

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **Mar 1**, 2020, and ending **Feb 28**, 2021

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

C Name of organization **MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 1114
 City or town, state or province, country, and ZIP or foreign postal code
THOUSAND OAKS, CA 91358

D Employer identification number
95-3413415

E Telephone number
(805) 497-4959

F Name and address of principal officer:
DARIN ARRASMITH, same as C above, Thousand Oaks, CA 91358

G Gross receipts **\$1,678,475.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: ▶ **WWW.MANNAZONEJO.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1972**

M State of legal domicile: **CA**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>MANNA DISTRIBUTES FOOD TO NEEDY INDIVIDUALS AND FAMILIES WHO RESIDE IN THE CONEJO VALLEY. MANNA GETS DONATIONS FROM INDIVIDUALS AND BUSINESSES IN THE AREA. MANNA ALSO PURCHASES ADDITIONAL FOOD USING CASH CONTRIBUTIONS FROM INDIVIDUALS, BUSINESSES, AND LOCAL ORGS.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	202
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	957,282.	1,677,655.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,497.	820.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-220.	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	958,559.	1,678,475.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	450,600.	265,357.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	171,113.	200,181.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		2,544.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 113,362.		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	167,527.	211,767.
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	789,240.	679,849.
19	Revenue less expenses. Subtract line 18 from line 12	169,319.	998,626.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,831,129.	2,842,624.
	22	Net assets or fund balances. Subtract line 21 from line 20	540,838.	545,927.
			1,290,291.	2,296,697.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: DARIN ARRASMITH, PRESIDENT
 Date: 05/25/2021

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: SAMUEL QIU Preparer's signature: SAMUEL QIU Date: _____
 Check if self-employed PTIN: P01258471

Firm's name ▶ QIU ACCOUNTANCY CORPORATION Firm's EIN ▶ 95-4629680
 Firm's address ▶ 139 South Hudson Avenue Suite 300, Pasadena, CA 91101 Phone no. (213) 387-1818

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

MANNA DISTRIBUTES FOOD TO NEEDY INDIVIDUALS AND FAMILIES WHO RESIDE IN THE CONEJO VALLEY. MANNA GETS DONATIONS FROM INDIVIDUALS AND BUSINESSES IN THE AREA. MANNA ALSO PURCHASES ADDITIONAL FOOD USING CASH CONTRIBUTIONS FROM INDIVIDUALS, BUSINESSES, AND LOCAL ORGS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

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

4a (Code:) (Expenses \$ 474,283 . including grants of \$ 0.) (Revenue \$ 0.)

MANNA ESTIMATES THE WEIGHT OF FOOD DONATIONS AS IT IS RECEIVED AND DISTRIBUTES FOOD TO FAMILIES AND OTHER ORGANIZATIONS. THE NUMBER OF FAMILIES MANNA DISTRIBUTES TO IS TRACKED ON A DAILY BASIS. USING THE \$1.67 POUND VALUE, THE VALUE OF ITEMS CONTRIBUTED (\$279,037) WOULD EQUATE TO 167,088 POUNDS OF FOOD INVENTORY CONTRIBUTED. MANNA SERVED 1,666 FAMILIES DURING THE FISCAL YEAR ENDED FEBRUARY 28, 2021. MANNA ALSO DISTRIBUTED FOOD TO ONE OTHER FOOD PANTRY IN THE FISCAL YEAR. THE COMBINED TOTAL OF ESTIMATED FOOD DISTRIBUTED TO FAMILIES AND OTHER FOOD PANTRIES DURING THE FISCAL YEAR ENDED FEBRUARY 28, 2021 WAS \$304,630.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 474,283 .

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	x
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	x
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	x
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	x
28 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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	x
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	x
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	x
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	x
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	x
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	x
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	x
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	x
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	x
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	x

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 10		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 JENNIFER SCHWABAUER, 3020 CRESCENT WAY, THOUSAND OAKS, CA 91362 (805)497-4959

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DARIN ARRASMITH PRESIDENT	10.00 0.00	X		X				0.	0.	0.
(2) RUSSELL SMITH TREASURER	2.00 0.00	X		X				0.	0.	0.
(3) VERONICA ELLIAS BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(4) AARON PODELL VICE PRESIDENT	2.00 0.00	X		X				0.	0.	0.
(5) KAREN INGRAM BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(6) JANE ROSNER SECRETARY	2.00 0.00	X		X				0.	0.	0.
(7) LARRY LAFFER BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(8) CAMERON PARTON BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(9) JENNIFER SCHWABAUER EXECUTIVE DIREC	40.00 0.00	X						0.	0.	0.
(10) KAREN DYER BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(11) BILL MATLOCK BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0.	0.	0.	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	23,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,654,655.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 329,101.			
	h	Total. Add lines 1a-1f		1,677,655.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue . .					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		820.	0.	0.	820.
	4	Income from investment of tax-exempt bond proceeds		0.	0.	0.	0.
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a					
		b	Less: direct expenses	8b			
c	Net income or (loss) from fundraising events . .						
9a	Gross income from gaming activities. See Part IV, line 19						
		9a					
		b	Less: direct expenses	9b			
c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances						
		10a					
		b	Less: cost of goods sold	10b			
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		1,678,475.	0.	0.	820.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,593.	25,593.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	239,764.	239,764.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	166,592.	83,962.	37,083.	45,547.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	20,919.	10,543.	4,657.	5,719.
10 Payroll taxes	12,670.	6,386.	2,820.	3,464.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	24,950.	0.	24,950.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,544.			2,544.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	42,249.	0.	249.	42,000.
12 Advertising and promotion	4,811.	0.	4,687.	124.
13 Office expenses	3,759.	1,417.	1,316.	1,026.
14 Information technology	3,973.	2,813.	1,004.	156.
15 Royalties				
16 Occupancy				
17 Travel	21,591.	20,378.	1,056.	157.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	102.	0.	0.	102.
20 Interest	26,426.	23,784.	1,321.	1,321.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,953.	5,357.	298.	298.
23 Insurance	9,031.	6,908.	2,123.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Dues and Memberships	1,471.	0.	1,471.	0.
b Meals	662.	0.	298.	364.
c Merchant fees	8,761.	0.	80.	8,681.
d				
e All other expenses	58,028.	47,378.	8,791.	1,859.
25 Total functional expenses. Add lines 1 through 24e	679,849.	474,283.	92,204.	113,362.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	35,347.	1	40,188.
	2 Savings and temporary cash investments	667,939.	2	1,532,997.
	3 Pledges and grants receivable, net	25,439.	3	13,350.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	80,265.	8	150,107.
	9 Prepaid expenses and deferred charges	2,355.	9	11,725.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,171,695.		
	b Less: accumulated depreciation	10b 118,964.	989,494.	10c 1,052,731.
	11 Investments—publicly traded securities	30,290.	11	41,526.
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		1,831,129.	16	2,842,624.
Liabilities	17 Accounts payable and accrued expenses	12,741.	17	31,694.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	526,347.	23	512,483.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	1,750.	25	1,750.
	26 Total liabilities. Add lines 17 through 25		540,838.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	674,046.	27	1,680,452.
	28 Net assets with donor restrictions	616,245.	28	616,245.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances		1,290,291.	32	2,296,697.
33 Total liabilities and net assets/fund balances		1,831,129.	33	2,842,624.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,678,475.
2	Total expenses (must equal Part IX, column (A), line 25)	2	679,849.
3	Revenue less expenses. Subtract line 2 from line 1	3	998,626.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,290,291.
5	Net unrealized gains (losses) on investments	5	11,137.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-3,357.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,296,697.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.	Employer identification number 95-3413415
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,176,816.	1,032,128.	839,761.	957,282.	1,677,654.	5,683,641.
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	1,176,816.	1,032,128.	839,761.	957,282.	1,677,654.	5,683,641.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						5,683,641.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,176,816.	1,032,128.	839,761.	957,282.	1,677,654.	5,683,641.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	49.	918.	360.	1,497.	820.	3,644.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,155.				11,135.	14,290.
11 Total support. Add lines 7 through 10						5,701,575.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.69 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.94 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

Pt II Ln 10: Other Income Part II, Line 10 Description: NATURE AND SOURCE 2016:

3155. Description: UNREALIZED GAINS 2020: 11135.

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

Attach to Form 990.

