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CHOIL B O AVM BLYG XEGINAL

Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

Open to Public Inspection

~		1	dar year, or tax year beginning , and ending		
В		f applicable	C Name of organization) Employer lo	lentification number
닏	Address	s change	MEALS ON WHEELS 2/19/96		
닏	Name c	hange	Number and street (or P O box, if mail is not delivered to street address) Room/suite	76	6-6116808 <u> </u>
\Box	Initial re	eturn	1 W 4th St 4th Floor MAC D4000-041	Telephone n	umber
	Termina	ated	City or town State ZIP code		
	Amende	ed return	Winston Salem NC 27101-3818	88	8-730-4933
	Applicat	tion pending		Group Exe	mption
				Number ▶	
$\overline{}$	A		X Cash Accrual Other (specify) ► H C		
		nting Method te: ► N/A			if the organization is
				•	o attach Schedule B 0-EZ, or 990-PF)
<u>J</u>	Tax-exe	mpt status (che	eck only one) — X 501(c)(3)		
K	Form o	of organizati	on [.] Corporation X Trust Association Other		
L	Add lın	ies 5b, 6c, a	ind 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	or if total as:	sets
) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$	40,905
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instr	ructions fo	r Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I .		<u>X</u>
\Box	1	Contributio	ns, gifts, grants, and similar amounts received	1 1	
	2		ervice revenue including government fees and contracts	2	
	3	_	ip dues and assessments	3	
	4	Investment		4	1,533
	5a			372	,,,,,,,
	b		or other basis and sales expenses	992	
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	4,380
	6		id fundraising events	248836	1,000
	_	-	me from gaming (attach Schedule G if greater than		
임	_	\$15,000) .		26.1	
Revenue	b		me from fundraising events (not including \$ of contributions		
é	-		alsing events reported on line 1) (attach Schedule G if the	33.7	
~			th gross income and contributions exceeds \$15,000) . 6b	200	
1	С		et expenses from gaming and fundraising events		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
	_	line 6c)	o (1000) from gaming and fundationing events (and mice od and obstract	6d	0
	7a		s of inventory, less returns and allowances CEIVED 7a	20.5	
	b		of goods sold		
		Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7e)	. 7c	0
	8	Other reve	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	5,913
	10		Lamila and the raid that is Cabad 1800 6 F. 1 1 15	. 10	7,022
	11		ad to or for members .	. 11	
တ္ဆ			ther compensation, and employee benefits	12	
Expenses	13		al fees and other payments to independent contractors	. 13	600
ē	14		y, rent, utilities, and maintenance	14	
ĒX	15		ublications, postage, and shipping	. 15	
	16		enses (describe in Schedule O)	. 16	1,541
	17	•	enses. Add lines 10 through 16 .	▶ 17	9,163
S	18		(deficit) for the year (Subtract line 17 from line 9)	18	-3,250
šet	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		
188			ir figure reported on prior year's return)		82,165
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)	20	73
ž	21		or fund balances at end of year Combine lines 18 through 20	▶ 21	78,988
Fo	Paper		tion Act Notice, see the separate instructions.		Form 990-EZ (2013)

