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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2012 Open to Public Inspection

| | For the 2 | 2012 calendar year, or tax year beginning 07 | /01/12 , and ending $06/30/$ | 13 | | |
|-----------------------------|--------------------|---|---|---|----------------------|----------------------------|
| | Check if appli | | · · · · · · · · · · · · · · · · · · · | | D Employe | r identification number |
| \square | Address char | nge MannaRelie: | f Ministries | | | |
| \equiv | | Doing Business As | | | 75-2 | 2809600 |
| \exists | Name change | Number and street (or P O box if mail is not delivered t | o street address) | Room/suite | E Telephon | · · |
| | Initial return | P.O. Box 540669 | | | 817- | -557-8700 |
| | Terminated | City, town or post office, state, and ZIP code | · · · · · · · · · · · · · · · · · · · | | | 007, 01 00 |
| $\overline{\Box}$ | Amended ret | dum Grand Prairie | TX 75054 | | G Gross receip | ts \$ 1,763,902 |
| = | | F Name and address of principal officer | 111 70001 | | G CICOS ICCCIP | |
| | Application pe | Dending Linda Caster | | H(a) Is this a gi | roup return for affi | liates? Yes X No |
| | | PO Box 1167 | i | H(b) Are all aff | iliates included? | Yes No |
| | | Cedar Hill | TX 75106 | 1 | ," attach a list (s | ee instructions) |
| _ | Ta.: a.:amat | | | | | |
| | Tax-exempt Website | | nsert no) 4947(a)(1) or 527 | H(a) Crava av | · | • |
| | | | 011 | H(c) Group ex Year of formation 1 | | 1 |
| | Form of orga | | Other L | rear of formation 1 | JJJ IN | State of legal domicile TX |
| | art I | Summary | 5 | | | <u> </u> |
| | 1 | nefly describe the organization's mission or most sign | | | | , |
| 9 | · | To show the love of God to chi | ldren and people in need. | | | 1 |
| an | | | | | | |
| eru | | | | | | • |
| Activities & Governance | 2 Ch | neck this box 🕨 🔲 if the organization discontinued | its operations or disposed of more than 25% | of its net assets | 3 | |
| od od | 3 Nu | umber of voting members of the governing body (Pai | t VI, line 1a) | | 3 | 5 |
| Se | 4 Nu | umber of independent voting members of the govern | ing body (Part VI, line 1b) | | 4 | 3 |
| Ę | | otal number of individuals employed in calendar year | | | 5 | 16 |
| Ė | | otal number of volunteers (estimate if necessary) | | | 6 | 1 |
| ⋖ | | otal unrelated business revenue from Part VIII, colum | | 7a | 0 | |
| | | et unrelated business taxable income from Form 990 | | 7b | <u></u> 0 | |
| _ | D Ne | t unrelated business taxable income from Form 990 | -1, lifle 34 | Prior Yea | | Current Year |
| | 8 Co | ontributions and grants (Part VIII, line 1h) | | | 8,714 | 1,562,754 |
| Revenue | | | 1,01 | , , , , , , , , , , , , , , , , , , , | 0 | |
| el el | | ogram service revenue (Part VIII, line 2g) | | 1,838 | -3 , 259 | |
| Ş. | i | vestment income (Part VIII, column (A), lines 3, 4, ar | T T T T T T T T T T T T T T T T T T T | | | |
| | | her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 | | | 3,781 | 148,174 |
| | | otal revenue – add lines 8 through 11 (must equal Pa | | | 0,657 | 1,707,669 |
| | | rants and similar amounts paid (Part IX, column (A), | | 4'8' | 2,507 | 404,774 |
| | 14 Bei | enefits paid to or for members (Part IX, column (A), إِ | ne 4) | | | 0 |
| ģ | 15 Sal | alaries, other compensation, employee benefits (Ran | [IX, column (A), lines 5–10) (?) | 66 | 3 , 732 | 529 , 277 |
| enses | 16a Pro | ofessional fundraising fees (Part IX, column (A) line | 114 4 - 111 · · · · · · · · · · · · · · · · · | | | 0 |
| be | b Tot | otal fundraising expenses (Part IX, column (D), line 2 | 5). LSi8, 20,8 | | | |
| Ехре | | her expenses (Part IX, column (A), lines 11a-11d, 1 | 1f-24e) | 543 | 3,228 | 473,810 |
| | | otal expenses Add lines 13–17 (must equal Part IX- | | | 9,467 | 1,407,861 |
| | 1 | evenue less expenses Subtract line 18 from line 12 | | | 1,190 | 299,808 |
| es | | Tremas lead expended educates into 10 from the 12 | , | Beginning of Cur | | End of Year |
| ets | 20 Tot | otal assets (Part X, line 16) | , | 850 | 0,126 | 1,077,705 |
| Ass | 21 Tot | otal liabilities (Part X, line 26) | ' ' | | 1,467 | 8,928 |
| Net Assets or Fund Balances | 22 Ne | et assets or fund balances Subtract line 21 from line | 20 | | 8,659 | 1,068,777 |
| | art II | Signature Block | | | ., | |
| | | Ities of perjury, I declare that I have examined this return, in | and attempts | and to the best of | my knowloday | and holiof it is |
| | | tiles of perjury, I declare that I have examined this return, if , and complete Declaration of preparer (other than officer) | | | my knowledge | e and belief, it is |
| (3) | 10, 00, 100, | 1/11/2011 | | | ٦- | 21-14 |
| | | Signature of officer | <u>~~</u> | | Date | 21 11 |
| > jg | ın | Signature or officer | · / / / / · / / | | | 2.1.4/ |
| Sig He | re | William Mullens Ex | cecutive Director | | <u></u> ა | -21-14 |
| 9 | | Type or print name and also | | | | |
| = D aic | P | Print/Type preparer's name | Preparer's signature | Date | Check | If PTIN |
| _ | | Claine L Sommerville, CPA | Elaine L Sommerville, CPA | 05/07, | /14 self-emplo | |
| Bre | parer _F | Firm's name Sommerville & A | ssociates, P.C. | F | ım's EIN | 41-2024514 |
| Use | Only | 3030 Matlock Rd | | | | |
| 9 5 | - | Firm's address Arlington, TX | 76015-2936 | ٥ | hone no | 817-795-5046 |
| | | discuss this return with the preparer shown above? | | | | X Yes No |

| Form 990 (2012) MannaRelief | Ministries | 75-2809600 | Page 2 |
|---|---------------------------------------|--|--------------------|
| Part III Statement of Progra | | | |
| | contains a response to any qu | uestion in this Part III | |
| 1 Briefly describe the organization's mis | | , | |
| | | hildren and people in | |
| | | nutritional support of | designed to |
| improve their qualit | Ly of fire and hea | ith (James 1:27). | |
| 2 Did the organization undertake any sig | anificant program services during the | vear which were not listed on the | |
| prior Form 990 or 990-EZ? | , p. og | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Yes X No |
| If "Yes," describe these new services | on Schedule O | | |
| 3 Did the organization cease conducting | g, or make significant changes in how | it conducts, any program | |
| services? | | | Yes X No |
| If "Yes," describe these changes on S | | | |
| | | ts three largest program services, as meas | |
| | | port the amount of grants and allocations to | o others, |
| the total expenses, and revenue, if any | y, for each program service reported | | |
| 4a (Code) (Expenses \$ | 447,225 including gra | ants of \$ 205, 965) (Re | evenue \$ |
| , , , | | gram that focuses on | |
| | | al supplements to orp | |
| throughout the world | | ar ending June 30,201 | |
| | | f nutritional support | to 48,412 |
| children in 30 count | cries. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | <u> </u> | | |
| | | | |
| 4b (Code) (Expenses \$ | 661,580 including gra | ants of \$ 198,808) (Re | evenue \$ 201,056) |
| | | that focuses on prov | |
| | | oach to health throug | |
| | | of 19. Children sele | |
| | | roducts. Additionally aff of MannaRelief. D | |
| | | was able to provide | |
| servings to 575 Hope | | | 2,11,,00, |
| 501.1g5 00 00p. | | | |
| | | | |
| | • | | |
| | | | |
| | | | |
| 4c (Code) (Expenses \$ | including gra | ants of \$) (Re | evenue \$) |
| | 1 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d Other program services (Describe in S | Schedule O) | | |
| (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| 4e Total program service expenses ▶ | 1,108,805 | | |