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC. Employer identification number: 95-3413415

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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

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

Form with rows 1a, 1b, 2, a, b for questions regarding art and historical treasures collections.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.	171,146.		171,146.
b Buildings		46,300.	46,300.	0.
c Leasehold improvements		199,783.		199,783.
d Equipment		70,092.	56,966.	13,126.
e Other		684,374.	15,698.	668,676.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,052,731.

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Rent Deposits Held	1,750.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,750.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
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 18.)		5	

Part XIII Supplemental Information.

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

Part XIII Supplemental Information *(continued)*

DO NOT MAIL

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Embrace Church 626 S Oxnard Blvd OXNARD CA 93030	62-1401488			12,158.	FORM 990/PART III/LINE 4A	FOOD TO NEEDY FAMILIES	FEED THE HUNGRY
(2) Harbor House 430 E Avenida De Los Arboles #2034 THOUSAND OAKS CA 91360	38-4100881			8,826.	FORM 990/PART III/LINE 4A	FOOD TO NEEDY FAMILIES	FEED THE HUNGRY
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

REV 08/16/21 PRO

BAA

Schedule I (Form 990) 2020

Employer identification number

95-3413415

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FOOD DONATIONS TO NEEDY FAMILIES	4,977		270,704.	FORM 990/PART III/LINE 4A	FOOD DISTRIBUTION: 1,666 FAMILIES
2					
3					
4					
5					
6					
7					

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

Pt I Line 2: ANY GRANTS RECEIVED BY MANNA ARE USED FOR THE PURPOSE OF PROVIDING FOOD TO INDIVIDUALS IN NEED.

MANNA MONITORS THE USE OF ANY GRANTS THROUGH ITS ACCOUNTING RECORDS AND INDIVIDUAL ASSISTANCE LOGS MAINTAINED

TO TRACK SUPPORT IT PROVIDES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.

Employer identification number

95-3413415

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	193442	323,049.	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Gift cards)			6,052.	
26 Other ▶ (.)				
27 Other ▶ (.)				
28 Other ▶ (.)				

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

29

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

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

DO NOT MAIL

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.

Employer identification number

95-3413415

Pt VI, Line 11b: FORM 990 IS REVIEWED BY THE BOARD PRESIDENT, TREASURER AND
EXECUTIVE DIRECTOR BEFORE BEING APPROVED FOR FILING. IT IS THEN ISSUED TO THE
ENTIRE BOARD.

Pt VI, Line 12c: MEMBERS OF BOARD, ANY COMMITTEE, OR STAFF WHO IS AN OFFICER,
BOARD MEMBER, COMMITTEE MEMBER, OR STAFF MEMBER OF A CLIENT ORGANIZATION OR VENDOR
OF MANNA CONEJO VALLEY FOODBANK SHALL IDENTIFY HIS OR HER AFFILIATION WITH SUCH
AGENCY OR AGENCIES; FURTHER, IN CONNECTION WITH ANY COMMITTEE OR BOARD ACTION
SPECIFICALLY DIRECTED TO THAT AGENCY S/HE SHALL NOT PARTICIPATE IN THE DECISION
AFFECTING THAT AGENCY AND THE DECISION MUST BE MADE AND/OR RATIFIED BY THE FULL
BOARD.

Pt VI, Line 15a: EACH BOARD MEMBER IS ISSUED A REVIEW FORM WHICH THEY COMPLETE.
AT A DESIGNATED BOARD MEETING, THEY GO INTO 'EXECUTIVE SESSION' TO DISCUSS OUTCOMES
AND GOALS FOR THE COMING YEAR, AS IT RELATES TO PERFORMANCE AND COMPENSATION.
THE BOARD APPROVES THE REVIEW AND COMPENSATION CHANGES. THE EXECUTIVE COMMITTEE
(BOARD PRESIDENT AND ONE OTHER BOARD MEMBER) IN A MEETING WITH THE EXECUTIVE
DIRECTOR, PRESENT THE REVIEW/COMPENSATION AT THAT TIME. COMPARABILITY DATA IS
SOMETIMES USED.

Pt VI, Line 19: MANNA PROVIDES PUBLIC DISCLOSURE TAX RETURNS, CONFLICT OF INTEREST
STATEMENTS AND FINANCIAL STATEMENTS UPON REQUEST FROM THE PUBLIC.

Federal Depreciation Options

2020

▶ Keep for your records

Name as Shown on Return MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.	Employer Identification No. 95-3413415
--	---

MACRS Convention

Compute convention (result shown below)

When 'Compute convention' is checked, the program determines which convention applies to MACRS personal property assets placed in service in 2020, and checks the appropriate box below. The program uses the 'Half-year convention' unless the 'Mid-quarter convention' box is checked.

1 Half-year convention

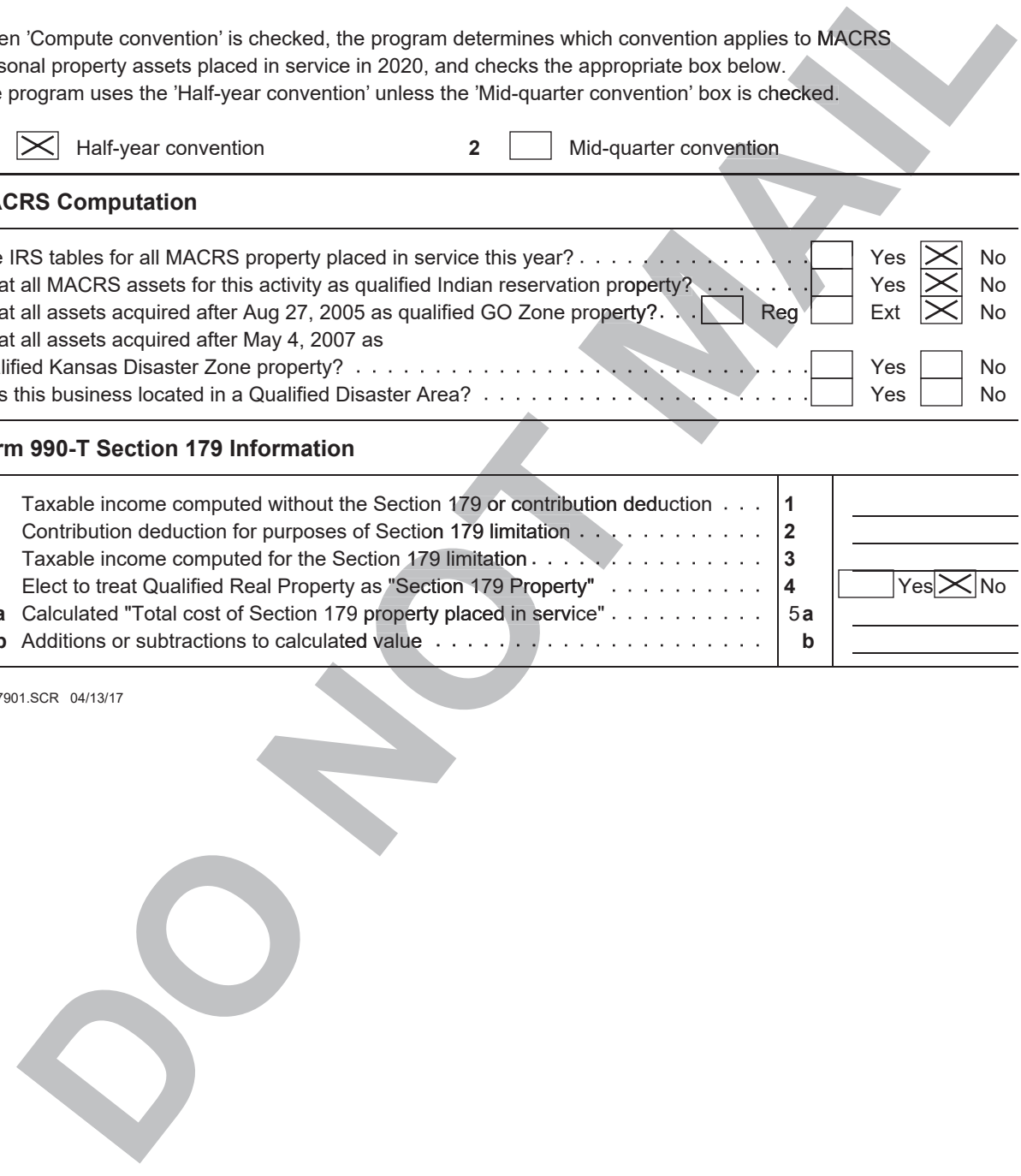
2 Mid-quarter convention

MACRS Computation

Use IRS tables for all MACRS property placed in service this year?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Treat all MACRS assets for this activity as qualified Indian reservation property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property?	<input type="checkbox"/>	Reg	<input type="checkbox"/>	Ext <input checked="" type="checkbox"/> No
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was this business located in a Qualified Disaster Area?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Form 990-T Section 179 Information

