreation or pleasure) Preservation	of an historically important land area
Protection of natural habitat	Preservation	of certified historic structure
Preservation of open space		
2 Complete lines 2a-2d if the organization held of the tax year.	a qualified conservation contribution in the form	m of a conservation easement on the last day
		Held at the End of the Year
a Total number of conservation easements		2a
<b>b</b> Total acreage restricted by conservation ease		2b
c Number of conservation easements on a cert	. ,	2c
d Number of conservation easements included		2d
3 Number of conservation easements modified,	transferred, released, extinguished, or termina	ted by the organization during the taxable
year ►		
4 Number of states where property subject to c	onservation easement is located	<del>_</del>
5 Does the organization have a written policy re enforcement of the conservation easement it	egarding the periodic monitoring, inspection, vic holds?	olations, and Yes No
6 Staff or volunteer hours devoted to monitoring	g, inspecting, and enforcing easements during t	the year
7 Amount of expenses incurred in monitoring, i	nspecting, and enforcing easements during the	year \$
8 Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection Yes No
include, if applicable, the text of the footnote	ports conservation easements in its revenue an to the organization's financial statements that o	nd expense statement, and balance sheet, and describes the organization's accounting for
conservation easements  Part III Organizations Maintaining Colle	alone of Aut Higherical Toronton	Other Cimiler Assets
	ections of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	8.
1a If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statem	ilic exhibition, education, or research in furthera	nent and balance sheet works of art, historical ance of public service, provide, in Part XIV,
b If the organization elected, as permitted unde treasures, or other similar assets held for put amounts relating to these items	r SFAS 116, not to report in its revenue statem lic exhibition, education, or research in furthera	ance of public service, provide the following
(i) Revenues included in Form 990, Part VIII	, line 1	<b>F</b> \$
(ii) Assets included in Form 990, Part X		►\$ ►\$
2 If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar assets t 116 relating to these items	for financial gain, provide the following
a Revenues included in Form 990, Part VIII, line	e 1	<b>\$</b>
<b>b</b> Assets included in Form 990, Part X		►\$ ►\$

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

Schedule D (Form 990) 2008 Manna	akeliet Min	<u>istries</u>		75-280	9600	Page 2
Part III Organizations Mainta	ining Collecti	ons of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (conti	nued)
3 Using the organization's accession that apply).	on and other reco	ords, check any of th	e following that are a s	significant use of its coll	ection items	(check al
a Public exhibition		<b>d</b> Loan o	or exchange programs			
<b>b</b> Scholarly research		e 🗌 Other				
c Preservation for future gener	rations					
4 Provide a description of the orga Part XIV		·			se in	
5 During the year, did the organiza assets to be sold to raise funds in	rather than to be	maintained as part of	of the organization's co	ollection?	Yes	No
Part IV Trust, Escrow and Cu IV, line 9, or reported	istodial Arran an amount or	<b>gements</b> Comple Form 990, Part	ete if organization X, line 21.	answered 'Yes' to f	<sup>-</sup> orm 990,	Part ———
1 a Is the organization an agent, true included on Form 990, Part X?				her assets not	Yes	☐ No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the follows	ng table <sup>.</sup>		_	
					Amount	
c Beginning balance				1c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1e		
f Ending balance				1f		<del></del>
2a Did the organization include an a		990, Part X, line 21?			Yes	No
<b>b</b> If 'Yes,' explain the arrangement						
Part V Endowment Funds Co	mplete if orga	<u>nızatıon answere</u>	ed 'Yes' to Form 99	90, Part IV, line 10.		
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four y	ears back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Investment earnings or losses						
d Grants or scholarships					`	*
<ul> <li>Other expenditures for facilities and programs</li> </ul>					* * *	
f Administrative expenses					•	
<b>g</b> End of year balance			* *	* '		
2 Provide the estimated percentage	e of the year end	balance held as				
a Board designated or quasi-endov	vment ►	ક્રુ				
<b>b</b> Permanent endowment ►	*					
c Term endowment ►	<del></del>					
3a Are there endowment funds not i		of the eventuation	that are hold and adm	makered for the		
organization by:	ii ule possession	or the organization	triat are neio ano aumi	inistered for the	Yes	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	1
b If 'Yes' to 3a(II), are the related of	organizations liste	ed as required on Sc	hedule R?		3b	
4 Describe in Part XIV the intended					1.00	
Part VI Investments—Land, B				line 10		
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book	Value
1 a Land			, ,		··········	
<b>b</b> Buildings			-			
c Leasehold improvements	<del> </del>		161,824.	106,230.	5	5,594.
d Equipment	<del> </del>		115,783.	96,308.		9,475.
e Other			134,134.	96,061.		8,073.
Total. Add lines 1a-1e (Column (d) sho	uld equal Form 0	On Part Y solumn				
otal. Add lines 1a-1e (Column (a) sho	uiu equai roiin 9	30, FAILA, COIUINN (	B), IIIIe TU(C) )			3,142.