| | | | Yes | No |
|-----|--|------------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Χ | |
| 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 | | Χ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Χ |
| 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 Revenue Procedure 98-197 If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | l | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | <u>X</u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Χ |
| 0 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | <u>X</u> |
| 1 | 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 | | | |
| а | | | v | |
| | complete Schedule D, Part VI | 11a | X | |
| þ | | | | v |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | | | | Х |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Λ |
| ď | | 444 | | Х |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part X | 11d 11e | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | | - 21 |
| f | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Χ |
| 22 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 24 | Schedule D. Parts XI and XII | 12a | | Χ |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | |
| U | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | ļ | Χ |
| 3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 4a | | 14a | | Х |
| b | - II - 10 - 10 - 10 - 10 - 10 - 10 - 10 | | | |
| - | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 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, Parts II and IV | 15 | X | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | Χ | |
| 7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | Χ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Χ |
| 9 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | Χ |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | I | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b |] | |
| | | | | |

Porm 990 (2012) MannaRelief Ministries Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|-----|-------------|-----------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization | | | |
| | in the United States 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 of grants and other assistance to individuals in the United States | | | |
| | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | ĺ | i | |
| | through 24d and complete Schedule K. If "No," go to line 25 | 24a | | <u> X</u> |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) 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 | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | 1 | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | 1 | v |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or | | | Х |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | - 1 | l | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | ĺ | Χ |
| 28 | | 21 | | Λ |
| -0 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Χ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| • | Schedule L, Part IV | 28b | Х | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| • | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Χ |
| 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 | | Χ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | Χ |
| 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 | | <u>X</u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | - [| | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | <u>X</u> |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | _ | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 86 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | 1 | v |
| _ | 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, | _ | | v |
| | Part VI | 37 | | <u>X</u> |
| 88 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 20 | Х | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | <u> </u> | |

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|---------|---|-------------------|-----|----------|
| | Check if Schedule O contains a response to any question in this Part V | Т | V | <u>l</u> |
| 4. | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | Yes | No |
| 1a | | | | |
| b | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | 10 | Х | |
| 2- | reportable gaming (gambling) winnings to prize winners? | 1c | ^ | |
| 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 16 | | | |
| | | | Х | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 20 | ^ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 0.0 | | |
| 70 | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | 1 | |
| | account)? | 4a | | Χ |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form 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 | | Χ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Χ |
| 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 | | Ì | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Χ |
| 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). | | | |
| а | 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 | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | <u>X</u> |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | <u>X</u> |
| 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 | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | l | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | 1 | |
| ^ | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9a | | |
| a | Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a depart depart advisor or related person? | 9b | | |
| ь 10 | Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter | 35 | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | ļ | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | $\neg \uparrow $ | l | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | [| |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | İ | |
| - | against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | i | |
| | 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. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 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 in Schedule O | 14b | | |

75-2809600 Form 990 (2012) MannaRelief Ministries Page 6 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 in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 3 Enter the number of voting members included in line 1a, above, who are independent 1b 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? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 14 Χ Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply | X | Own website | Another's website | X | Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ William Mullens P.O.

TX 75054

Grand Prairie

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Page 7

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

Check if Schedule O contains a response to any question 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 and/or Box 7 of Form 1099-MISC) 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. 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 neither the organization nor any related organizations compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any | (C) Position (do not check more than one box, unless person is both ar officer and a director/trustee) | | | | | an e) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|-----------------------|--|--|-----------------------|----------|--------------|------------------------------|----------|---|--|---|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-21033-WISC) | organization and related organizations |
| (1)Lani Illick Dail | | | | | | | | | | |
| | 40.00 | | | | | | | | | |
| Secretary/Director | 0.00 | X | ļ | X | <u> </u> | Щ | | 69,398 | 0 | 5,039 |
| (2)Linda Caster | | | | | | | | | | |
| | 1.00 | | l | | | | | | • | |
| Chairman/Director | 0.00 | X | ļ | X | ļ | | | 0 | 0 | 0 |
| (3) Helena Hwang | | | | | | | | | | |
| | 1.00 | 1 | | | | | | | ^ | |
| Director | 0.00 | X | _ | | | Ш | | 0 | 0 | 0 |
| (4) Lydia Herndon | 1 | | | | | | | | | |
| | 1.00 | 1 | | ١ | | | | | ^ | |
| Treasurer/Director | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (5)Craig Hill | 1 00 | | | | | | | | | |
| | 1.00 | ١ | | | | | | | 0 | _ |
| Director | 0.00 | X | <u> </u> | | ļ | | | 0 | 0 | 0 |
| (6) Bryan Farrar | 1 00 | ļ | | | | | | | | |
| _, | 1.00 | ١,, | | | | | | | ^ | _ |
| Director | 0.00 | X | | <u> </u> | Ŀ | | | 0 | 0 | 0 |
| (7)William Mullens | 10.00 | 1 | | | | | | | | |
| | 40.00 | ľ | | , | | | | 107 704 | 0 | E 020 |
| Executive Director | 0.00 | ╁ | - | Х | | Н | | 107,704 | | 5,039 |
| (8) | | | | | | | | | | |
| (9) | | | _ | | 1 | | | | | - |
| (10) | | <u> </u> | | | | | | | | |
| | | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| (11) | | | | | | | | | | |
| | 1 | 1 | | <u> </u> | | | | | | |

| 7 - | - ^ | 80 | \sim | _ | \sim | - |
|-------|---------------|----|--------|----------|--------|---|
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| | | | | | | |

| <u>.₽a</u> | | s, Directors, Trus | stee | s, Ke | ey E | mplo | yee | s, ar | nd Highest Compensated | Employees (continued) | | | | | | |
|------------|--|--|-----------------------------------|-----------------------|------------------------|--------------|---------------------------------|-------------|--------------------------------------|--|---------|--|----------------------------|---------|--|--|
| | (A) Name and title | (B) Average hours per week (list any | ь | x, unl | Pos check ess pe | erson | than o is both or/trusti | an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | coi | (F) Estima amoun othe mpens from ti | ted t of r sation | | | |
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | or a | organization and related organizations | | | | |
| (12) | | | | | | | | | | | | | | | | |
| (13) | | | | | | 1 | | | | | | | | | | |
| (14) | | | ! | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| (16) | | | | | | | | _ | | | | | | | | |
| (17) | | | | | : | 1 | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | | | |
| 1b c | Sub-total Total from continuation shee | ets to Part VII. So | ectio | n A | | l | | > | 177,102 | | | | LO,(| 078 | | |
| d | Total (add lines 1b and 1c) | | | | | | | <u> </u> | 177,102 | | | | 10,0 | 078 | | |
| | Total number of individuals (increportable compensation from | | | to th 1 | ose I | listed | d abo | ve) | who received more than \$10 | 00,000 in | | | | | | |
| 3 | Did the organization list any for employee on line 1a? If "Yes," or | complete Schedu | le J | for si | uch i | ndıvı | dual | _ | - | | | 3 | Yes | No X | | |
| 4 | For any individual listed on line organization and related organi individual | | | | | | | | | n the | | 4 | | X | | |
| 5 | Did any person listed on line 1a for services rendered to the org | ganization? If "Ye | | | | | | | | lividuał | | 5 | | X | | |
| Secti 1 | on B. Independent Contractor Complete this table for your five | | sate | d inc | lepe | nder | ıt cor | ntrac | tors that received more than | n \$100,000 of | | | | | | |
| | compensation from the organiz | (A) business address | npen | satic | n fo | r the | cale | ndar | | he organization's tax year (B) ion of services | | Cor | (C) | | | |
| | Hame are | business address | | | | , | | | В СЭБПРЕ | IOT OF SCIVICES | | | препои | | | |
| | | | | | | 1 | | | | | | | | | | |
| | | | | | | | - | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 2 | Total number of independent or received more than \$100,000 or | | | | | | | | listed above) who | 0 | | | | | | |
| DAA | | | | | | | | | | | | Forn | 1 990 | (2012) | | |