1 Taxable income computed without the Section 179 or contribution deduction	1	_____
2 Contribution deduction for purposes of Section 179 limitation	2	_____
3 Taxable income computed for the Section 179 limitation	3	_____
4 Elect to treat Qualified Real Property as "Section 179 Property"	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5 a Calculated "Total cost of Section 179 property placed in service"	5 a	_____
b Additions or subtractions to calculated value	b	_____



Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.	Business or activity to which this form relates Form 990 / Form 990EZ	Identifying number 95-3413415
--	--	----------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	216.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	418.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	1,095.	5.0 yrs	HY	200 DB	219.
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	5,100.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,953.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							25	
26 Property used more than 50% in a qualified business use:								
Ford Truck	01/15/2003	100%	33,000.	33,000.	5.00	200 DB-HY	0.	
2017 TOYOTA SIENNA VAN	11/16/2018	100%	17,000.	17,000.	5.00	200 DB-HY	5,100.	
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							28	5,100.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .								29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning Mar 1, 2020, and ending Feb 28, 2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2020

Name of exempt organization or person subject to tax MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.	Taxpayer identification number 95-3413415
--	---

Name and title of officer or person subject to tax DARIN ARRASMITH, PRESIDENT	
---	--

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,678,475.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

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

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC., (EIN) 95-3413415 and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN

--	--	--	--	--

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____ Date ▶ 05/25/2021

Part III Certification and Authentication

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

9	5	4	6	1	4	0	0	0	0	1
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Tax Year 2020
 Keep for your records

Name as Shown on Return
 MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.
 Identifying Number
 95-3413415

QuickZoom here to enter assets.
 QuickZoom here to set MACRS convention for assets acquired in 2020.
 Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
Computers & Peripherals		06/30/20	1,095		100.00			1,095.00	200DB/HY			219
Computer Software		10/07/20	1,555		100.00			1,555.00	SL/NA			216
SUBTOTAL CURRENT YEAR			2,650	0		0	0	2,650			0	435
FOOD DISTRIBUTION HOUSE		03/01/91	46,300		100.00			46,300.50	SL/MM		46,300	0
REFRIGERATOR #1		10/04/00	3,916		100.00			3,916.00	200DB/HY		3,916	0
REFRIGERATOR #2		07/16/01	1,799		100.00			1,799.00	200DB/HY		1,799	0
Ford Truck	A	01/15/03	33,000		100.00			33,000.00	200DB/HY		33,000	0
FREEZER		04/30/04	290		100.00			290.00	200DB/HY		290	0
REFRIGERATOR #3		02/02/07	1,261		100.00			1,261.00	200DB/HY		1,261	0
REFRIGERATOR #4		07/01/09	1,100		100.00			1,100.00	200DB/HY		1,100	0
COMPUTER #1		09/29/09	516		100.00			516.00	200DB/HY		516	0
SOFTWARE LICENSE		10/02/10	5,295		100.00			5,295.00	SL/NA		5,295	0
COMPUTER #2		04/24/13	697		100.00			697.00	200DB/HY		697	0
DELL COMPUTER		12/29/14	487		100.00			487.00	200DB/HY		487	0
95 OAK LAND		08/09/16	171,146		100.00			171,146.50	150DB/HY			0
TRUCK SCALE		02/01/18	2,081		100.00			2,081.00	200DB/HY		619	418
2017 TOYOTA SIENNA VAN		11/16/18	17,000		100.00			17,000.50	200DB/HY		4,249	5,100
SUBTOTAL PRIOR YEAR			284,888	0		0	0	284,888			99,529	5,518
TOTALS			287,538	0		0	0	287,538			99,529	5,953

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS
 fdv3601.SCR 12/16/20

Schedule A
(Form 990 or 990-EZ)
Part II, Line 10

Other Income Worksheet

2020

Name as Shown on Return MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.	Employer Identification No. 95-3413415
--	---

Do **not** include gain or (loss) from sale of capital assets.

Description	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
NATURE AND SOURCE	3,155.					3,155.
UNREALIZED GAINS					11,135.	11,135.
Totals to Schedule A, Page 2, or Page 3, Part II, Line 10	3,155.				11,135.	14,290.

**990-EZ, 990, 990-T and 990-PF
Information Worksheet**

2020

Part I – Identifying Information

Employer Identification Number . 95-3413415

Name MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.

Doing Business As _____

Address P.O. BOX 1114 Room/Suite . _____

City THOUSAND OAKS State . . . CA ZIP Code 91358

Province/State _____ Foreign Postal Code . . _____

Foreign Code _____ Foreign Country _____

Telephone Number (805) 497-4959 Extension . _____ Foreign Phone No. _____

Fax _____ E-Mail Address . . rsconsult@sbcglobal.net

Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

IMPORTANT

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. However, the IRS will continue to accept Form 990-EZ returns filed on paper for any tax year ending before July 31, 2021.

If filing a return other than a Form 990-EZ return, the appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

- | | |
|--|---|
| <input type="checkbox"/> Form 990-EZ only | <input type="checkbox"/> Form 990-EZ and Form 990-T |
| <input checked="" type="checkbox"/> Form 990 only | <input type="checkbox"/> Form 990 and Form 990-T |
| <input type="checkbox"/> Form 990-PF only | <input type="checkbox"/> Form 990-PF and Form 990-T |
| <input type="checkbox"/> Form 990-T only | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) |

QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

- | | | |
|---|------------------------------|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association | <u>3</u> (subsection number) | <input type="checkbox"/> 220(e) Trust |
| <input type="checkbox"/> 501(c) Trust | _____ (subsection number) | <input type="checkbox"/> 408A Trust |
| <input type="checkbox"/> 4947(a)(1) Trust | | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust | | <input type="checkbox"/> 529(a) Trust |
| <input type="checkbox"/> 401(a) Trust | | <input type="checkbox"/> 530(a) Trust |
| <input type="checkbox"/> Other _____ (describe) Corporation/Association | <input type="checkbox"/> | <input type="checkbox"/> 527 Organization |
| Or Trust | <input type="checkbox"/> | <input type="checkbox"/> 501(c) Association |

Part IV – Tax Year and Filing Information

- Calendar year
- Fiscal year — Ending month . . . 2
- Short year — Beginning date . . _____ Ending date . . . _____
- Change of Accounting Period _____
- Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2020 Estimated Taxes Paid

Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2019 overpayment credited to 2020 estimated tax

Table with 6 columns: Payment Quarters, Due Date, Date Paid, Amount Paid, Date Paid, Amount Paid. Rows include 1st-4th Quarter Payments and Additional Payments 1-4.

Part VI - Taxpayer Signature Information

Officer's Name DARIN ARRASMITH
Officer's SSN 557-51-1218 Officer's Title PRESIDENT

Part VII – Electronic Filing Information

IMPORTANT: Do not use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will not be transmitted with the return.

