

Return of Organization Exempt From Income Tax

2018

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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: Metro Meals on Wheels Inc, 1200 WASHINGTON AVE SOUTH, Minneapolis, MN 55415. Includes tax-exempt status (501(c)(3)), website (N/A), and formation year (1996).

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expense details.

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.

Signature area for PAT ROWAN, EXECUTIVE DIRECTOR, including signature and printed name.

Paid Preparer Use Only section for George D Betts CPA, Preparer's signature, Date (08-08-2019), and Firm's information (Betts & Hayes Ltd).

May the IRS discuss this return with the preparer shown above? (see instructions) Yes [X] 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:

METRO MEALS ON WHEELS, AS THE ASSN OF INDEPENDENT MEALS ON WHEELS PROGRAMS IN THE TWIN CITIES METRO AREA, LEADS THE EFFORT TO ENSURE INDIVIDUALS RECEIVE THE NUTRITIOUS MEALS AND THE HUMAN CONNECTION THEY NEED TO LIVE INDEPENDENTLY.

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 \$ 3,026,793 including grants of \$) (Revenue \$)

METRO MEALS ON WHEELS PROVIDES CRITICAL TECHNICAL, COMMUNITY OUTREACH, CLIENT ENROLLMENT AND VOLUNTEER RECRUITMENT ASSISTANCE TO MEMBER AGENCIES TO HELP MEET THE GROWING DEMAND FOR HOME-DELIVERED MEALS.

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

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

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

4e Total program service expenses 3,026,793

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

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> | | 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> | | 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> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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> | | 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> | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | 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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 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> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | 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> | | 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> | | 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> | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | 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> | | X |
| 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> | | 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> | | 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. | 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 | | |
| b | Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |

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, foreign accounts, 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 in 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Minnesota
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.
19 Describe in 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: PAT ROWAN (612)623-3363, 1200 WASHINGTON AVE SOUTH, Minneapolis, MN 55415

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.

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

Check this box if neither the organization nor any related 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) <u>ROXANNE JENKINS</u> PRESIDENT | 1.00 | X | | X | | | 0 | 0 | 0 | |
| (2) <u>STEVE GRIFFITHS</u> VICE PRESIDENT | 1.00 | X | | X | | | 0 | 0 | 0 | |
| (3) <u>NANCY UTOFT</u> SECRETARY | 1.00 | X | | X | | | 0 | 0 | 0 | |
| (4) <u>TY INGLIS</u> TREASURER | 1.00 | X | | X | | | 0 | 0 | 0 | |
| (5) <u>BILL MARKS</u> DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (6) <u>SCOTT MUYRES</u> DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (7) <u>RICK FUENTES</u> DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (8) <u>ANNE RODENBERG</u> DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (9) <u>GARY BRALEY</u> DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (10) <u>CLARE BRUMBACK</u> DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (11) <u>TARA JEBENS-SINGH</u> DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (12) <u>PAIGE SUMERA</u> DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (13) <u>JENNIFER BARKER</u> DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (14) <u>MARK KRAFT</u> DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |

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) DAYNA OLSON-GAY DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (16) KIRSTEN PETERSON DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (17) PAT ROWAN EXECUTIVE DIRECTOR | 40.00 | | | | X | | | 92,271 | 0 | 6,206 |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 92,271 | 0 | 6,206 |

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 **0**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | X |
| 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> | 4 | 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> | 5 | 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 **0**