| | | Check | if Schedule (| O con | itains a | response | to any question 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, 513, or 514 |
| ts s | 1a | Federated car | npaigns | 1a | | | | | | 3.2, 0.3, 0.5 |
| ran Lin | b | Membership d | · - | 1b | | | 1 | | | |
| O.E | c | Fundraising ev | | 1c | | | 1 | | | |
| ar A | d | Related organ | | 1d | | | 1 | | | |
| S,E | e | _ | | 1e | | | 1 | | | |
| <u>i</u> | f | All other contribution | • | | | | 1 | | | |
| be the | | and similar amounts | not included above | 1f | 1, | ,562,754 | j | | | |
| EQ. | g | Noncash contributio | ns included in lines 1a- | 1f | \$ | ,562,754 31,776 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | h | Total. Add line | es 1a-1f | | | • | 1,562,754 | [| | |
| Program Service Revenue | | | | | | Busn Code | | | | |
| Ven | 2a | | | | | Ī | | | | |
| å | b | | | | | | | | | |
| ķ | С | | | | | | | | | |
| Ser | d | | | | | | | | | |
| аш | е | | | | | 1 | | | | |
| ъб. | f | All other progra | am service rever | iue | | | | | | |
| <u>~</u> | g | Total. Add line | es_2a-2f | | | | | | | |
| | 3 | Investment inc | ome (including d | ividend | ls, interes | st, | | | | |
| | | and other similar amounts) | | | | • | 92 | | | 92 |
| | 4 | Income from in | rvestment of tax- | exemp | t bond pro | oceeds 🕨 | | | | |
| | 5 | Royalties | | | | <u> </u> | | | | |
| | | | (ı) Real | | (II) l | Personal | | | | |
| | 6a | Gross rents | | | | | | | | |
| | b | Less rental exps | | | | | | | | |
| | C | Rental inc or (loss) | _ | | | | | | | |
| | d 7a | Net rental inco Gross amount from: | | | 1 | | | | | |
| | , a | sales of assets | (i) Secunties | <u>. </u> | (11) |) Other | | | | |
| | | other than inventory | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | b | Less cost or other | | | | | | | | |
| | | basis & sales exps | | | | 3,351 | | | | |
| | | Gain or (loss) | | | | -3,351 | 2 251 | | | 2 251 |
| | | Net gain or (los | | . 1 | | <u> </u> | -3,351 | | | -3,351 |
| e | Вa | | om fundraising even | its | | | | | | |
| /en | | (not including \$ | 4 | | | | | | | |
| Re | | | eported on line 1c) | | | | | | | |
| Other Revent | _ | See Part IV, line | | a b | _ | Ť | | | | |
| ᅙ | | Less direct ex | penses (loss) from fundr | | ovente | • | | | | |
| | | | om gaming activities | - 1 | e veiil9 | ······································ | | | | |
| | Ja | See Part IV, line | | a | | | | | | |
| | h | Less direct ex | | b | | | | | | |
| | | | (loss) from gamı | | uties | <u> </u> | | | | |
| | | Gross sales of | | | ritios | | | | | |
| | | returns and alle | | a | | 201,056 | | | | |
| | b | Less cost of g | | ь | | 52,882 | | | | |
| | | _ | (loss) from sales | | entory | <u>□□,□□</u> | 148,174 | 148,174 | | |
| ì | | | cellaneous Revenue | • | | Busn Code | , | | | |
| | 11a | | | | | | | | | |
| | b | | | | | | | | | |
| | C | | | | | 1 | | | İ | |
| | d | All other reven | ue | | | | | | ······································ | |
| Ì | е | Total. Add line | s 11a-11d | | | <u> </u> | | | | |
| | 12 | Total revenue | . See instructions | s | | • | 1,707,669 | 148,174 | 0 | -3,259 |

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 to any question in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and 7.230 7,230 organizations in the U.S. See Part IV. line 21 Grants and other assistance to individuals in 141,335 141,335 the U.S. See Part IV. line 22 3 Grants and other assistance to governments, organizations, and individuals outside the 256,209 256,209 U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 2,932 181,029 82,565 95,532 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 6,967 32,800 24,046 1,787 persons described in section 4958(c)(3)(B) 235,735 174,204 56,794 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 46,596 30,739 15,680 9 Other employee benefits 20,723 11,828 33,117 566 10 Payroll taxes Fees for services (non-employees) Management b Legal 42,696 23,725 18,971 С Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 46,459 25,113 20,802 (A) amount, list line 11g expenses on Schedule O) 9,145 4,614 492 4,039 12 Advertising and promotion 144,602 118,636 13. 017 13 Office expenses 1,072 2,125 114 14 Information technology 15 Royalties 123,183 16,263 3,685 143,131 16 Occupancy 24,505 1,205 21,178 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 213 133 76 4 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 1,663 2.494 16,628 12,471 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 25,440 25,440 Program Products 7,687 6,534 384 769 b Dues & Subscriptions 6,543 5,674 623 246 Equipment C 4,636 3,981 437 218 e All other expenses 108,805 260, 848 38,208 <u>2</u>5 1,407,861 Total functional expenses Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720)

Part X : Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year 2,250 2,250 Cash-non-interest bearing 644,749 958.418 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 143,541 979 Inventories for sale or use 12.089 980 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 435,243 other basis Complete Part VI of Schedule D 10a 36,086 b Less accumulated depreciation 10b 10c 738l 11 Investments—publicly traded securities 11 12 12 Investments-other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 10,673 15 Other assets See Part IV, line 11 15 850,126 16 Total assets. Add lines 1 through 15 (must equal line 34) 81,467 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 81,467 8,928 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and Balances complete lines 27 through 29, and lines 33 and 34. 768,659 1,068,777 27 Unrestricted net assets 28 28 Temporarily restricted net assets or Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Net Assets 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds

Form **990** (2012)

1,068,777

1,077,705

768,659

850,126

33

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

| orm | 990 (2012) MannaRelief Ministries 75-2809600 | | | | Pa | ge 12 | | | |
|-----|---|----|----------|-------|-----|--------------|--|--|--|
| Pa | rt XI · Reconciliation of Net Assets | | | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 1,7 | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1,4 | | | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 299,8 | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 768,6 | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | <u> </u> | | | <u>310</u> | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | | |
| 7 | Investment expenses | 7 | | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | | | |
| | 33, column (B)) | 10 | | 1,0 | 68, | 777 | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | | | | | |
| | | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | | | | | |
| | Schedule O | | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | Χ | | | | |
| | 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 | | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | | <u>X</u> | | | |
| | 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 | | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | l . | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Χ | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | | | | | |
| | Schedule O | | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | | | | | |
| | the Single Audit Act and OMB Circular A-133? | | | 3a | | <u>X</u> | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | | | | | |
| | required guidt or guidte, explain why in Schedule O and describe any stens taken to undergo such guidts | | | 3h | | | | | |