QuickZoom to the Electronic Filing Information Worksheet

Electronic Filing:

- X File the federal 990, 990-EZ, 990-PF, or 990-N return electronically
File the federal 990-T return electronically
X File the state(s) electronically

* Select the state or states to file electronically. (Multiple states can be entered)

Form for State(s) * with entry: California Exempt

File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Practitioner PIN program:

- X Sign this return electronically using the Practitioner PIN
ERO entered PIN

Officer's PIN (enter any 5 numbers) 00001
Date PIN entered 04/29/2021

Electronic Filing of Extensions:

Check this box to file Form 8868 (application for extension of time to file return) electronically
QuickZoom to the Form 8868 Electronic Filing Information Worksheet

Electronic Filing of Amended Return:

- File the federal 990, 990-EZ or 990-PF **amended return** electronically
- File the federal 990-T **amended return** electronically
- File the state(s) **amended return** electronically

* Select the state(s) amended return to file electronically.

State(s) *

File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Part VIII – Electronic Funds Withdrawal Information (Form 990-PF and Form 990-T filers only)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of Form 990-PF balance due (EF only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of Form 8868 balance due (EF only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of amended Form 990-PF balance due (EF only)? |
| | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want electronic funds withdrawal of 990-T Return amount due? (EF Only) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want electronic funds withdrawal for 990-T Amended amount due? (EF ONLY) |

Bank Information

Check to confirm transferred account information (which appears in green) is correct

Name of Financial Institution (optional) _____

Check the appropriate box Checking Savings

Routing number _____

Account number _____

Form 990-PF Payment Information

Enter the Form 990-PF payment date _____

Balance due amount from this Form 990-PF return _____

Enter an amount to withdraw tax payment _____

If partial payment is made, the remaining balance due _____

Payment date for amended Form 990-PF returns _____

Balance due amount for amended Form 990-PF return _____

Form 990-T Payment Information

Enter the Form 990-T payment date _____

Balance-due amount from this 990-T return _____

Enter the amended Form 990-T payment date _____

Balance-due amount from Form 990-T amended _____

Date 990-T Exempt Organization Return was EFiled _____

Date 990-T Exempt Organization Return was accepted _____

Date 990-T Exempt Organization Amended Return was EFiled _____

Date 990-T Exempt Organization Amended Return was accepted _____

Part IX – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date	_____	_____	_____

Letter Salutation _____

Part X – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) 01

QuickZoom to Firm/Preparer Info _____

QuickZoom to Form 990-EZ, Pages 1 through 4 _____

QuickZoom to Form 990, Page 1 _____

QuickZoom to Form 990-PF, Page 1 _____

QuickZoom to Form 990-T, Page 1 _____

QuickZoom to Form 990-N, e-PostCard _____

QuickZoom to Client Status _____

Name as Shown on Return

MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.

Identifying Number

95-3413415

Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depr Allowance	Depr Basis	Life	Method/Convention	Prior Depr	Current Depr	Adj/ Pref
DEPRECIATION													
Computers & Peripherals		06/30/20	1,095		100.00			1,095	150DB/HY			164	55.
Computer Software		10/07/20	1,555		100.00			1,555	SL/NA			216	0.
SUBTOTAL CURRENT YEAR			2,650	0		0	0	2,650			0	380	55.
FOOD DISTRIBUTION HOUSE		03/01/91	46,300		100.00			46,300	0.00SL/MM		46,300	0	0.
REFRIGERATOR #1		10/04/00	3,916		100.00			3,916	150DB/HY		3,916	0	0.
REFRIGERATOR #2		07/16/01	1,799		100.00			1,799	150DB/HY		1,799	0	0.
Ford Truck	A	01/15/03	33,000		100.00			33,000	150DB/HY		33,000	0	0.
FREEZER		04/30/04	290		100.00			290	150DB/HY		290	0	0.
REFRIGERATOR #3		02/02/07	1,261		100.00			1,261	150DB/HY		1,261	0	0.
REFRIGERATOR #4		07/01/09	1,100		100.00			1,100	150DB/HY		1,100	0	0.
COMPUTER #1		09/29/09	516		100.00			516	150DB/HY		516	0	0.
SOFTWARE LICENSE		10/02/10	5,295		100.00			5,295	SL/NA		5,295	0	0.
COMPUTER #2		04/24/13	697		100.00			697	150DB/HY		697	0	0.
DELL COMPUTER		12/29/14	487		100.00			487	150DB/HY		487	0	0.
95 OAK LAND		08/09/16	171,146		100.00			171,146	150DB/HY			0	0.
TRUCK SCALE		02/01/18	2,081		100.00			2,081	150DB/HY		619	325	93.
2017 TOYOTA SIENNA VAN		11/16/18	17,000		100.00			17,000	150DB/HY		4,249	3,825	1,275.
SUBTOTAL PRIOR YEAR			284,888	0		0	0	284,888			99,529	4,150	1,368.
TOTALS			287,538	0		0	0	287,538			99,529	4,530	1,423.

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS, P = Passive

IRS e-file Authentication Statement

2020

Keep for your records

Table with 2 columns: Name(s) Shown on Return (MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.) and Employer ID No. (95-3413415)

A – Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information

Please indicate how the taxpayer(s) PIN(s) are entered into the program. Officer entered PIN [X] ERO entered Officer's PIN []

B – Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 954614 Self-Select PIN 00001

C – Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2020 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 00001 Date 04/29/2021

Electronic Filing Information Worksheet

Keep for your records

2020

Name(s) shown on return
MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.
Identifying number
95-3413415

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return. 954614

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return.

ERO Name: QIU ACCOUNTANCY CORPORATION
ERO Address: 139 South Hudson Avenue Suite 300
City: Pasadena, State: CA, ZIP Code: 91101
Country:
ERO Electronic Filers Identification Number (EFIN): 954614
ERO Employer Identification Number: 95-4629680
ERO Social Security Number or PTIN:

Part III - Paid Preparer Information

Firm Name: QIU ACCOUNTANCY CORPORATION
Preparer Name: SAMUEL QIU
Address: 139 South Hudson Avenue Suite 300
City: Pasadena, State: CA, ZIP Code: 91101
Country:
Preparer Social Security Number or PTIN: P01258471
Employer Identification Number: 95-4629680
Phone Number: (213) 387-1818
Fax Number:
Preparer E-mail Address:

Part IV - Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment
Amount you are paying with the amended return

- Check this box to file another federal amended return electronically
Check this box to file another 990-T amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City and checkboxes. Includes 'California State Exempt' and several empty rows.