	990-EZ (2013) MEALS ON WHEELS 2/19/90				<u> 76-611</u>	6808	Page 2
Par	Balance Sheets. (see the instructions for			•			
	Check if the organization used Schedule O to r	espond to any question in	this Part II				
			T	(A) Beginning	of year		(B) End of year
22	Cash, savings, and investments				32,165	22 1	78,988
23	Land and buildings		· · · -	'	JZ, 10J	23	70,300
24	Other assets (describe in Schedule O)		· · · - -			_	
					20.405	24	70.000
25					32 <u>,165</u>		78,988
26	Total liabilities (describe in Schedule O)					26	
27				(32,165	27	78,988
Pa	Irt III Statement of Program Service Accomplis						Expenses
	Check if the organization used Schedule O	to respond to any question	n in this Part III		Ш		uired for section
Wha	at is the organization's primary exempt purpose?	SUPPORTING ORANIZAT	TION				c)(3) and 501(c)(4) nizations and section
	cribe the organization's program service accomplish			convicos			7(a)(1) trusts, optional
as n	neasured by expenses. In a clear and concise mann	er describe the convices	provided the num	services,			thers)
DOT	sons benefited, and other relevant information for each	ci, describe the services p	provided, the hun	iber or			
28	PROVIDE CONTRIBUTIONS TO THE EDGEWATE	ED DETIDEMENT COMM	LINITY MEALS C	NIMUEELO		-	1
20	DROCDAM						
	PROGRAM						
	(Grants \$ 7,022) If this amount	includes foreign grants, o	check here	. ▶		28a	
29	***************************************						
							i
	•••••				-		ľ
	(Grants \$) If this amount	includes foreign grants of	heck here	•		29a	
30						230	
50	•						
						1	
					- 7		
	(Grants \$) If this amount	includes foreign grants, o	check here	<u> </u>		30a	
31	Other program services (describe in Schedule O).				_		1
	(Grants \$) If this amount	includes foreign grants, c	check here	. ▶		31a	
32	Total program service expenses. (add lines 28a t	hrough 31a)				32	0
	Irt IV List of Officers, Directors, Trustees, and I		one even if not cor	mneneated – e	ee the i		
	Check if the organization used Schedule O to			iiperisateu – s	ee uie i	ii isa uc	
	Check if the organization used Schedule O	respond to any question				· · · ,	<u>· · · · </u>
		(b) Average	(c) Reportable compensation		alth benefi butions to		(e) Estimated amount of
	(a) Name and title	hours per week	(Forms W-2/1099-MI		benefit pla		other compensation
		devoted to position	(if not paid, enter				•
WE	LLS FARGO BANK NA						
	JSTEE	Hr/WK 4 00	1 1	196			
		1117411	<u> </u>	+55			
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Pari			,,,,,	, age e
	instructions for Part V) Check if the organization used Schedule O to respond to any question in t	his Pa		L_
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
34	detailed description of each activity in Schedule O	33	 	X
J.	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		_X_
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			.,
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		X
30	during the year? If "Yes," complete applicable parts of Schedule N	36		Χ_
37 a	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?	37b		Χ_
38 a	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 outstanding at the end of the tax year covered by this return? .	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	13	1	*
39	Section 501(c)(7) organizations. Enter			
a b	Initiation fees and capital contributions included on line 9	18		***
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶; section 4912 ▶, section 4955 ▶	· 🕉 .	4.35	. 4
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	**	, <u>(</u>	: (4
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	2.5	X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,		7.	8,0
	4955, and 4958	5000		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	į	*	j . &
	reimbursed by the organization	144		52
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	1	. 4000	* (*)
	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed.			
42 a		(336) 7		69
		01-381		<u></u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	<u> </u>	Yes	
	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: ▶	42b	تنصحا	_X_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		100	鱼
	and Financial Accounts.			ļ
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Х
	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		,	
	Bilds of the second of the sec		Yes	No
44 a	, in the second			V
b	completed instead of Form 990-EZ	44a		_X_
	completed instead of Form 990-EZ.	44b		Χ_
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	(&g-		
	Form 990-EZ (see instructions)	45b		Х
			90-E2	Z (2013)