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

MannaRelief Ministries

Employer identification number 75-2809600

| The | orgar | nization is not | a private foundation because | it is (For lines 1 through 11, che | ck only o | ne box) | | | | | | | | |
|------------|----------|-----------------|---------------------------------|--------------------------------------|----------------|---------------|---------------------------------------|------------------|-----------|-------------------|-----------|----------|----------|----------|
| 1 | | A church, cor | nvention of churches, or asso | ciation of churches described in | section 1 | 170(b)(1)(| A)(i). | | | | | | | |
| 2 | \Box | A school des | cribed in section 170(b)(1)(A | A)(ii). (Attach Schedule E) | | | | | | | | | | |
| 3 | \sqcap | A hospital or | a cooperative hospital service | e organization described in secti | on 170(b |)(1)(A)(iii) |). | | | | | | | |
| 4 | | A medical res | search organization operated | in conjunction with a hospital des | scribed in | section | 170(b)(1 |)(A)(III) | Enter ti | ne hosp | ital's na | me, | | |
| | | city, and state | - | , | | | | | | · | | | | |
| 5 | | • | | a college or university owned or | operated | by a gove | ernmenta | al unit de | scribed | ın | | | | |
| | | • | (b)(1)(A)(iv). (Complete Part | - | • | , , | | | | | | | | |
| 6 | | | | vernmental unit described in sec | tion 170 | (b)(1)(A)(v | /). | | | | | | | |
| 7 | X | | | ubstantial part of its support from | | | • | n the ge | neral or | ıblıc | | | | |
| | رتـت | | section 170(b)(1)(A)(vi). (Co | | g | | | | , | | | | | |
| 8 | | | | 70(b)(1)(A)(vi). (Complete Part II | 1 | | | | | | | | | |
| 9 | H | | | more than 33 1/3% of its suppor | | ntributions | memb | ershin fe | es and | aross | | | | |
| J | Щ. | - | • | ot functions—subject to certain ex | | | | | | - | | | | |
| | | | | d unrelated business taxable inco | | | | | | | | | | |
| | | • • | - | , 1975 See section 509(a)(2). | | | , , , , , , , , , , , , , , , , , , , | om pasi | 1100000 | | | | | |
| 10 | | | - | xclusively to test for public safety | - | | a)(4) | | | | | | | |
| 11 | H | • | • | xclusively for the benefit of, to pe | | | | carn, on | t the | | | | | |
| •• | | | | d organizations described in sect | | | | | | tion | | | | |
| | | | | e type of supporting organization | | | | | | | | | | |
| | | a Type | (- | c Type III–Functiona | | - | d | | | n-functi | onally i | ntegrate | ad . | |
| _ | \Box | | <u> </u> | nization is not controlled directly | , , | | | | | | oriany i | negran | | |
| Ç | | | | than one or more publicly suppo | | | | | | | | | | |
| | | or section 509 | | than one of more publicly suppo | into a organ | | 20001.50 | u 0001 | .0 000 | (-/(- / | | | | |
| f | | | | mination from the IRS that it is a | Tyne I Ty | nell or T | vne III s | unnortin | n | | | | | |
| ' | | | check this box | | , ypc 1, 1) | , po 11, or 1 | ,pc c | арроппп | 9 | | | | | |
| ~ | | - | | on accepted any gift or contribution | on from a | ny of the | | | | | | | | |
| g | | following per | · · · | on accepted any girt or community | 011 11 0111 01 | ny or the | | | | | | | | |
| | | | | ntrols, either alone or together wit | h norenn | e describe | d in (ii) s | and | | | | | Yes | No |
| | | | w, the governing body of the s | • | iii persorii | 3 describe | () 6 | 110 | | | | 11g(i) | | <u> </u> |
| | | • • | member of a person describe | • • | | | | | | | | 11g(ii) | | |
| | | | ontrolled entity of a person de | * * | | | | | | | | 11g(iii) | | |
| h | | | following information about the | | | | | | | | | [119(11) | | |
| | Mame | e of supported | (ii) EIN | (III) Type of organization | (iv) is the (| organization | (v) Did v | ou notify | /vi) | s the | /viii | Amount o | of monet | arv |
| ٠, | | janization | (11) 2.11 | (described on lines 1–9 | | sted in your | the organ | nization in | organizat | ion in cot | (, | supp | | |
| | | | | above or IRC section | governing | document? | | of your cort? | | zed in the S ? | | | | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | | |
| (A) | | | | | | | | | | | | | | |
| \ <i>^</i> | | | | 1 | | | | | | | | | | |
| (B) | | | | | | | | | | | | | | |
| ι_, | | | | , | | | | | | | • | | | |
| (C) | | | | | | | | ĺ | | | | | | |
| (Ο) | | | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | | | |
| υ, | | | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | | | |
| . , | | | | | | | | | | | | | | |
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| Tota | ı | |] | | | 1 | | 1 | 1 | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2012

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.)

| Sec | tion A. Public Support | , i | | | | | |
|--------|---|---|----------------------|------------------------|---------------------------------------|-------------|----------------|
| Cale | ndar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 2,094,904 | 1,532,669 | 1,863,045 | 1,518,714 | 1,562,754 | 8,572,086 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 2,094,904 | 1,532,669 | 1,863,045 | 1,518,714 | 1,562,754 | 8,572,086 |
| 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) | 1 | | | | | 2 060 200 |
| _ | | | | | | | 2,960,208 |
| 6 | Public support. Subtract line 5 from line 4 stion B. Total Support | <u></u> | | | | l | 5,611,878 |
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 7 8 | Amounts from line 4 | 2,094,904 | 1,532,669 | 1,863,045 | 1,518,714 | 1,562,754 | 8,572,086 |
| o | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,491 | 723 | 135 | 58 | 92 | 4,499 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 1 | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | 1,411 | 532 | | 1,943 |
| 11 | Total support. Add lines 7 through 10 | | | -, -, | | | 8,578,528 |
| 12 | Gross receipts from related activities, etc. (s | see instructions) | | · | · · · · · · · · · · · · · · · · · · · | 12 | 1,414,486 |
| 13 | First five years. If the Form 990 is for the o | · 1 | econd. third. fourth | . or fifth tax vear as | a section 501(c)(3 | | |
| | organization, check this box and stop here | - | | , , | | , | ▶ [|
| Sec | tion C. Computation of Public Su | | ge | | | | |
| 14 | Public support percentage for 2012 (line 6, | | _ |)) | | 14 | 65.42 % |
| 15 | Public support percentage from 2011 Scheo | • | | • | | 15 | 67.94 % |
| 16a | 33 1/3% support test—2012. If the organiz | | | and line 14 is 33 1/ | /3% or more, check | this | |
| | box and stop here. The organization qualifi | | | | | | ▶ X |
| b | 33 1/3% support test—2011. If the organiz | · · · · · · · · · · · · · · · · · · · | - | | 33 1/3% or more, | | |
| | check this box and stop here . The organiza | 1 | | | | | ▶ [|
| 17a | 10%-facts-and-circumstances test—201 | · · · · · · · · · · · · · · · · · · · | • • • | • | or 16b, and line 14 | IS | |
| | 10% or more, and if the organization meets | • | | | | | |
| | Part IV how the organization meets the "fac | 1 | | | - | | |
| | organization | 1 | · · | · | | | > |
| b | 10%-facts-and-circumstances test—201 | 1. If the organization | did not check a bo | x on line 13, 16a, | 16b, or 17a, and line | e | _ |
| | 15 is 10% or more, and if the organization in | * | | | | | |
| | Explain in Part IV how the organization mee | | | | | , | |
| | supported organization | | | - • | | | ▶ [|
| 18 | Private foundation. If the organization did | not check a box on | ine 13, 16a, 16b, 1 | 7a, or 17b, check t | his box and see | | |
| | instructions | 1 | | | | | ▶ [|
| | | <u>'</u> | | | | | |