Part V - Name Control

Name Control, enter here to override default. MANN

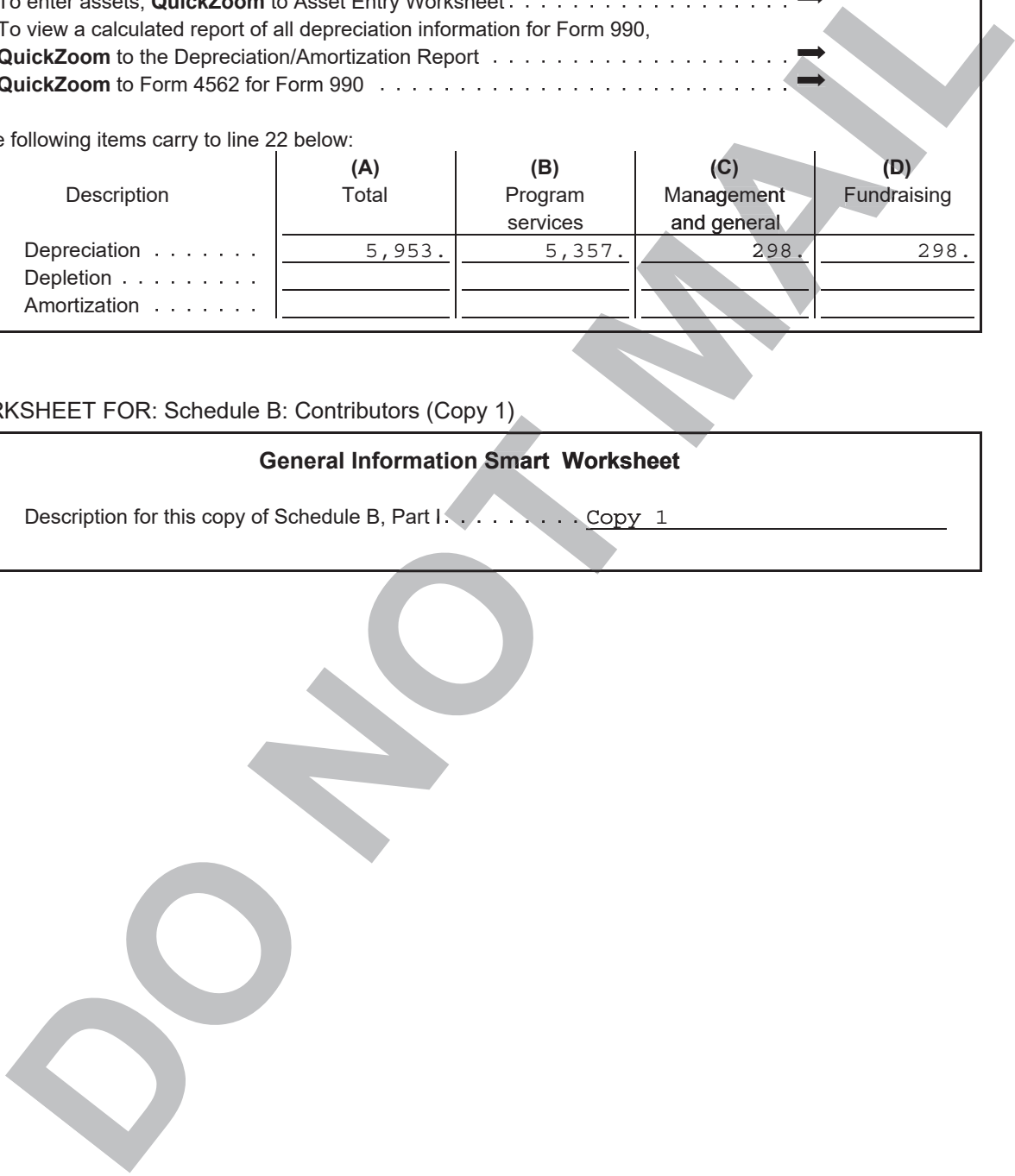
Smart Worksheets from your 2020 Federal Exempt Tax Return

SMART WORKSHEET FOR: Form 990: Return of Organization Exempt from Income Tax

Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet					
To enter assets, QuickZoom to Asset Entry Worksheet →					
To view a calculated report of all depreciation information for Form 990, QuickZoom to the Depreciation/Amortization Report →					
QuickZoom to Form 4562 for Form 990 →					
The following items carry to line 22 below:					
	Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
A	Depreciation	5,953.	5,357.	298.	298.
B	Depletion				
C	Amortization				

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

General Information Smart Worksheet	
A	Description for this copy of Schedule B, Part I <u>Copy 1</u>



Additional information from your 2020 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax

Line 17, column (B)

Itemization Statement

Description	Amount
ACCOUNTS PAYABLE	20,988.
ACCRUED PAYABLE	3,341.
ACCRUED VACATION PAYABLE	7,365.
Total	31,694.

Schedule D: Supplemental Financial Statements

Land Col (b)

Itemization Statement

Description	Amount
Oakview Drive-Land	171,146.
Total	171,146.

Schedule D: Supplemental Financial Statements

Buildings col (b)

Itemization Statement

Description	Amount
Crescent Way Bldg & Land	46,300.
Total	46,300.

Schedule D: Supplemental Financial Statements

Buildings col (c)

Itemization Statement

Description	Amount
Accum. Depreciation-Real Property	46,300.
Total	46,300.

Schedule D: Supplemental Financial Statements

Leasehold Impr col (b)

Itemization Statement

Description	Amount
Oakview Drive-CIP Bldg. Impr.	199,783.
Total	199,783.

Schedule D: Supplemental Financial Statements

Equipment col (b)

Itemization Statement

Description	Amount
Computer Software	6,850.
Computers & Peripherals	2,795.
Warehouse Equipment	10,447.
Vehicles	50,000.
Total	70,092.

Schedule D: Supplemental Financial Statements

Other col (b)

Itemization Statement

Description	Amount
Oakview Drive-Bldg-Construction in progress	684,374.
Total	684,374.

Schedule D: Supplemental Financial Statements

Other col (c)

Itemization Statement

Description	Amount
Accumulated Depreciation-before demolition	13,482.
Tax vs book temporary difference	2,216.
Total	15,698.

DO NOT MFA

California Exempt Organization Information Worksheet 2020

▶ Keep for your records

Part I – Identifying Information

Federal Employer ID Number . 95-3413415 CA Corp No. (See Tax Help) 0935324
 Name of Exempt Organization. MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.
 Additional Information _____
 Address P.O. BOX 1114 **Ste, Unit** _____ **No.** _____
 PMB No. _____
 City THOUSAND OAKS State . . CA ZIP Code 91358
 Province/State _____ Foreign Postal Code _____
 Foreign Code _____ Foreign Country _____
 Telephone Number (805) 497-4959 Extension _____
 Fax Number _____ E-Mail Address rsconsult@sbcglobal.net

Part II – Tax Year and Filing Information

Calendar year
 Fiscal year — Ending month 2
 Short year — Beginning date _____ Ending date _____

Payments are made by Electronic Funds Transfer
 File Form 109, California Exempt Organization Business Income Tax Return (*Paper file Only*)

QuickZoom to Form 109 _____ ▶

Part III – 2020 Estimated Tax Payments (Form 109)

Amount of 2019 overpayment credited to 2020 estimated tax _____

Payment Quarters	Due Date	Date Paid	Amount Paid
First Quarter Payment	<u>07/15/20</u>	_____	_____
Second Quarter Payment	<u>08/17/20</u>	_____	_____
Third Quarter Payment	<u>11/16/20</u>	_____	_____
Fourth Quarter Payment	<u>02/16/21</u>	_____	_____
Additional Payment 1	_____	_____	_____
Additional Payment 2	_____	_____	_____
Additional Payment 3	_____	_____	_____
Additional Payment 4	_____	_____	_____

Part IV – Electronic Filing Information (Form 199)

Electronic Filing

The state return Form 199 will be filed electronically
 Date return was electronically filed 08/16/2021
 Date return was accepted by the state 08/16/2021
 Date Form 3586 was given to client _____

Signing Officer

Officer's Name . DARIN ARRASMITH
 Title PRESIDENT

Electronic Filing of Amended Form 199

The amended Form 199 will be filed electronically.
 Another amended Form 199 will be filed electronically.

Part V – Electronic Funds Withdrawal Information (Form 199)

Yes **No**

Use electronic funds withdrawal of state balance due? (Electronic Filing Only)

Amended Return - Do you want electronic funds withdrawal of balance due (EF Only)?

Bank Information

Name of financial institution _____

Routing number _____

Account number. _____

Account type Checking Savings

Account ownership type Business Personal

Payment Information (Electronic Filing Only)

Date to withdraw payment with state return. _____

Amount due with state return _____

Electronic funds withdrawal amount due with **amended return** information:

Enter settlement date to withdraw the tax due amount from the account **above**. _____

State balance-due amount paid with this amended return. _____

International ACH Transactions

Yes **No**

Is the account for this transaction located outside the US?

Part VI – Extension Status

Yes **No**

Is Form 199 on extension?