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 MannaRelief Minis Part VII Investments—Other Securities See F	orm 990 Part Y lin	75-280	)9600 Page 3
	(b) Book value	(c) Method of value	ation
(a) Description of security or category (including name of security)		Cost or end-of-year man	ket value
Financial derivatives and other financial products.			<del></del>
Closely-held equity interests		<del></del>	
Other			
			· <u></u>
	-		
Total (Column (b) should equal Form 990 Part X, col. (B) line 12.)	F 000 D+ V I	12)	
Part VIII Investments—Program Related (See			<del></del>
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	ition ket value
			<del></del>
Total. Column (b)(should equal Form 990, Part X, Col (B) line 13)		? > >	
Part IX Other Assets (See Form 990, Part X,	line 15)	·	
	escription		(b) Book value
Deposits			11,050.
		_	
	<del></del>	· · · · · ·	
Table Column (b) Table Charled annual Form 000. Dark V. a	-1 (D) ( 15)		11 050
Total. Column (b) Total (should equal Form 990, Part X, co Part X Other Liabilities (See Form 990, Part		<b>P</b>	11,050.
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(b) Amount	<b>—</b>	
		_	
	1		(

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

Schedule D (Form 990) 2008 MannaRelief Ministries	75-280960	DPage <b>4</b>
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial State	ements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		2,305,116.
2 Total expenses (Form 990, Part IX, column (A), line 25)		2,147,911.
3 Excess or (deficit) for the year Subtract line 2 from line 1		157,205.
4 Net unrealized gains (losses) on investments		-125,000.
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4-8		-125,000.
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		32,205.
Part XII Reconciliation of Revenue per Audited Financial Statements With Rever	nue per Return	
1 Total revenue, gains, and other support per audited financial statements	1	2,309,796.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2,000,000
a Net unrealized gains on investments		
b Donated services and use of facilities 2b	4,680.	
c Recoveries of prior year grants	4,000.	
		4 600
e Add lines 2a through 2d	2e	4,680.
3 Subtract line 2e from line 1	3	2,305,116.
4 Amounts included on Form 990, Part VIII, line 12, but not on line.		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		2,305,116.
Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expe		
1 Total expenses and losses per audited financial statements	1	2,277,591.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a Donated services and use of facilities 2a	4,680.	
<b>b</b> Prior year adjustments <b>2b</b>		
c Losses reported on Form 990, Part IX, line 25		
d Other (Describe in Part XIV)	25,000.	
e Add lines 2a through 2d		129,680.
3 Subtract line 2e from line 1	3	2,147,911.
4 Amounts included on Form 990, Part IX, line 25, but not on line:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV) 4b		
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5	2,147,911.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an line 4; Part XI, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  Pt XIII Line 2d Unrealized loss - \$125,000	d 4; Part IV, lines 1b and	
BAA TEEA3304 12/23/08	Schedule D	(Form 990) 2008

Schedule <b>D</b>	(Form 990) 2008	MannaRelief Ministries	75-2809600	Page 5
Part XIV	Supplementa	MannaRelief Ministries Information (continued)		
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#### Schedule F (Form 990)

## Statement of Activities Outside the United States

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

► Attach to Form 990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16.

