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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning July 1, 2008, and ending June 30, 20 09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Meals on Wheels Council, Inc Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P. O. Box 3593 City or town, state or country, and ZIP + 4 Wilmington, NC 28406-05293	D Employer identification number 58 1973171 E Telephone number (910) 452-3896 F Group Exemption Number ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

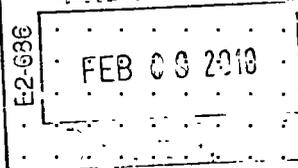
	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	42,893
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	114
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	2,407
	6b Less: direct expenses other than fundraising expenses	6b	
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	2,407	
7a Gross sales of inventory, less returns and allowances	7a		
7b Less: cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ Dept Aging, Use of storage unit & Telephone expense reimburse)	8	983	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	46,397	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	16,151
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	92
	16 Other expenses (describe ▶ _____)	16	16,172
	17 Total expenses. Add lines 10 through 16	17	32,415
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,982
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments	28,887	22	42,869	
23 Land and buildings		23		
24 Other assets (describe ▶ _____)	0	24	0	
25 Total assets	28,887	25	42,869	
26 Total liabilities (describe ▶ _____)	0	26	0	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,887	27	42,869	

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? Provide home delivered meals to elderly and/or incapacitated persons with no access to prepared food on Sat., Sun., and holidays. During this fiscal year, we delivered 16,000 (purchased 2,520) to approx. 170 clients each weekend day and three holidays. Churches, civic organizations, and approx. 400 volunteers were used to provide this vital service.	
28 persons with no access to prepared food on Sat., Sun., and holidays. During this fiscal year, we delivered 16,000 (purchased 2,520) to approx. 170 clients each weekend day and three holidays. Churches, civic organizations, and approx. 400 volunteers were used to provide this vital service. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a (see attached)
29 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) _____	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Chris Nesselroade 4916 Nicholas Creek, Wilmington, NC 28409	Chairperson	0	0	0
Robin Arnaud PO Box 505, Wrightsville, NC	Vice Chairperson	0	0	0
Rosemarie L. Caputo 3202 Monticello Court, Wilmington, NC	Treasurer	0	0	0
Michael Coleman 517 Baytree Road	Board Member	0	0	0
Cynthia Hall 502 Hitch Court, Wilmington, NC 28411	Board Member	0	0	0
John Matlock 2221 Jumpin Run Drive, Wilmington, NC 28403	Board Member	0	0	0
Marianna Stacy 2215 Chestnut Street, Wilmington, NC 28405	Board Member	0	0	0
Kathy Stierwalt 117 Delham Court, Wilmington, NC 28412	Board Member	0	0	0
Robert Webb 233 Racine Drive, L-72, Wilmington, NC 28403	Board Member	0	0	0
Faye B. Jacobs 129 Hargrove Drive, Wilmington, NC 28411	Advisor 8	5,951	0	
Sue-Ann Rush 106 Stonebridge Lane, Leland, NC 28451	Coordinator 16	9,600	0	
Mimi Palmer 4375 Cascade Road SW, APT O-198 Atlanta, GA 30331	Coordinator 16	600	0	

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶ <u>North Carolina</u>		
42a	The books are in care of ▶ <u>Rosemarie L. Caputo</u> Telephone no. ▶ <u>(910) 452-3896</u> Located at ▶ <u>3202 Monticello Court, North Carolina</u> ZIP + 4 ▶ <u>28405</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <input checked="" type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,070	77,940	20,248	10,489	42,893	177,640
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 1-3	26,070	77,940	20,248	10,489	42,893	177,640
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)						3,751
6 Public support. Subtract line 5 from line 4.						173,889

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	26,070	77,940	20,248	10,489	42,893	177,640
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	115	179	315	194	114	917
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 IV.)	7,264	9,075	11,453	7,907	3,390	39,089
11 Total support. Add lines 7 through 10						217,646
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	80 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99 %
16a 33 1/3 % support test—2008. 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—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV 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—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV 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"/>		

**MEALS ON WHEELS COUNCIL, INC.
INCOME/EXPENSE STATEMENT**

For Fiscal Year July 1, 2008 - June 30, 2009

REVENUE

Government Grants	\$2,575.00
Direct General Public	\$ 40,318.00
Special Events	\$ 2,407.00
Interest	\$ 114.00
Storage Unit (DEPT on Aging)	\$ 663.00
Telephone Reimbursement	\$ 320.00
Total Revenue	\$46,397.00

EXPENSES

Janitorial Services	\$ 60.00
Storage Unit	\$ 1,674.00
Postage & PO Box	\$ 92.00
Supplies	\$ 6,235.00
Telephone	\$ 933.00
Bank Fee	\$ 32.00
Salaries & Commissions	\$ 16,151.00
Purchased Meals	\$ 6,752.00
Journal Entry Correction	\$ 386.00
Misc Expense	\$ 100.00
Total Expenses	\$ 32,415.00
NET EXCESS or (DEFICIT)	\$13,982.00

11-Jan-10