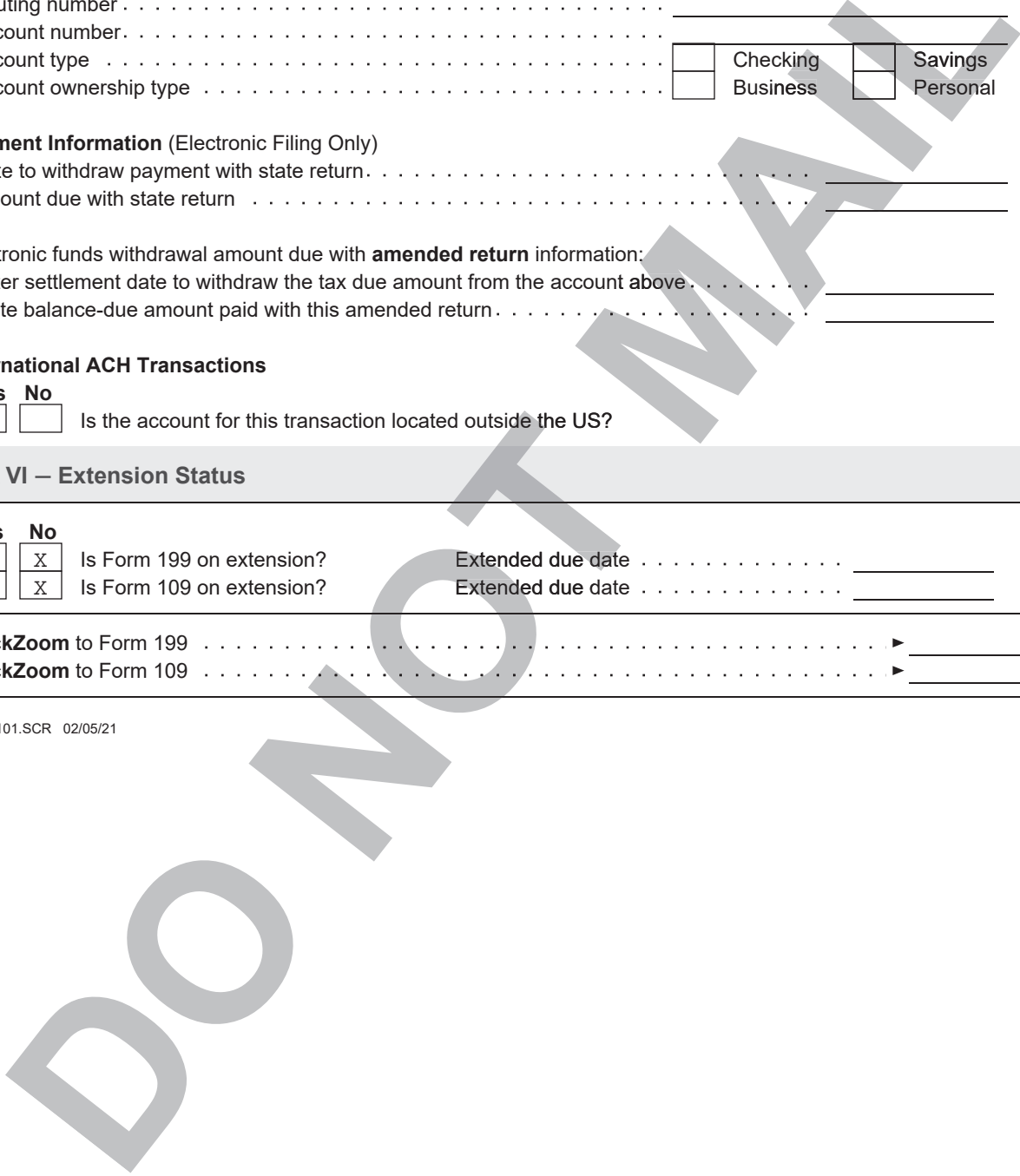
Extended due date _____

Is Form 109 on extension?

Extended due date _____

QuickZoom to Form 199 ▶ _____

QuickZoom to Form 109 ▶ _____



California Exempt Organization Annual Information Return

2020

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 03-01-2020, and ending (mm/dd/yyyy) 02-28-2021

Corporation/Organization name MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC. California corporation number 0935324

Additional information. See instructions. FEIN 95-3413415

Street address (suite or room) P.O. BOX 1114 PMB no.

City THOUSAND OAKS State CA Zip code 91358

Foreign country name Foreign province/state/county Foreign postal code

- A First return... B Amended return... C IRC Section 4947(a)(1) trust... D Final information return... E Check accounting method... F Federal return filed?... G Is this a group filing?... H Is this organization in a group exemption... I Did the organization have any changes to its guidelines... J If exempt under R&TC Section 23701d... K Is the organization exempt under R&TC Section 23701g?... L Is the organization a limited liability company?... M Did the organization file Form 100 or Form 109... N Is the organization under audit by the IRS... O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 16 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line numbers 1-16 and corresponding amounts.

Sign Here section with fields for Signature of officer (PRESIDENT), Title, Date, Telephone, Preparer's signature (SAMUEL QIU), Date, Check if self-employed, Firm's name (QIU ACCOUNTANCY CORPORATION), Address (139 SOUTH HUDSON AVENUE SUITE 300 PASADENA CA 91101), Telephone ((213) 387-1818).

May the FTB discuss this return with the preparer shown above? See instructions... [X] Yes [] No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1		00
	2	Interest	●	2		00
	3	Dividends	●	3		00
	4	Gross rents	●	4		00
	5	Gross royalties	●	5		00
	6	Gross amount received from sale of assets (See Instructions)	●	6		00
	7	Other income. Attach schedule See Stmt	●	7	820	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	820	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule See Stmt	●	9	265,357	00
	10	Disbursements to or for members	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule See Stmt	●	11	0	00
	12	Other salaries and wages	●	12	166,592	00
	13	Interest	●	13	26,426	00
	14	Taxes	●	14	12,670	00
	15	Rents	●	15		00
	16	Depreciation and depletion (See instructions)	●	16	17,090	00
	17	Other expenses and disbursements. Attach schedule See Stmt	●	17	144,823	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	632,958	00

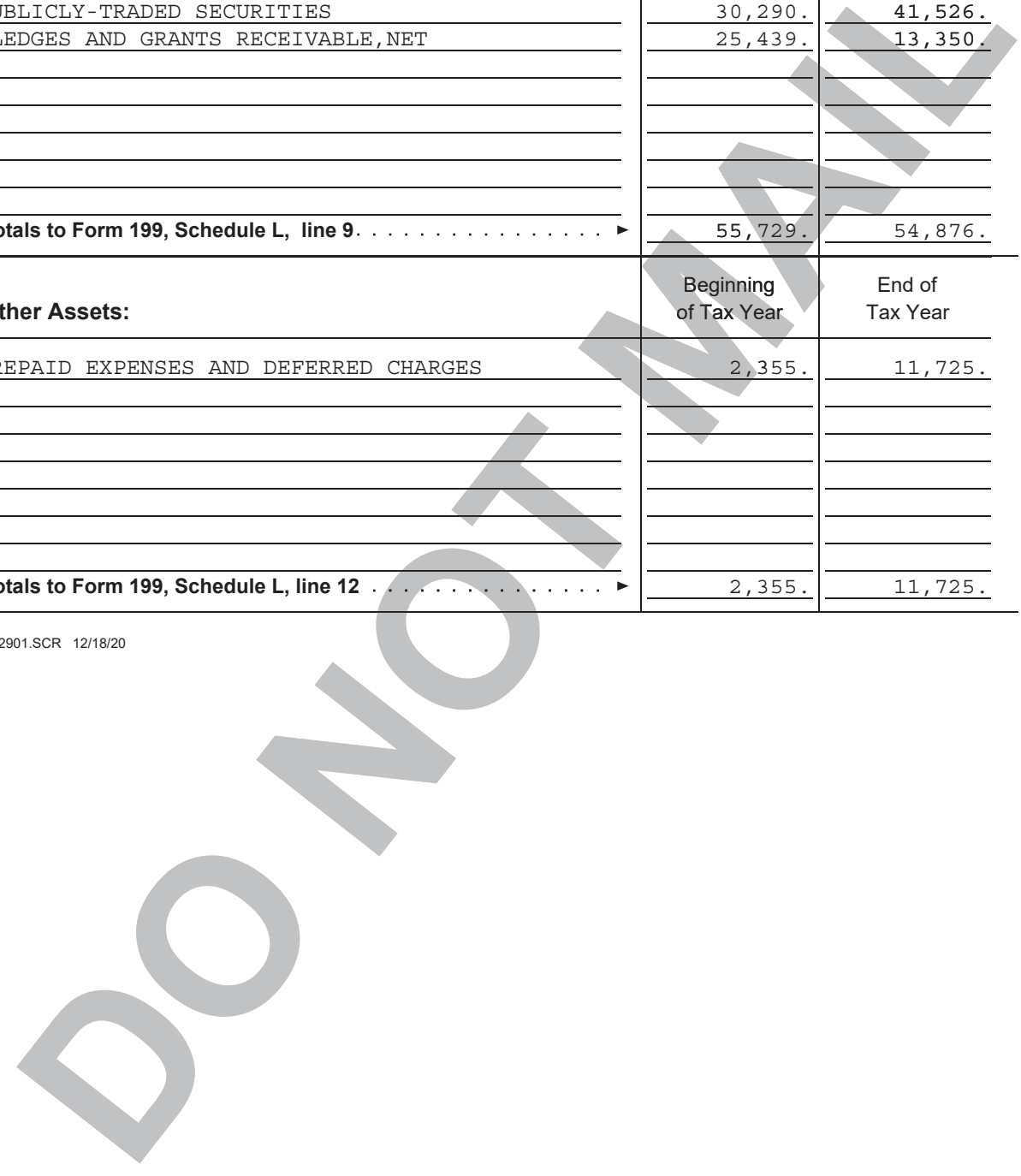
Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		703,286	●	1,573,185
2	Net accounts receivable			●	
3	Net notes receivable			●	
4	Inventories		80,265	●	150,107
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule. SEE STMT		55,729	●	54,876
10	a Depreciable assets			1,000,549	
	b Less accumulated depreciation		989,494	118,964	881,585
11	Land			●	171,146
12	Other assets. Attach schedule SEE STMT		2,355	●	11,725
13	Total assets		1,831,129		2,842,624
Liabilities and net worth					
14	Accounts payable		12,741	●	31,694
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule SEE STMT		528,097		514,233
19	Capital stock or principal fund SEE STMT			●	
20	Paid-in or capital surplus. Attach reconciliation		1,290,291	●	2,296,697
21	Retained earnings or income fund			●	
22	Total liabilities and net worth		1,831,129		2,842,624