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 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.)

| | ii the organization rails to | quality under ti | ne tests listed t | below, please c | ompiete Part II |) | |
|------|--|----------------------|---|------------------------|--------------------|----------|------------|
| | tion A. Public Support | T 4 1 2222 | | | | | 10.7.1 |
| | ndar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | , | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | 1 | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | 1 | | | | |
| 6 | Total. Add lines 1 through 5 | | · | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | 1 | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | : | | | | |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | [| | | | |
| | and 12) | | | | | | |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here | | | h, or fifth tax year a | s a section 501(c) | (3) | • [|
| Sec | tion C. Computation of Public Su | pport Percent | age | | | | |
| 15 | Public support percentage for 2012 (line 8, | column (f) divided f | by line 13, column (| f)) | | 15 | %_ |
| 16 | Public support percentage from 2011 Sche | | • | | | 16 | % |
| Sec | tion D. Computation of Investme | <u>nt Income Per</u> | centage | | | | |
| 17 | Investment income percentage for 2012 (lin | | • | olumn (f)) | | 17 | % |
| 18 | Investment income percentage from 2011 | | | | | 18 | % |
| 19a | 33 1/3% support tests—2012. If the organ | | | | | | |
| _ | 17 is not more than 33 1/3%, check this box | • | • | • | • • • | | ▶ [_ |
| b | 33 1/3% support tests—2011. If the organ | | 1 | | | | _ |
| 20 | line 18 is not more than 33 1/3%, check this | = | = | • | | | |
| 20 | Private foundation. If the organization did | not check a box or | riine 14. 198. Of 19 | o, check this dox al | na see mstructions | | |

Schedule A (Form 990 or 990-EZ) 2012 MannaRelief Ministries

75-2809600

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information (See instructions)

Part II, Line 10 - Other Income Detail

Miscellaneous Income

Ś

1,943

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2012
Open to Public Inspection

Name of the organization Employer identification number MannaRelief Ministries 75-2809600 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990. Part VIII, line 1 Assets included in Form 990, Part X

| Pa | art III · Organizations Maintaining | Collections of Art | , Historical Tr | easures, or | Other Similar As | sets (continued) |
|--------|--|---|-----------------------|--------------------|---|---|
| 3 | Using the organization's acquisition, accession, collection items (check all that apply) | and other records, che | ck any of the follow | ving that are a si | gnificant use of its | |
| a b | Public exhibition Scholarly research | d Loai e Othe | n or exchange prog | grams | | |
| | Preservation for future generations | e 🗀 Ottik | 31 | | | |
| C | Provide a description of the organization's collection | stions and avalers have | bou further the er | ranization's aven | ant nurness in Bart | |
| 4 | XIII | Stions and explain now t | iney lutilier the org | janization s exer | npt purpose in Fait | |
| 5 | During the year, did the organization solicit or re | ceive donations of art, I | nistorical treasures | , or other similar | r | |
| | assets to be sold to raise funds rather than to be | e maintained as part of | the organization's | collection? | | Yes No |
| Pa | Int IV Escrow and Custodial Arral line 9, or reported an amount | | | ization answ | ered "Yes" to Forr | n 990, Part IV, |
| 1a | Is the organization an agent, trustee, custodian | | · | ther assets not | | |
| | included on Form 990, Part X? | • | | | | Yes No |
| b | If "Yes," explain the arrangement in Part XIII and | d complete the following | ı table | | | |
| | 3 | | , , , | | | Amount |
| С | Beginning balance | | | | 1c | |
| d | Additions during the year | | | | 1d | |
| e | Distributions during the year | | | | 1e | |
| f | Ending balance | | | | 1f | |
| 2a | Did the organization include an amount on Form | 990 Part X line 212 | | | | Yes No |
| | If "Yes," explain the arrangement in Part XIII Ch | | tion has been prov | ided in Part XIII | | |
| | art V Endowment Funds. Comple | | | | 990 Part IV line | 10 |
| | | (a) Current year | (b) Pnor year | (c) Two years t | | |
| 1a | Beginning of year balance | (4) 24444 | (2) | (-, | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | Contributions | | | | | |
| | Net investment earnings, gains, and | 1 | | | | |
| · | losses | | | 1 | | |
| | | ···· | | | | |
| | Grants or scholarships | | | - | | |
| e | Other expenditures for facilities and | | | | | ı. |
| | programs | | | | | |
| | Administrative expenses | | | | | |
| g | End of year balance | | 4 . ()) . | <u> </u> | | L |
| 2 | Provide the estimated percentage of the current | - | 1g, column (a)) ne | id as | | |
| a | Board designated or quasi-endowment ▶ | % | | | | |
| b | Permanent endowment ▶ % | 04 | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | |
| _ | The percentages in lines 2a, 2b, and 2c should | • | | | | |
| За | Are there endowment funds not in the possession | on of the organization th | at are held and ad | ministered for th | е | [,], |
| | organization by | | | | | Yes No |
| | (i) unrelated organizations | | | | | 3a(i) |
| | (ii) related organizations | 1 | | | | 3a(ii) |
| b | If "Yes" to 3a(II), are the related organizations lis | • | | | | 3b |
| 4 | Describe in Part XIII the intended uses of the or | | | | | |
| Pa | rt VI Land, Buildings, and Equip | | 1 | | | |
| | Description of property | (a) Cost or other basis (investment) | (b) Cost or o | | (c) Accumulated depreciation | (d) Book value |
| 4- | Land | | ,,,,,,, | · · | | + |
| | Land | | | | | + |
| | Buildings | | 1 | 60 934 | 160,834 | 1 |
| C C | ' | | | 60,834 | | |
| | Equipment | <u> </u> | | 74,409 | 244,139 | 30,270 |
| | Other | L | | | | 20 270 |
| ota | I. Add lines 1a through 1e (Column (d) must equa | ai Form 990, Part X, col | umn (B), line 10(c) | 1) | | |
| | | | | | | Schedule D (Form 990) 2012 |