Form 9	90-EZ (201	3) MEALS ON WHEELS 2/	19/96				76-61168	808	Page 4
								Yes	No
46	Did the	organization engage, directly or indirec	ctly, in political campaign a	ctivities on behalf of	or in opp	osition			
	to candi	dates for public office? If "Yes," comple	ete Schedule C, Part I .	<u> </u>	-		. 46	L	X
Part		ection 501(c)(3) organizations or	nly						
	Α	I section 501(c)(3) organizations m	nust answer questions 4	7–49b and 52, and	comple	te the tables	for line	S	
		and 51.							_
		heck if the organization used Sche	dule O to respond to an	y question in this P	art VI .				
								Yes	No
47	Did the	organization engage in lobbying activiti	ies or have a section 501(l	h) election in effect di	uring the	tax			
	year? If	"Yes," complete Schedule C, Part II .					47		Х
48	Is the or	ganization a school as described in se	ction 170(b)(1)(A)(ii)? If "Y	es," complete Sched	ule E		. 48		Х
49 a	Did the	organization make any transfers to an	exempt non-charitable rela	ated organization?			49a		Х
b	If "Yes,"	was the related organization a section	527 organization?				. 49b		
50	Complet	e this table for the organization's five h	nighest compensated emp	loyees (other than off	icers, dır	ectors, truste	es and ke	θγ	
		es) who each received more than \$10						•	
			(b) Average	(c) Reportable	(d) H	ealth benefits,			
	(a)	Name and title of each employee	hours per week	compensation		ions to employee ans, and deferred	(e) Estima		
			devoted to position	(Forms W-2/1099-MISC)		mpensation	other c	ompens	ation
Name	None								
Title			hrwk .00						
Name					1				
Title			1 Hr/WK .00						
Name									
Title			Hrwk .00						
Name									
Title			Hr/WK .00						
Name			1						
Title		·	Hr/WK .00		l				
f	Total nu	mber of other employees paid over \$1	00,000						
51		e this table for the organization's five h			vho each	received mo	re than		
	\$100,00	0 of compensation from the organizati	ion If there is none, enter	"None."					
		(a) Name and business address of each indepen-	dent contractor	(b) Type of serv	ice	(c) Compensa	ation	
		· · · · · · · · · · · · · · · · · · ·		(1, 7,		-			
	None	Str				}			
City		ST	ZIP			1	.		
_ Name		Str	710						
Crty		ST Str	ZIP			+			
City		Str	ZIP						
Name		Str	6 11			1			
Cıty		ST	ZIP						
Name		Str							
City	<u>,</u>	ST	ZIP	. <u> </u>			-		
d		mber of other independent contractors	_		`				
52 		organization complete Schedule A? No npt charitable trusts must attach a com		rganizations and 494	7(a)(1) ·	1	► X Y	es 🗀] No
		perjury, I declare that I have examined this return omplete. Declaration of preparer (other than office				my knowledge an	d belief, it is	i	
		Cola 1 Slata SVP Wells Fargo Bank N A				4.	/27/2014		
Sign		Signature of officer				Date			
Here		JOHN SULENTIC				SVP Wells Fa	rgo Bank	NΑ	
		Type or print name and title							
Paid	1	Print/Type preparer's name	Preparer's signature	Date)	Check	PTIN		
	arer	Joseph J. Castriano	selle-	4/	27/2014		" P0125	1603	
•		Firm's name PricewaterhouseCooper	rs, LLP			Firm's EIN ► 13			
	Only	Firm's address ► 600 Grant St, Pittsburgh		.		Phone no 412-3			
May t	he IRS d	iscuss this return with the preparer sho	own above? See instructio	ns		<u></u>	► X Ye		No
							Form 9	90-E	Z (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