Schedule M-1 Reconciliation of income per books with income per return							
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000							
1	Net income per books	●	998,626	7	Income recorded on books this year not included in this return. Attach schedule	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6		998,626
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5		998,626				

Name as Shown on Return
MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.

California Corporation No.
0935324

	Beginning of Tax Year	End of Tax Year
Other Investments:		
PUBLICLY-TRADED SECURITIES	30,290.	41,526.
PLEDGES AND GRANTS RECEIVABLE, NET	25,439.	13,350.
Totals to Form 199, Schedule L, line 9. ▶	55,729.	54,876.
Other Assets:		
PREPAID EXPENSES AND DEFERRED CHARGES	2,355.	11,725.
Totals to Form 199, Schedule L, line 12 ▶	2,355.	11,725.



Name as Shown on Return
MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.

California Corporation No.
0935324

Other Liabilities:	Beginning of Tax Year	End of Tax Year
SECURED MORTGAGES AND NOTES PAYABLE TO UNRELATED THIRD PARTIES	526,347.	512,483.
RENT DEPOSITS HELD	1,750.	1,750.
Totals to Form 199, Schedule L, line 18 ▶	528,097.	514,233.

Paid-in or Capital Surplus:	Beginning of tax year	End of tax year
UNRESTRICTED NET ASSETS	674,046.	1,680,452.
RESTRICTED NET ASSETS	616,245.	616,245.
Totals to Form 199, Schedule L, line 20 ▶	1,290,291.	2,296,697.

TAXABLE YEAR	California e-file Return Authorization for Exempt Organizations	FORM
2020		8453-E0

Exempt Organization name MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.	Identifying number 95-3413415
---	----------------------------------

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	1,678,475.
2 Total gross income (Form 199, line 8)	2	1,678,475.
3 Total expenses and disbursements (Form 199, line 9)	3	632,958.

Part II Settle Your Account Electronically for Taxable Year 2020

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____

6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here

	Date	PRESIDENT
Signature of officer		Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-E0 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-E0 accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-E0 before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-E0 on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Firm's name (or yours if self-employed) and address	QIU ACCOUNTANCY CORPORATION		Firm's FEIN	95-4629680
	139 SOUTH HUDSON AVENUE SUITE 300, PASADENA, CA		ZIP code	91101

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address	QIU ACCOUNTANCY CORPORATION		Firm's FEIN
	139 SOUTH HUDSON AVENUE SUITE 300 PASADENA, CA		95-4629680
			ZIP code
			91101

Tax Year 2020

Keep for your records

Name as Shown on Return
 MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.
 Identifying Number
 95-3413415

Activity: CA 199 - MAIN ACTIVITY

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
COMPUTERS & PERIPHERALS		06/30/20	1,095		100.00			1,095.00	200DB/HY			292
COMPUTER SOFTWARE		10/07/20	1,555		100.00			1,555.00	SL			216
SUBTOTAL CURRENT YEAR			2,650	0		0		2,650			0	508
FOOD DISTRIBUTION HOUSE		03/01/91	46,300		100.00			46,300.00	SL/MM			1,187
REFRIGERATOR #1		10/04/00	3,916		100.00			3,916.00	200DB/HY			0
REFRIGERATOR #2		07/16/01	1,799		100.00			1,799.00	200DB/HY			0
FORD TRUCK	A	01/15/03	33,000		100.00			33,000.00	200DB/HY			0
FREEZER		04/30/04	290		100.00			290.00	200DB/HY			0
REFRIGERATOR #3		02/02/07	1,261		100.00			1,261.00	200DB/HY			0
REFRIGERATOR #4		07/01/09	1,100		100.00			1,100.00	200DB/HY			0
COMPUTER #1		09/29/09	516		100.00			516.00	200DB/HY			0
SOFTWARE LICENSE		10/02/10	5,295		100.00			5,295.00	SL			0
COMPUTER #2		04/24/13	697		100.00			697.00	200DB/HY			0
DELL COMPUTER		12/29/14	487		100.00			487.00	200DB/HY			0
95 OAK LAND		08/09/16	171,146		100.00			171,146.00	50DB/HY			11,749
TRUCK SCALE		02/01/18	2,081		100.00			2,081.00	200DB/HY			296
2017 TOYOTA SIENNA VAN		11/16/18	17,000		100.00			17,000.00	200DB/HY			3,350
SUBTOTAL PRIOR YEAR			284,888	0		0		284,888			0	16,582
TOTALS			287,538	0		0		287,538			0	17,090

* Code: S = SOLD, A = AUTO, L = LISTED, V = VINE WITH SDA IN YEAR PLANTED/GRAFTED, C = COGS
 fdv3601.SCR 12/16/20

Name as Shown on Return

MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC.