Open to Public Inspection

Name of the organization	·-			Employer identif	ication number
MannaRelief Ministri				75-28096	
Part I General Informat to Form 990, Part	<b>ion on Activiti</b> IV, line 14b.	es Outside th	e United States. Complet	te if the organization	n answered 'Yes'
1 For grantmakers. Does the grantees' eligibility for the	organization mai grants or assistar	intain records to s nce, and the selec	substantiate the amount of the ction criteria used to award the	grants or assistance, th grants or assistance?	e Yes X No
2 For grantmakers. Describe	in Part IV the org	ganization's proce	edures for monitoring the use o	of grant funds outside the	e United States
3 Activities per Region (Use	Schedule F-1 (Fo	orm 990) if addition	nal space is needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
East Asia and Pacific	0	0	Donation		54,620.
Europe	0	0	Program Service	Mission trip	71,715.
North America	0	0	Donation		48,441.
Middle East	0	0	Donation		13,181.
Central America	0	0	Donation		31,865.
Europe	0	0	Donation		62,186.
Russia	0	0	Donation		825.
South America	0	0	Donation	_	888.
South Asia	0	0	Donation		8,444.
Sub-Saharan Africa	0	0	Donation		19,810.
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Schedule F (Form 990) (2008)

311,975.

Page 2 Schedule F (Form 990) 2008 MannaRelief Ministries

Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received rnore than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

		`		-					
<del>-</del>	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			East Asia and Pacii General Support	General Support	10,000. Check	Check			
			Central America	America Dietary Supplem			7,740.	Dietary Supplements COSt	Cost
			Europe	Dietary Supplem			8,721.	Dietary Supplements Cost	Cost
			Europe	Dietary Supplem			5,709.	5, 709. Dietary Supplements Cost	Cost
		444	Europe	Dietary Supplem			11,135.	11, 135. Dietary Supplements Cost	Cost
		***************************************	Europe	Dietary Supplem			9,000.	9,000. Dietary Supplements Cost	Cost
			Europe	Dietary Supplem		-	6,120.	6, 120. Dietary Supplements COSt	Cost
		*		Dietary Supplem			9,735.	9, 735. Dietary Supplements COST	Cost
				East Dietary Supplem			8,916.	8, 916. Dietary Supplements COSt	Cost
			South Asia	Dietary Supplem			5,050.	5,050. Dietary Supplements COSt	Cost
									!

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2008

3 Enter total number of other organizations or entities

Page 3

MannaRelief Ministries Schedule F (Form 990) 2008

Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. 75-2809600

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2008 48,441. Dietary Supplem Cost 36, 331. Dietary Supplem Cost 865. Dietary Supplem Cost 1,730. Dietary Supplem Cost (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients 56 East Asia and Pacific 42 Central America 2 North America Middle East (b) Region (a) Type of grant or assistance Nutritional Support Nutritional Support Nutritional Support Nutritional Support BAA

	B MannaRelief Ministries	75-2809600 Page <b>4</b>
	al Information	
Complete this p	art to provide the information required in Part I, line 2, and any other a	dditional information
Pt_I_Line_2	The organization makes very few cash donate	cions to organizations
	_outside the United States. The majority	of the grants
	_consist of providing dietary supplements t	co_orphanages_in_other
	countries. These orphanages are hand sele	ected by the board
	of directors and are carefully screened by	y the organization
- <b></b>	prior to being accepted into the Blessing	program. The
	organization receives reports from the orp	phanages on a
	regular basis and many times has represent	catives visit the
	orphanages.	
	· <del>-</del>	
<b></b>	<b></b> -	
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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