MEA	LS C	N WHEELS 2	2/19/96						Linploye	76-61	16808		
Pai				arity Status (All org	anizatior	ns must o	complete	this par	t.) See in				
The	orgar			ation because it is: (Fo									
1	Ш	A church, cor	nvention of chur	ches, or association o	f churche	s describe	ed in sec	tion 170(b)(1)(A)(i).			
2		A school des	cribed in section	n 170(b)(1)(A)(ii). (At	tach Sche	edule E)							
3		A hospital or	a cooperative h	ospital service organiz	zation des	scribed in	section	170(b)(1)	(A)(iii).				
4			search organiza me, city, and sta	tion operated in conju	nction wit	h a hospi	tai descrit	oed in se	ction 170	(b)(1)(A)	(iii). En	ter the	
5		An organizat	on operated for	the benefit of a colleg (Complete Part II)	e or unive	ersity own	ed or ope	erated by	a governn	nental un	it descr	bed	
6				ernment or governmer	ntal unit de	escribed i	n sectio i	n 170(b)(1	I)(A)(v).				
7		An organizat	ion that normally	y receives a substantia (1)(A)(vi). (Complete I	al part of ı					r from the	genera	ıl publı	С
8		A community	trust described	ın section 170(b)(1)((A)(vi). (C	-	-						
9		receipts from support from	activities relate gross investme	y receives. (1) more the doing to its exempt function in income and unrelated after June 30, 1975.	ons—subj ed busine	ect to cerl ess taxabl	tain excep e income	otions, and (less sect	d (2) no m tion 511 ta	ore than	33 1/39	% of its	
10		An organizat	ion organized a	nd operated exclusive	ly to test f	or public	safety Se	e sectio	n 509(a)(4).			
11	X	purposes of	one or more pub heck the <u>box</u> tha	nd operated exclusive blicly supported organi at describes the type o	zations d	escribed i ng organi	n section zation an	509(a)(1) d complet	or section	n 509(a)(: e through	2). See n 11h.	secti	
е	X			y that the organization		_	_				-		-
C				on managers and othe									n .
		-	section 509(a)(2	-	i alan on	3 01 III010	publicity c	арропоа	organiza.				
f		If the organiz		a written determination	from the	IRS that	ıt ıs a Typ	e I, Type	II, or Type	e III suppe	orting		
g		_	t 17, 2006, has	the organization acce	pted any (gift or con	tribution f	rom any c	of the				
				or indirectly controls, e	either alor	ne or toge	ther with	persons c	lescribed	ın (II)		Yes	No
				erning body of the su							11g(i)		Х
		• •	-	person described in (i)							11g(ii)		Х
				y of a person describe							11g(iii)		Х
<u>h</u> (i) Name	Provide the f e of supported panization	following informa (ii) EIN	(iii) Type of organization (described on lines 1–9	(iv) Is the d	iization(s) organization sted in your	(v) Did y	ou notify		is the	(vii) Am	ount of mo	onetary
	***5	,		above or IRC section (see instructions))		document?	col (i)	of your port?	(i) organi	zed in the S ?		••	
					Yes	No	Yes	No	Yes	No	ļ		
(A) <u>ME</u> A	LS C	ON WHEELS	99-9999999	7	x		x		х				7,022
(B)				· · · - •									
(C)													
(D)													
(E)		-											_·
							87. TX (8)	8461E					-

Par	Support Schedule for Organizat	ions Describ	ed in Sectio	ns 170(b)(1)(A)(iv) and 17	'0(b)(1)(A)(vi))
	(Complete only if you checked the						under
	Part III If the organization fails to	qualify under t	he tests liste	d below, plea	se complete I	Part III)	
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")						0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
_	its behalf			·			0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4 5	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each person (other than a governmental unit			·			
	or publicly supported organization)	;		250			
	included on line 1 that exceeds 2%		100		16,36	1	
	of the amount shown on line 11,		* **		·	C. 849.7 1	
	column (f)	A					
6	Public support. Subtract line 5 from line 4						0
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,		_	_	_		
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						0
11	(Explain in Part IV.) . Total support. Add lines 7 through 10	\$5	***	79/	780	* :	0
12	Gross receipts from related activities, etc. (s	ee instructions)		L		12	
13	First five years. If the Form 990 is for the or			d fourth or fift	h tax vear as a		(3)
	organization, check this box and stop here						,(e) ▶□
Sect	ion C. Computation of Public Support	Percentage			· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2013 (line 6, c		ed by line 11 o	column (f))		14	0.00%
15	Public support percentage from 2012 Sched	• •	-			15	0.00%
16a	33 1/3% support test—2013. If the organize					% or more, che	
	and stop here. The organization qualifies as						
b	33 1/3% support test—2012. If the organization					3 1/3% or more	
	box and stop here. The organization qualific	es as a publicly	supported org	anızatıon			▶∐
17a	10%-facts-and-circumstances test—2013	. If the organiza	ation did not ch	eck a box on li	ne 13, 16a, or	16b, and line 1	4
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fact						
	organization						▶□
b	10%-facts-and-circumstances test—2012	. If the organiza	ation did not ch	ieck a box on li	ne 13, 16a, 16	b, or 17a, and l	ine
	15 is 10% or more, and if the organization m						Explain in
	Part IV how the organization meets the "fact			-	•	•	
	supported organization					•	▶∐
18	Private foundation. If the organization did it						_
	instructions	-			•		▶∐