Identifying Number

95-3413415

Activity: CA 199 - Main Activity

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depr Allowance	Depr Basis	Life	Method/Convention	Prior Depr	Current Depr	Adj/ Pref
DEPRECIATION													
Computers & Peripherals		06/30/20	1,095		100.00			1,095.00	150DB/HY			219	146.
Computer Software		10/07/20	1,555		100.00			1,555.00	SL			216	0.
SUBTOTAL CURRENT YEAR			2,650	0		0		2,650			0	435	146.
FOOD DISTRIBUTION HOUSE		03/01/91	46,300		100.00			46,300.00	SL/MM			1,187	0.
REFRIGERATOR #1		10/04/00	3,916		100.00			3,916.00	150DB/HY			0	0.
REFRIGERATOR #2		07/16/01	1,799		100.00			1,799.00	150DB/HY			0	0.
Ford Truck	A	01/15/03	33,000		100.00			33,000.00	150DB/HY			0	0.
FREEZER		04/30/04	290		100.00			290.00	150DB/HY			0	0.
REFRIGERATOR #3		02/02/07	1,261		100.00			1,261.00	150DB/HY			0	0.
REFRIGERATOR #4		07/01/09	1,100		100.00			1,100.00	150DB/HY			0	0.
COMPUTER #1		09/29/09	516		100.00			516.00	150DB/HY			0	0.
SOFTWARE LICENSE		10/02/10	5,295		100.00			5,295.00	SL			0	0.
COMPUTER #2		04/24/13	697		100.00			697.00	150DB/HY			0	0.
DELL COMPUTER		12/29/14	487		100.00			487.00	150DB/HY			0	0.
95 OAK LAND		08/09/16	171,146		100.00			171,146.00	150DB/HY			11,749	0.
TRUCK SCALE		02/01/18	2,081		100.00			2,081.00	150DB/HY			270	52.
2017 TOYOTA SIENNA VAN		11/16/18	17,000		100.00			17,000.00	150DB/HY			3,302	96.
SUBTOTAL PRIOR YEAR			284,888	0		0		284,888			0	16,508	148.
TOTALS			287,538	0		0		287,538			0	16,943	294.

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS, P = Passive

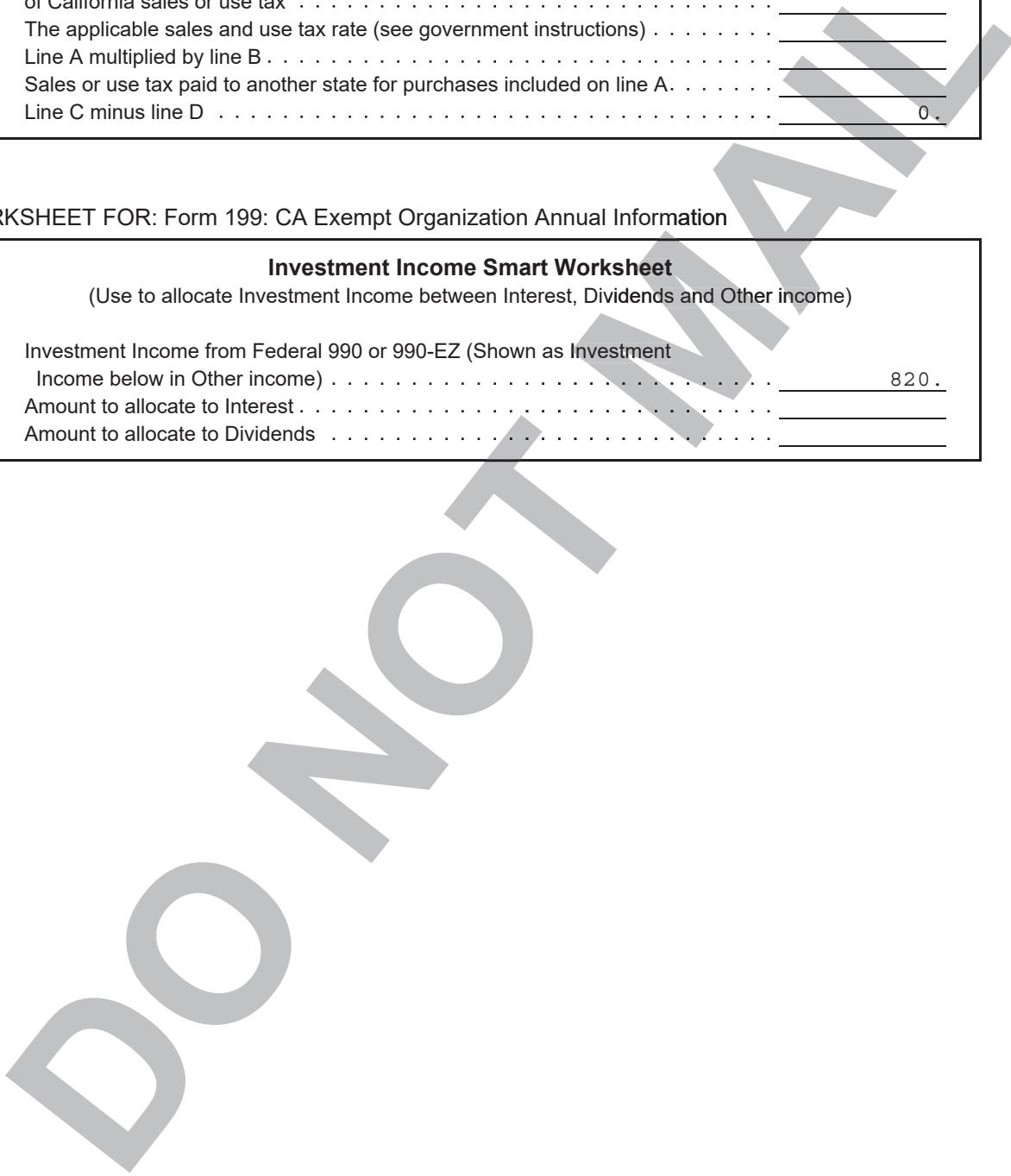
Smart Worksheets from your 2020 California Exempt Organization Business

SMART WORKSHEET FOR: Form 199: CA Exempt Organization Annual Information

Use Tax Smart Worksheet	
A	Purchases from out-of-state or Internet sellers made without payment of California sales or use tax _____
B	The applicable sales and use tax rate (see government instructions) _____
C	Line A multiplied by line B _____
D	Sales or use tax paid to another state for purchases included on line A. _____
E	Line C minus line D _____ 0.

SMART WORKSHEET FOR: Form 199: CA Exempt Organization Annual Information

Investment Income Smart Worksheet	
(Use to allocate Investment Income between Interest, Dividends and Other income)	
A	Investment Income from Federal 990 or 990-EZ (Shown as Investment Income below in Other income) 820.
B	Amount to allocate to Interest _____
C	Amount to allocate to Dividends _____



Additional information from your 2020 California Exempt Organization Business

Form 199: CA Exempt Organization Annual Information

Part II, Line 7 - Other Income

Continuation Statement

Description	Amount
INCOME FROM INVESTMENT OF TAX EXEMPT BOND PROCEEDS	0
INCOME FROM FUNDRAISING EVENTS	
INCOME FROM GAMING ACTIVITIES	
INVESTMENT INCOME	820
Total	820

Form 199: CA Exempt Organization Annual Information

Part II, Line 9 - Contributions

Continuation Statement

Description	Amount
GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGS. AND GOVERNMENTS	25,593
GRANTS AND OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS	239,764
Total	265,357

Form 199: CA Exempt Organization Annual Information

Part II, Line 11 - Compensation

Continuation Statement

Description	Amount
DARIN ARRASMITH	0
RUSSELL SMITH	0
VERONICA ELLIAS	0
AARON PODELL	0
KAREN INGRAM	0
JANE ROSNER	0
LARRY LAFFER	0
CAMERON PARTON	0
JENNIFER SCHWABAUER	0
KAREN DYER	0
BILL MATLOCK	0
Total	0

Form 199: CA Exempt Organization Annual Information

Part II, Line 17 - Expenses

Continuation Statement

Description	Amount
OTHER EMPLOYEE BENEFITS	20,919
ACCOUNTING	24,950
OTHER	42,249
ADVERTISING AND PROMOTION	4,811
OFFICE EXPENSES	3,759
INFORMATION TECHNOLOGY	3,973

Form 199: CA Exempt Organization Annual Information
Part II, Line 17 - Expenses

Continuation Statement

Description	Amount
TRAVEL	21,591
CONFERENCES AND MEETINGS	102
INSURANCE	9,031
DUES AND MEMBERSHIPS	1,471
MEALS	662
MERCHANT FEES	8,761
PROFESSIONAL FUNDRAISING SERVICES	2,544
Total	144,823

Form 199: CA Exempt Organization Annual Information
Sch L, Line 14d

Itemization Statement

Description	Amount
ACCOUNTS PAYABLE	20,988
ACCRUED PAYABLE	3,341
ACCRUED VACATION PAYABLE	7,365
Total	31,694