2008

OMB No 1545 0047

Open to Public

Internal Revenue Service			שוומורוו וח רטוווו פסט.	;			usbection
Name of the organization						Employer identification number	ation number
ဣ						75-2809600	0
Part I General Information on Grants and Assistance	rants and Assist	ance					
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>	rds to substantiate the he grants or assistan s procedures for mon	e amount of the grace? ce? itoring the use of g	of the grants or assistance, the grantees' eligibility for the grants or assistance, and suse of grant funds in the United States.	grantees' eligibility for the States.	ne grants or assistanc	e, and	X Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	nce to Governme by recipient that r Form 990) if add	eceived more the	<b>d Organizations in the United States.</b> Complete if the organization answered 'Yes' on F more than \$5,000. Check this box if no one recipient received more than \$5,000. Use pace is needed	ed States. Comple this box if no one i	te if the organizat ecipient received	ion answered 'Ye more than \$5,00	es' on Form 00. Use
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations</li> <li>3 Enter total number of other organizations</li> </ul>	(3) and government of tions	rganizations	-			<b>A A</b>	
ا ا	uction Act Notice, se	e the Instructions	for I-orm 990.	TEEA3901 12/19/08	12/19/08	Schec	Schedule I (Form 990) 2008

Schedule I (Form 990) 2008

Page 2 (Form 990) 2008 MannaRelief Ministries | 75-2809600 | Against and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008

Part III | Grants and O

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Nutritional Support	451		302,200.	Cost	Dietary Supplements
!					
Part IV   Supplemental Information. Complete this part to		ovide the informat	provide the information required in Part I, line 2,	and any	other additional information.
Pt_I_Line_2Persons_participating_in_the	<u>cipating_in_th</u>	e <u>organization</u>	organization's programs ar	are_carefully_selected	cted
Pt_I_Line_2by the organization	The_	<u>rganization do</u>	es_not_give_ca	organization does not give cash support but rather	<u>ather</u>
Pt_I_Line_2support_throug	gh the provisi	on of dietary	supplements_to	support through the provision of dietary supplements to improve the quality.	lity
Pt_I_Line_2of_life_of_the	life_of_the_recipients	Contact is ma	intained with.	Contact_is_maintained_with_each_of_the_program_	cam
Pt_I_Line_2participants_that_includes		phone calls an	and follow up consultations.	nsultations	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			 	
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Schedule I (Form 990) 2008

#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions with Interested Persons** 

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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Name of the organization						Em	ployer i	dentific	ation nu	mber		
MannaRelief Ministries							5-280	0960	0			
Part I Excess Benefit Transactions To be completed by organizations that	(sect	ion 50 ered 'Yes	1(c)(3) a s' on Form	and section 990, Part IV,	501(c)( line 25a o	4) organiza ir 25b, or Forr	ations n 990-	only EZ, Pa	y). irt V, I	ıne 40	b.	
1 (a) Name of disqualified person					(b) Description	on of transaction			_		(c) Cor	rected?
1 (a) Name of disqualified person				<u>'</u>	(b) Description	on or transaction					Yes	No
	_											
												-
2 Enter the amount of tax imposed on the or	rganıza	tion mar	nagers or	disqualified pe	ersons du	ring the year	under	<b></b>			l	l
section 4958	ahova	reimbur	sed by the	organization				- ş ► ¢			-	
3 Enter the amount of tax, if any, on line 2, Part II Loans to and/or From Interes				: Organization				- <u>-</u>				
To be completed by organiza Part V, line 38a.	tions	that an	swered	'Yes' on Fo	orm 990	, Part IV, Iı	ne 26	5 or F	orm	990	EZ,	
(a) Name of interested person and purpose	(b) Loan the orga	to or from anization?		Original pal amount	(d) B	alance due	(e) In (	iefault?	(f) Ap by bo comm	proved ard or nittee?	(g) W agreei	ritten ment?
	То	From					Yes	No	Yes	No	Yes	No
William Mullens Payroll advance		X_	ļ	9,371.		9,371.		Х	X			X
		ļ	ļ				-	ļ				
			<del> </del>				ļ. —					
		<del> </del>	ļ					<del> </del>				
Total	l	<u> </u>		<b>▶</b> \$		9,371.	<del> </del>	l				
Part III Grants or Assistance Benefi	ttina l	nteres	ted Pers		<del></del>	9,311.	!		<u> </u>			
To be completed by organiza	tions	that an	swered	'Yes' on Fo	rm 990	, Part IV, II	ne 27	7.				
(a) Name of interested person				interested person		<del></del>	mount of		r type o	f assista	nce	
			•									
									_			
Part IV Business Transactions Invol	ving I	nteres	ted Pers	sons.	rm 000	Port IV I	no 20			r 200		
		-				·				1 200		
(a) Name of interested person		elationship sted persoi organizati	n and the	(c) Amour transactio		(d) Des	cription	of trans	action		(e) Sha organiz reven	ation's
						<u> </u>	<del></del>				Yes	No
Ofilia Mullens	-	•	er, Willia			Wages ar						X
Brooke Emmons	Daughte	r of off	icer, Will	19	9,08/.	Wages ar	na be	enei	1ts			<u> </u>
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				-		1					-	