| Pa | a | 6 | 3 |
|----|---|---|---|
| | | | |

| Part VII 🖟 | Investments—Other Securities. See Forr | n 990, | ran A, iiie 12 | | |
|---|--|----------|---------------------------------------|-----------------|-----------------------------------|
| | (a) Description of security or category | | (b) Book value | (c) Method | of valuation |
| • | (including name of security) | | | Cost or end-of- | year market value |
| (1) Financial d | derivatives | | | | |
| (2) Closely-he | eld equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | T . | | | | |
| (C) | • | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | · | | |
| (G) | | | | | |
| (H) | | | | | |
| (1) | | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | • | | | |
| Part VIII | Investments—Program Related. See For | m 990 | Part X, line 13 | | |
| | (a) Description of investment type | | (b) Book value | | of valuation rear market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| (10) | | | | | |
| Total. (Column | n (b) must equal Form 990, Part X, col (B) line 13) | • | | | |
| ` -/ | Other Assets. See Form 990, Part X, line | 15 | | | |
| Total. (Column Part IX | Other Assets. See Form 990, Part X, line (a) Description | 15 | | | (b) Book value |
| Total. (Column Part IX | Other Assets. See Form 990, Part X, line | 15 | | | (b) Book value |
| Total. (Column Part IX | Other Assets. See Form 990, Part X, line (a) Description | 15 | | | (b) Book value |
| Total. (Column Part IX (1) (2) (3) | Other Assets. See Form 990, Part X, line (a) Description | 15 | | | (b) Book value |
| Total. (Column Part IX (1) (2) (3) (4) | Other Assets. See Form 990, Part X, line (a) Description | 15 | | | (b) Book value |
| (1) (2) (3) (4) (5) | Other Assets. See Form 990, Part X, line (a) Description | 15 | | | (b) Book value |
| (1) (2) (3) (4) (5) (6) | Other Assets. See Form 990, Part X, line (a) Description | 15 | | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) | Other Assets. See Form 990, Part X, line (a) Description | 15 | | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) | Other Assets. See Form 990, Part X, line (a) Description | 15 | | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. See Form 990, Part X, line (a) Description | 15 | | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. See Form 990, Part X, line (a) Description | 15 | | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (Fotal. (Column | Other Assets. See Form 990, Part X, Inne (a) Description (b) must equal Form 990, Part X, coi (B) line 15) | 15 on | | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. See Form 990, Part X, Inne (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, Inne 15 | 15 on | (h) Book value | > | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column Part X | Other Assets. See Form 990, Part X, Inne (a) Description (b) must equal Form 990, Part X, coi (B) line 15) Other Liabilities. See Form 990, Part X, Inne (a) Description of liability | 15 on | (b) Book value | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column Part X 1. (1) Federal | Other Assets. See Form 990, Part X, Inne (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, Inne 15 | 15 on | (b) Book value | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (Total. (Column Part X I. (1) Federal I (2) | Other Assets. See Form 990, Part X, Inne (a) Description (b) must equal Form 990, Part X, coi (B) line 15) Other Liabilities. See Form 990, Part X, Inne (a) Description of liability | 15 on | (b) Book value | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (Total. (Column Part X 1. (1) Federal (2) (3) | Other Assets. See Form 990, Part X, Inne (a) Description (b) must equal Form 990, Part X, coi (B) line 15) Other Liabilities. See Form 990, Part X, Inne (a) Description of liability | 15 on | (b) Book value | • | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (Total. (Column Part X) (1) (1) Federal (2) (3) (4) | Other Assets. See Form 990, Part X, Inne (a) Description (b) must equal Form 990, Part X, coi (B) line 15) Other Liabilities. See Form 990, Part X, Inne (a) Description of liability | 15 on | (b) Book value | > | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column Part X 1. (1) Federal I (2) (3) (4) (5) | Other Assets. See Form 990, Part X, Inne (a) Description (b) must equal Form 990, Part X, coi (B) line 15) Other Liabilities. See Form 990, Part X, Inne (a) Description of liability | 15 on | (b) Book value | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (7) (8) (10) (7) (7) (8) (10) (7) (8) (10) (7) (8) (10) (7) (8) (10) (10) (10) (10) (10) (10) (10) (10 | Other Assets. See Form 990, Part X, Inne (a) Description (b) must equal Form 990, Part X, coi (B) line 15) Other Liabilities. See Form 990, Part X, Inne (a) Description of liability | 15 on | (b) Book value | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (Total. (Column Part X) 1. (1) Federal (2) (3) (4) (5) (6) (7) | Other Assets. See Form 990, Part X, Inne (a) Description (b) must equal Form 990, Part X, coi (B) line 15) Other Liabilities. See Form 990, Part X, Inne (a) Description of liability | 15 on | (b) Book value | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (2) (3) (4) (5) (6) (7) (7) (8) (9) (10) (7) (10) (10) (10) (10) (10) (10) (10) (10 | Other Assets. See Form 990, Part X, Inne (a) Description (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. See Form 990, Part X, Inne (a) Description of liability income taxes | 15 on | (b) Book value | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (2) (3) (4) (5) (6) (7) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10 | Other Assets. See Form 990, Part X, Inne (a) Description (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. See Form 990, Part X, Inne (a) Description of liability income taxes | 15 on | (b) Book value | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column Part X 1. (1) Federal II (2) (3) (4) (5) (6) (7) (8) (9) (10) | Other Assets. See Form 990, Part X, Inne (a) Description (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. See Form 990, Part X, Inne (a) Description of liability income taxes | 15 on | (b) Book value | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) | Other Assets. See Form 990, Part X, Inne (a) Description (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. See Form 990, Part X, Inne (a) Description of liability income taxes | 15 on | (b) Book value | | (b) Book value |

| Schedule D (Form 990) 2012 MannaRelief Ministries | 75- | -2809600 | Page 4 |
|--|-------------------------|-----------------|--------|
| Part XI Reconciliation of Revenue per Audited Financial | Statements With Revenu | ue per Return | |
| 1 Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 Åmounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a Net unrealized gains 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 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (Describe in Part XIII) | 4b | | |
| c Add lines 4a and 4b | | 4c | |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 |) | 5 | |
| Part XII Reconciliation of Expenses per Audited Financia | I Statements With Exper | nses per Return | |
| 1 Total expenses and losses per audited financial statements | | 1 | |
| 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 | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (Describe in Part XIII) | 4b | | |
| c Add lines 4a and 4b | | 4c | |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | 8) | 5 | |

Part XIII Supplemental Information

Complete this part to 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

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

MannaRelief Ministries

Employer identification number 75-2809600

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

X Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 for and investments in region |
|---------------------------------------|-------------------------------------|--|---|---|---|
| East Asia a | nd the Pacifi | С | | | |
| (1) | | | Grants to Orphanages | | 78,695 |
| South Asia | | | | | |
| (2) | | | Grants to Orphanages | | 1,386 |
| Central Ame | rica and the | Carıbbean | | | |
| _(3) | | | Grants to Orphanages | | 86,032 |
| North Ameri | ca | | | | |
| (4) | | | Grants to Orphanages | | 11,002 |
| South Ameri | ca | | | | |
| (5) | 7. 6 | | Grants to Orphanages | | 2,440 |
| Sub-Saharar | Africa | | | | 40.054 |
| (6) | nd the Pacıfi | | Grants to Orphanages | | 48,954 |
| | ind the Pacifi | C | Denevelence | | 20 201 |
| North Ameri | C 3 | | Benevolence | | 39,201 |
| | Ça | | Benevolence | | 18,761 |
| (8) | rica and the | Caribbean | Believotelice | | 10,701 |
| (9) | lica and ene | caribbean | Benevolence | | 292 |
| Europe | | | 201101010100 | | |
| (10) | | | Benevolence | | 438 |
| Sub-Saharar | Africa | | | | |
| (11) | | | Benevolence | | 1,752 |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| (12) | | | | | |
| | | | | | |
| (13) | | | | | |
| | | | | | |
| (14) | | | | ···· | |
| (15) | | | | | |
| (16) | | · · · · · · · · · · · · · · · · · · · | | | |
| (17) | | | | | |
| 3a Sub-total | | | | | 288,953 |
| b Total from continuation | | | | | |
| sheets to Part I | | | | | |
| c Totals (add | | | | | |
| lines 3a and 3b) | uction Act Notice, se | | 1 | | 288,953 dule F (Form 990) 2012 |