	tule A (Form 990 or 990-EZ) 2013 MEALS ON WH				·	76-6116808	Page 3
Par	t III Support Schedule for Organizat						
	(Complete only if you checked the	box on line 9	of Part I or if	the organizat	ion failed to q	ualify under P	art II.
	If the organization fails to qualify u	nder the tests	listed below,	please comp	<u>lete Part II.)</u>	 	
	tion A. Public Support			·			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						_
3	organization's tax-exempt purpose Gross receipts from activities that are not an						0
•	unrelated trade or business under section 513					Ì	0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge			_			. 0
6 7-	Total. Add lines 1 through 5	0	0	0	0	. 0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						0
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				l		
	amount on line 13 for the year						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						_
Sec	tion B. Total Support	<u> </u>	<u> </u>		<u> </u>		0
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
12	or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization	ation's first, secon	d, third, fourth, d	or fifth tax year a	s a section 501(c	:)(3)	
	organization, check this box and stop here		-				▶∟
	tion C. Computation of Public Support						
15	Public support percentage for 2013 (line 8, column		e 13, column (f))]	15	0 00%
16	Public support percentage from 2012 Schedule A,					16	0 00%
<u>Sec</u>	tion D. Computation of Investment Inco Investment income percentage for 2013 (line 10c,				· 1	47	0 00%
	Investment income percentage from 2012 Schedul		-	(1 <i>))</i>	ŀ	17	0 00%
18							

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2012. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form	990 or 990-EZ) 2013	MEALS ON WHEELS 2/19/96	76-6116808	Page 4
Part IV	Supplemental	Information. Provide the explanations required by Part II,	line 10; Part II, line 17a or 17	7b,
	and Part III, line	e 12. Also complete this part for any additional information	(See instructions)	
		•••••••••••••••••••••••••••••••••••••••		
	••••••			
		•		

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 Open to Public Inspection Employer Identification number

76-6116808
<u> </u>
91

Schedule O (Form 990 or 990-EZ) (2013)		Page 2
Name of the organization MEALS ON WHEELS 2/19/96	Employer identification numb	рег
MEALS ON WHEELS 2/19/90	76-6116808	
	•••••	
•••••••••••••••••••••••••••••••••••••••		• • • • • • • • • • • • • • • • • • • •
		
		··

Part I, Line 5 (990-EZ) - Gain/Loss From Sale Of Assets Other Than Inventory		I
- Gain/Loss F	Inventory	
- Gain/Loss F	ner Than	
- Gain/Loss F	ssets Oth	
- Gain/Loss F	Sale Of A	
- 1	oss From	
Part I, Line 5 (990-EZ	.) - Gain/L	
Part I, Line	5 (990-EZ	
_	Part I, Line	