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

Schedule L (Form 990 or 990-EZ) 2008

#### **SCHEDULE M** (Form 990)

### **Non-Cash Contributions**

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

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Department of the Treasury Internal Revenue Service Name of the organization

Manna Poliof Ministries

noncash contributions? b If 'Yes,' describe in Part II Employer identification number

Mar	MannaRelief Ministries							
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Me	ethod of	d) determii nues	ning
1	Art-Works of art		<del></del>		ļ			
2	Art—Historical treasures			···	<b>†</b>		_	
3	Art-Fractional interests		-		<u> </u>			
4	Books and publications							
5	Clothing and household goods		XX 3 2. V					
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		1-1-1					
17	Real estate-Other							
18	Collectibles							
19	Food inventory .							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens				L			
24	Archeological artifacts	_						
25	Other ► (Nutraceutical products)	X	4,965	171,349.	Cost			
26	Other ► ()							
27	Other ► ()				<u> </u>		,	
28	Other ► (	<u></u>			<u> </u>			
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Donor	ion during the ee Acknowle	ne tax year for contribut dgement	ions for which the	29			0.
							Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt								
	purposes for the entire holding period?					30 a		X
ŧ	If 'Yes,' describe the arrangement in Part II							
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?								X
32	a Does the organization hire or use third parties or	related orga	anizations to solicit, pro-	cess, or sell				

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

32 a

Schedule M (Fo	rm 990) 2008	MannaReli	ef Minis	tries			75-2809600	Page 2
Part II Sup	plemental In	formation. C	omplete tl	nis part to p	rovide the in	formation require	ed by Part I, lines 30	b, 32b,
and	33. Also con	nplete this pa	art for any	additional i	nformation.		ed by Part I, lines 30	
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#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

MannaRelief Minis	stries	75-2809600
Pt_VI-A, Line 8	The organization does not have any committees.	
Pt_VI-A, Line 10	The Form 990 is e-mailed to the board of	
	directors prior to filing with the IRS.	
Pt_VI-C, Line 19	The governing documents and financial statement	s
	are made available upon reguest.	
Pt_VI-A, Line 2	Linda Caster, Lydia Herndon, and William Mullen	<u>s</u>
	all have a family relationship.	
Pt_VI-B, Line 15	The board of directors considers compensation f	or_all
	of the officers who perform services for the or	ganization.
	The decisions of the board are documented in th	e_minutes
	of the board meetings. For the year in questio	n, the
	organization did not utilize comparability data	÷
Part VI-B, Line 12	2 The organization did not have a conflict of int	erest
	policy as of the end of the fiscal year. One w	as
	adopted in September 2009.	
Part VI-B, Line 13	3 The organization did not have a written whistle	blower
	policy as of the end of the fiscal year. One w	as
	adopted in September 2009.	
Part VI-B, Line 14	The organization did not have a written documen	t
	retention and destruction policy as of the end	of the
	fiscal year. One was adopted in September 2009	:
Sch A, Part II	The column for 2006 on this schedule includes t	he
	information reported on the 2006 Form 990 for t	he short year
	1/1/06-6/30/06 and on the 2006 Form 990 for the	year
	7/1/06-6/30/07.	