MANN9600

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 more than \$5,000. Part II can be diplicated if additional space is peopled. 75-2809600 Schedule F (Form 990) 2012 MannaRelief Ministries Part II Grants and Other Assistance to Organizations

Page 2

| Fart IV, III | e 15, tor any reci | Jient who received | Part IV, line 13, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed | in be duplicated li | additional spac | e is needed | | |
|---------------|--------------------|--------------------|---|---------------------|----------------------|------------------------|---------------------------|--------------------------------------|
| 1 (a) Name of | (b) IRS code | (c) Region | (d) Purpose of | (e) Amount of | (f) Manner of | (g) Amount of | (h) Description | (i) Method of valuation |
| Organization | (if applicable) | | grant | cash grant | cash disbursement | non-cash assistance | of non-cash assistance | (book, riwy, appraisal, other) |
| | | | _ | | | | | Cost |
| (1) | | East Asia | and the Pacific | | | 44,814 | Dietary Su | Supplem |
| ! | | | Dietary Supplements | | | | | Cost |
| <u>(Ž)</u> | | Central A | America and the Caribbean | u | | 8,778 | Dietary Su | Supplem |
| | | | Dietary Supplements | | | | | Cost |
| (3) | | Central A | America and the Caribbean | u | | 27,027 | Dietary Su | Supplem |
| | | | Dietary Supplements | | | | | Cost |
| (4) | | Central A | America and the Caribbean | u | | 23,100 | Dietary Su | Supplem |
| | | | Dietary Supplements | | | | | Cost |
| (5) | | North America | rıca | | | 10,395 | Dietary Su | Supplem |
| - | | | Dietary Supplements | | | | | Cost |
| (9) | | Central A | America and the Caribbean | u | | 23,562 | Dietary Su | Supplem |
| | | | Dietary Supplements | | | | | Cost |
| (7) | | East Asia | and the Pacific | | | 5,775 | Dietary Su | Supplem |
| | | | Dietary | | | | | Cost |
| (8) | | East Asıa | ,01 | | | 22,638 | Dietary Su | Supplem |
| | | | Dietary Supplements | | | | | Cost |
| (6) | | Sub-Saharan | Africa | | | 22,869 | Dietary Su | Supplem |
| | | | Dietary Supplements | | | | | Cost |
| (10) | | Sub-Saharan Afrıca | an Afrıca | | | 9,702 | Dietary Su | Supplem |
| (11) | | | | | | | | |
| | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| | | | | | | | | |
| (16) | | | | | | | | |

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 7

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2012

MANN9600

Page 3

(h) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Cost Cost Cost Cost Cost Dietary Supplem Dietary Supplem Dietary Supplem Dietary Supplem Dietary Supplem (g) Description of non-cash assistance 292 438 1,752 39,201 18,761 (f) Amount of non-cash assistance (e) Manner of disbursement 75-2809600 America and the Carribean (d) Amount of cash grant Pacific Part III can be duplicated if additional space is needed Sub-Saharan Afrıca Asia and the (c) Number of recipients Schedule F (Form 990) 2012 MannaRelief Ministries North America 120 59 Central Europe (b) Region East (1) Dietary Supplements (2) Dietary Supplements (3) Dietary Supplements (4) Dietary Supplements (5) Dietary Supplements (a) Type of grant or assistance Part III 9 (3 (8) (11) (12) (14) (6) (10) (13)

Schedule F (Form 990) 2012

(15)

(17)

(18)

<u>1</u>6

for Form 5713)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

The assistance provided to foreign organizations and individuals is in the form of providing nutritional supplements to assist in the care and feeding of children. Each orphanage that receives products must complete an application and explain the nutritional needs of the children. Each orphanage provides progress reports and media as a mean of updates on the children receiving the products. Parent or guardians of individual children receiving nutritional products are required to complete an application. A case representative stays in contact with the parent or guardian and the parents provide a progress report on the child at the end of every 6 month period they are receiving product.

Part I, Line 3 - Activities per Region

| Region | Expen | ditures | Investment | .s |
|-----------------------------------|-------|---------|------------|----|
| East Asia and the Pacific | \$ | 78,695 | \$ | 0 |
| South Asia | \$ | 1,386 | \$ | 0 |
| Central America and the Caribbean | \$ | 86,032 | \$ | 0 |
| North America | \$ | 11,002 | \$ | 0 |
| South America | \$ | 2,440 | \$ | 0 |
| Sub-Saharan Africa | \$ | 48,954 | \$ | 0 |
| East Asia and the Pacific | \$ | 39,201 | \$ | 0 |
| North America | \$ | 18,761 | \$ | 0 |
| Central America and the Caribbean | \$ | 292 | \$ | 0 |
| Europe | \$ | 438 | \$ | 0 |
| Sub-Saharan Africa | \$ | 1,752 | \$ | 0 |

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

Part V - Additional Information

The total amount of foreign expenditures as reported on Schedule F does not match the amounts reported on Form 990 page 10 due to accounting timing differences and accounting rules regarding valuations for financial statement purposes.

Part IV - No Form 926 Required

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number

75-2809600

8 N

X Yes

Department of Internal Rever

| epartment of the Treasury nternal Revenue Service | ► Attach to Form 990. |
|--|--|
| lame of the organization | |
| Ma | MannaRelief Ministries |
| Part I General I | General Information on Grants and Assistance |
| 1 Does the organization | 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 u | the selection criteria used to award the grants or assistance? |
| 2 Describe in Part IV the organization | e organization's procedures for monitoring the use of grant funds in the United States |
| Part II Grants at | Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization |

| Ра | Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 | vernments an | d Organi than \$5,0 | zations in the Ur | d Organizations in the United States. Complete if the organization \$5,000 Part II can be duplicated if additional space is needed | plete if the orga onal space is n | anization answe ieeded | red "Yes" to Form 990, |
|-----|-----------|--|----------------------|-------------------------------|--------------------------|--|---|--|------------------------------------|
| - | <u>()</u> | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Ē | | | | | | | | | |
| (3) | | | | | | ; | | | |
| (6) | | | | | | | | | |
| (4) | | | | | | | | | |
| (2) | | | | | | | | | |
| (9) | | | | | | | | | |
| (2) | l | | | | | | | | |
| (8) | | | | | | | | | |
| (6) | | | | | | | | | |
| 2 | Enter to | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | organizations listec | d in the line | 1 table | | | | • |

Schedule I (Form 990) (2012)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA 3 Enter total number of other organizations listed in the line 1 table

| Schedule I (F | Schedule I (Form 990) (2012) MannaRelief Ministries | Ministries | 7 | 75-2809600 | | Page 2 |
|---------------|---|--------------------------|--------------------------|-----------------------------------|--|--|
| Part III | Grants and Other Assistance to Individuals in the I Part III can be duplicated if additional space is needed | | nited States. Comp | olete if the organizatio | Jnited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 | |
| | (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) | (e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other) |
| 1 Dieta | 1 Dietary Supplements | 385 | | 117,895 | Cost | Dietary Supplem |
| 2 | | | : | | | |
| က | | | | | | |
| 4 | | | | | | |
| S | | | | | | |
| 9 | | | | | | |
| 7 | | | 1 | | 1 | 1 |
| Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | nplete this part to prov | ide the information i | equired in Part I, line | 2, Part III, column (b), and | any other additional |

Parent or guardians of individual children receiving nutritional products report on the child at the end of every 6 month period they are receiving are required to complete an application. A case representative stays in contact with the parent or guardian and the parents provide a progress Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds product. Schedule I (Form 990) (2012)

MANN9600

1

(1) (2) (3) (4) (5) (6)

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

Complete if the organization 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

Attach to Form 990 or Form 990-EZ ► See separate Instructions OMB No 1545-0047

Open To Public

Inspection

| | • | | |
|------|--------|---------|--------|
| Name | of the | organia | nortes |

MannaRelief Ministries

Employer identification number

75-2809600

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified person and (d) Corrected? (a) Name of disqualified person (c) Description of transaction organization

Enter the amount of tax incurred by the organization managers or disqualified persons during the year

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

| ▶ | \$ |
|---|--------|
| | |

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the

organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose of (g) In default? (h) Approved (I) Written (a) Name of interested person (d) Loan to (e) Onginal (f) Balance due with organization loan or from the onnoipal amount by board or agreement? org ? committee? Yes No No To From Yes No Yes (5) (8) (9) (10)▶ \$ Tota!

Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

| Schedule L (Form 990 or 990-EZ) 2012 Part IV Business Transactions Involving In | terested Persons. | | | Page | |
|--|--|---|---------------------------------------|---------------------------------|----------|
| Complete if the organization answered "Yes" on (a) Name of interested person | Form 990, Part IV, line 28a (b) Relationship between interested person and the organization | , 28b, or 28c (c) Amount of transaction | (d) Description of transaction | (e) Share of org revenue: | s? |
| (1) Brooke Emmons | | 20,022 | Compensation | Yes N | K K |
| (2) Vicki Mullens | See Part V See Part V | | Compensation | | <u>^</u> |
| (3) William Mullens | See Part V | 108,299 | | | <u>`</u> |
| (4) | See rare v | 100,233 | Compensacion | + + + | ÷ |
| (5) | | | | | _ |
| (6) | | | | | _ |
| (7) | | | | | _ |
| (8) | | | | | _ |
| (9) | | | - | | _ |
| 10) | i | | | | _ |
| Part V Supplemental Information | | | | | _ |
| Complete this part to provide additional informat | ion for responses to questio | ns on Schedule L (see i | nstructions) | | |
| Schedule L, Part V - Additional Brooke Emmons has a family re- | | - | ullene Evecution | | |
| | Tacionship wit | on william r | differs, Executive | , <u>C</u> | |
| Director. | | | · · · · · · · · · · · · · · · · · · · | | - |
| Vicki Mullens has a family re. | lationship wit | <u>ch William M</u> | ullens, Executiv | re | |
| Director. | | | | | _ |
| William Mullens, Executive Di | rector has a f | family relat | ionship with Lyc | lia | |
| Herndon, Treasurer/Director. | | | | | |
| William Mullens, Executive Dir | rector has a f | amily relat | ionship with Lir | nda | |
| Caster, Chairman/Director. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | _ |
| | | | | | _ |
| | <u>,</u> | | | <u>.</u> | _ |
| | | | | | |
| | | | | | _ |

SCHËDÛLE M (Form 990)

Noncash Contributions

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

Attach to Form 990

OMB No 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MannaRelief Ministries

Employer identification number 75-2809600

| | Mannakerr | -ет ыт | mistries | | / . | J-2009000 | | |
|----------|---|------------------------------------|---|---|-------------|--|-----|----|
| Pa | rt 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) athod of determining sh contribution amounts | | |
| 1 | Art—Works of art | | | | | | | |
| 2 | Art—Historical treasures | | - | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| 6 | goods Cars and other vehicles | | | | | | | |
| 7 | | | | | | | | |
| 8 | Boats and planes Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded | X | 1 | 1,043 | Fair Mark | et Value | | |
| 10 | Securities—Closely held stock | $-\Delta$ | <u>+</u> | 1,043 | Tall Halk | et varue | | |
| 11 | Securities—Closely field stock Securities—Partnership, LLC, | | | | | | | |
| | or trust interests | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation | | , | | | | | |
| | contribution—Historic | | 1 | | | | | |
| | structures | <u> </u> | | | | | | |
| 14 | Qualified conservation | | | | | | | |
| | contribution—Other | | 1 | | | | | |
| 15 | Real estate—Residential | | <u> </u> | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | <u> </u> | , | | | | | |
| 20 | Drugs and medical supplies | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 21 | Taxidermy | | 1 | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts Other ►(Nutraceutical P) | X | 681 | 30,733 | Cost | | | |
| 25 26 | Other > (Nuclaceutical P) | $\vdash \stackrel{\wedge}{\vdash}$ | 001 | 30,733 | <u> </u> | | | - |
| 20 27 | Other ► (| | | - | | | | |
| 28 | Other ► (| | · | | | | | |
| 29 | Number of Forms 8283 received by th | l organiza | ition during the tay year f | or contributions for | | | | |
| 23 | which the organization completed For | - | | | 29 0 | | | |
| | Which the organization completed to the | 111 0200, 110 | art iv, bonce nomiomed | gom o n (| 20 0 | | Yes | No |
| 30a | During the year, did the organization re | eceive by o | contribution any property | reported in Part I, lines 1-2 | 8 that | | | |
| | it must hold for at least three years fro | | | | | | | |
| | used for exempt purposes for the entil | | | • | | 30a | | X |
| b | If "Yes," describe the arrangement in I | • | 1 | | | | | |
| 31 | Does the organization have a gift acce | | licy that requires the revi | ew of any non-standard | | | | |
| | contributions? | | • • | - | | 31 | | Х |
| 32a | Does the organization hire or use third | d parties or | related organizations to | solicit, process, or sell nonc | ash | | | |
| | contributions? | - | - | | | 32a | | X |
| b | If "Yes," describe in Part II | | | | | | | |
| 33 | If the organization did not report an an | nount in co | lumn (c) for a type of pro | perty for which column (a) is | s checked, | | | |
| | describe in Part II | | • • • | , , | | | | |

Page 2

Schedule M (Form 990) (2012) MannaRelief Ministries 75-2809600

Part II Supplemental Information. Complete this part to 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

Column B - The number of contributions listed are the number of items that were contributed.

* (1 ~

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public

Inspection

Internal Revenue Service
Name of the organization

MannaRelief Ministries

Employer identification number 75-2809600

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Linda Caster

William Mullens

Director

Exec Direct

Family Relationship

Lydia Herndon

William Mullens

Director

Exec Direct

Family Relationship

Linda Caster

Lydia Herndon

Director

Director

Family Relationship

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The Form 990 is prepared by a third party CPA who provides the form to the organization for review. The Form 990 is reviewed by the Executive
Director prior to final completion of the form. The third party CPA makes any changes, then a revised and completed Form 990 is emailed to all the directors for review. Upon receiving approval, the CPA firm processes the return for signature and provides it to the organization who signs and files the return with the Internal Revenue Service.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The members of the board fill out annual conflict of interest

questionnaires. If a member who is deemed to have a conflict of interest

Name of the organization

MannaRelief Ministries

Employer identification number 75-2809600

is involved in a potential transaction, the conflict is disclosed and the board would have to determine whether or not the transaction is in the best interest of the organization. The member with the conflict is excluded from the board discussion and approval process of the transaction.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The board of directors review several salary and compensation reports
compiled by independent organizations. The Executive Director's
compensation is approved by the independent members of the Board of
Directors. The decisions of the board are documented in the minutes of the
board meetings.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The board of directors considers compensation for all other officers

and key employees. The board reviews several salary and compensation

reports compiled by independent organizations. All compensation is approved

by the independent members of the Board of Directors. The decisions of the

board are documented in the minutes of the board meetings.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The governing documents, conflict of interest policy, and financial statements are made available to the public upon request.