					Description of	Basis Method												A CONTRACTOR OF THE CONTRACTOR													**************************************																	
		اماد	ा ०			Depreciation																													-													
other	expenses	ര	0	Expense of sale and	cost of improve-	ments																						-						 	1													
Cost other	basis and expenses			ner basis	field only) Donated	value																												1	•													
88		39,372	00	Cost or other basis	(Enter one field only) Donate	Cost	304	096,1	278	1.526	1,617	628	108	1,981	272	23 88	328	222	47	1,144	645	1,104	200	3.10	240	170	181	121	242	167	357	325	405	42	226	2 208	1,495	356	273	1,152	143	1,021	इ	191	145	1,060	1,004	21.4.1
south	sales				Gross sales	price	457	305	320	2.156	1,838	476	138	2,701	5/4	211	400	215	2	1,165	663	1,042	491	310	918	214	242	159	336	174	077	233	400	42	361	2 2 75	1,513	372	381	1,247	203	934	8	203	175	1,333	1,021	5
		Securities	-Public Securities Total Other sales		Date	plos	10/9/2013	2777013	4/30/2013	7/10/2013	2/7/2013	10/9/2013	2/7/2013	7/10/2013	2/1/2013	4/30/2013	10/9/2013	7/10/2013	7/10/2013	2/7/2013	2/7/2013	10/10/2013	10/10/2013	10/10/2013	2000/00	2772013	4/30/2013	7/10/2013	10/9/2013	4/30/2013	10/0/2013	10/9/2013	10/10/2013	10/10/2013	7/10/2013	7/10/2013	7/10/2013	4/30/2013	7/10/2013	7/10/2013	7/10/2013	2/7/2013	4/30/2013	4/30/2013	4/30/2013	7/10/2013	7/10/2013	21077017
		Total Public Securities	Total Non-Public Securities Total Other sales		Acquisition	method																						•							;								1					
		ı	Total		Date	acquired	3/18/2010	3/18/2010	7/31/2012	3/18/2010	11/19/2012	11/9/2010	7/22/2010	7/22/2010	3/18/2010	3/18/2010	3/18/2010	2/11/2013	4/22/2009	8/2/2011	11/9/2010	11/9/2010	2/4/2011	2/10/2012	10/2/2013	3/18/2010	3/18/2010	3/18/2010	3/18/2010	2/11/2013	4/10/2012	11/9/2010	8/2/2012	10/24/2011	8/10/2011	8/2/2012	2/11/2013	2/11/2013	8/10/2011	2/11/2013	3/18/2010	3/18/2010	3/18/2010	2/11/2013	2/14/2012	2/14/2012	2/11/2013	
						Purchaser																									• •••••••••••••••••••••••••••••••••••••	the state of the s																
				Check rf	purchaser ts a	pusiness																													•								1 1					•
				Check if gain/loss is	from sale of non public	securities																	-												•								-					
				Check if gain/loss is	from sale of public	securities	×,	× >	< ×	×	×	×	×	×;	×,	×	×	×	×	×	×	×	×	< >	< >	< ×	×	×	×	×	< >	×	×	× 	× ₁ >	< ×	×	×	×	×	×	< ×	×	X	×	×	××	<
						Description		T	4 ISHARES CORE S & P 500 ETE		T	7 CREDIT SUISSE COMM RET ST	П		Т	11 DODGE & COX INIT STOCK FD	1	Т	П	16 DREYFUS EMG MKT DEBT LOC	П		\neg		22 ADTISAN INTERNATIONAL CLIN	\neg	Т	г 1	_	27 ARTISAN MID CAP FUND-INS#	20 APTISAN MID CAP FUND-INS#	1	П	Ť	33 JP MORGAN MID CAP VALUE-I	35 GATEWAY FUND - Y #1986	_	37 HARBOR CAPITAL APRCTION-II		┱	40 HARBOR CAPITAL APRCTION-II	\top	\top		\neg	\neg	47 MERGER FD SH BEN INT #260	

Part I, Line 5 (990-EZ) - Gain/Loss From Sale Of Assets Other Than Inventory

							Description of	Basis Method																			
				-				Depreciation																			
other	34,992	0	0	Expense	of sale and	cost of	improve-	ments																			
Cost, other basis and expenses					ner basis	field only)	Donated	value																			
SS	39,372	0	0		Cost or other basis	(Enter one field only)		Cost	300	403	428	278	99	290	36	419	278	646	236	880	396	175	251	102	189	49	
Gross							Gross sales	price	311	410	375	304	99	280	40	437	300	869	276	763	369	164	246	150	224	75	1,194
	Securities	Securities	Total Other sales				Date	plos	2/7/2013	2772013	2/7/2013	2/7/2013	2/7/2013	2/7/2013	2/7/2013	7/10/2013	2/7/2013	2/7/2013	4/30/2013	7/10/2013	10/9/2013	10/9/2013	10/9/2013	4/30/2013	4/30/2013	4/30/2013	
	Total Public Securities	Total Non-Public Securities	Total O				Acquisition	method																			
		Total					Date	acquired	2/4/2011	4/28/2011	2/14/2012	7/31/2012	5/10/2012	11/19/2012	1/27/2009	1/27/2009	10/24/2011	3/18/2010	2/2/2011	2/7/2013	2/7/2013	4/30/2013	3/18/2010	8/10/2011	11/19/2012	3/18/2010	
								Purchaser																			
					Check if	purchaser	s s	pusiness										l						_			
-				Check if	gain/loss is	from sale of	non public	securities																			
				Check If	gain/loss is	from sale	of public	securities	×	×	×	×	×	×	×	×	×	ı	×	×	×	×	×	×	×	×	×
						_		Description	51 PIMCO TOTAL RET FD-INST #35	52 PIMCO TOTAL RET FD-INST #35	53 HUSSMAN STRATEGIC GROWT	_	_		1	58 PIMCO TOTAL RET FD-INST #35	59 RIDGEWORTH SEIX HY BD-I #5	60 RIDGEWORTH SEIX HY BD-I #5	т-	ì	63 VANGUARD FTSE EMERGING N		65 VANGUARD FTSE EMERGING N		67 VANGUARD REIT VIPER	68 VANGUARD REIT VIPER	69 LT CAP GAIN DIVIDENDS

Security Type	EIN	CUSIP	Asset Name	FMV Fe	Fed Cost
Invest - Other	76-6116808	04314H204	ARTISAN INTERNATIONAL FUND #661	6476.06	4279.13
Invest - Other	76-6116808	256210105	DODGE & COX INCOME FD COM #147	1392.39	1310.11
Invest - Other	76-6116808	411511504	HARBOR CAPITAL APRCTION-INST #2012	8590.24	5123.22
Invest - Other	76-6116808	589509108	MERGER FD SH BEN INT #260	2765.39	2745.92
Invest - Other	76-6116808	693390700	PIMCO TOTAL RET FD-INST #35	455.81	445.16
Savings & Temp Inv	76-6116808	99999Y944	SECURED MARKET DEPOSIT ACCOUNT	2260.73	2260.73
Savings & Temp Inv	76-6116808	99999Y944	SECURED MARKET DEPOSIT ACCOUNT	232.75	232.75
Invest - Other	76-6116808	04314H600	ARTISAN MID CAP FUND-INS #1333	4665.28	3732.36
Invest - Other	76-6116808	315920702	FID ADV EMER MKTS INC- CL I #607	1367.96	1391.53
Invest - Other	76-6116808	464287200	ISHARES CORE S & P 500 ETF	2413.45	1634.73
Invest - Other	76-6116808	256206103	DODGE & COX INT'L STOCK FD #1048	6418.81	4851.91
Invest - Other	76-6116808	552983694	MFS VALUE FUND-CLASS I #893	5701.72	4072.53
Invest - Other	76-6116808	261980494	DREYFUS EMG MKT DEBT LOC C-1 #6083	2276.11	2299.47
Invest - Other	76-6116808	339128100	JP MORGAN MID CAP VALUE-I #758	3287.3	1949.73
Invest - Other	76-6116808	63872T885	ASG GLOBAL ALTERNATIVES-Y #1993	3588.65	3610.63
Invest - Other	76-6116808	922908553	VANGUARD REIT VIPER	3615.36	2809.46
Invest - Other	76-6116808	88019R690	TEMPLETON EMER MKT S/C-ADV #626	936.02	926.67
Invest - Other	76-6116808	00203H859	AQR MANAGED FUTURES STR-I #15213	997.3	958.69
Invest - Other	76-6116808	922042858	VANGUARD FTSE EMERGING MARKETS ETF	5348.2	5409.09
Invest - Other	76-6116808	683974505	OPPENHEIMER DEVELOPING MKT-Y #788	5430.73	4266.79
Invest - Other	76-6116808	044820504	ASHMORE EMERG MKTS CR DB-INS	933.93	929.04
Invest - Other	76-6116808	78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL	3708	3290.53
Invest - Other	76-6116808	74925K581	ROBECO BP LNG/SHRT RES-INS	4904.87	4524.17
Invest - Other	76-6116808	40428X222	HSBC FRONTIER MARKETS-I	960.76	905
Invest - Other	76-6116808	25264S833	DIAMOND HILL LONG-SHORT FD CL I #11	2443.04	1738.68
invest - Other	76-6116808	76628T645	RIDGEWORTH SEIX HY BD-I #5855	2656.56	2651.39
Invest - Other	76-6116808 483438305	483438305	KALMAR GR W/ VAL SM CAP-INS #4	3711.46	2809.32
Invest - Other	76-6116808	22544R305	CREDIT SUISSE COMM RET ST-I #2156	4564.12	5789.63
Invest - Other	76-6116808	487300808	KEELEY SMALL CAP VAL FD CL I #2251	3572.05	2039.4
Cash	76-6116808			0	0

 CASH/CASH EQUIVALENTS:
 2493.48
 2493.48

 OTHER ASSETS:
 93181.57
 76494.29

 TOTAL ASSETS:
 95675.05
 78987.77