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 | | | | | |
| | 1b | Membership dues | 3,300 | | | | |
| | 1c | Fundraising events | 30,615 | | | | |
| | 1d | Related organizations | | | | | |
| | 1e | Government grants (contributions) | | | | | |
| | 1f | All other contributions, gifts, grants, and similar amounts not included above | 1,471,182 | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | 122,740 | | | | |
| | h | Total. Add lines 1a-1f | 1,505,097 | | | | |
| Program Service Revenue | 2a CONTRACT BILLINGS | | Business Code | | | | |
| | | | 624200 | 1,751,897 | 1,751,897 | | |
| | | COLLECTED FOR OTHERS | 624200 | 45,394 | 45,394 | | |
| | | CONSULTING INCOME | 624200 | 6,000 | 6,000 | | |
| | | | | | | | |
| | | | | | | | |
| | | Total. Add lines 2a-2f | | 1,803,291 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 1,005 | 1,005 | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | | | | | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 5,066 | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 5,526 | | | | |
| | c | Gain or (loss) | (460) | | | | |
| | d | Net gain or (loss) | | (460) | (460) | | |
| | 8a | Gross income from fundraising events (not including \$ 30,615 of contributions reported on line 1c). See Part IV, line 18 | a | 53,468 | | | |
| | b | Less: direct expenses | b | 35,332 | | | |
| | c | Net income or (loss) from fundraising events | | 18,136 | | 18,136 | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b | Less: direct expenses | b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | | | | | |
| b | Less: cost of goods sold | b | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11a | REFUNDS AND REIMB | | 624200 | 30,869 | 30,869 | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | 30,869 | | | |
| 12 | Total revenue. See instructions | | | 3,357,938 | 1,834,705 | 0 | |

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 | 13,045 | 13,045 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 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 | 99,502 | 83,482 | 3,284 | 12,736 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 545,509 | 457,682 | 18,002 | 69,825 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . | 7,814 | 6,556 | 258 | 1,000 |
| 9 Other employee benefits | 66,956 | 56,176 | 2,209 | 8,571 |
| 10 Payroll taxes | 47,092 | 39,510 | 1,554 | 6,028 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 10,872 | 9,122 | 358 | 1,392 |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 . | | | | |
| 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.) . . | 5,500 | 3,000 | | 2,500 |
| 12 Advertising and promotion | 73,178 | 73,178 | | |
| 13 Office expenses | 27,903 | 23,411 | 921 | 3,571 |
| 14 Information technology | 69,654 | 58,810 | 2,223 | 8,621 |
| 15 Royalties | | | | |
| 16 Occupancy | 106,033 | 97,403 | 1,769 | 6,861 |
| 17 Travel | 13,036 | 12,685 | 72 | 279 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 23,579 | 19,783 | 778 | 3,018 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 41,868 | 35,127 | 1,382 | 5,359 |
| 23 Insurance | 9,861 | 8,274 | 325 | 1,262 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a CONTRIBUTIONS TO MOW PROGRAM | 113,505 | 113,505 | | |
| b IN KIND DONATIONS | 118,654 | 118,654 | | |
| c MHCP PROVIDER SUBCONTRACT | 1,585,856 | 1,585,856 | | |
| d DONOR COMMUNICATIONS | 189,089 | 94,545 | | 94,544 |
| e All other expenses | 125,479 | 116,989 | 1,285 | 7,205 |
| 25 Total functional expenses. Add lines 1 through 24e . | 3,293,985 | 3,026,793 | 34,420 | 232,772 |
| 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 checked="" 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) | | (B) |
|---|--|-------------------|---------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 440,254 | 1 | 461,031 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 204,685 | 4 | 259,779 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 14,840 | 9 | 3,632 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 235,532 | | |
| | b Less: accumulated depreciation | 10b 89,157 | 170,953 | 10c 146,375 |
| | 11 Investments - publicly traded securities | | 11 | |
| | 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 | 2,000 | 15 | 2,000 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 832,732 | 16 | 872,817 | |
| Liabilities | 17 Accounts payable and accrued expenses | 153,998 | 17 | 286,395 |
| | 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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 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 | 241,856 | 25 | 85,591 |
| | 26 Total liabilities. Add lines 17 through 25 | 395,854 | 26 | 371,986 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 436,878 | 27 | 500,831 |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 436,878 | 33 | 500,831 |
| 34 Total liabilities and net assets/fund balances | 832,732 | 34 | 872,817 | |

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 | 3,357,938 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,293,985 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 63,953 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 436,878 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 500,831 |

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 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 checked="" 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 in 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 in Schedule O and describe any steps taken to undergo such audits | | |

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Metro Meals on Wheels Inc

Employer identification number

31-1501057

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and Unit. Rows include: 14 Public support percentage for 2018 (57.75%); 15 Public support percentage from 2017 Schedule A (66.31%); 16a 33 1/3% support test - 2018 (checked); 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 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 (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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> | | |
| 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> | | |

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> | | |

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? | | |
| 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> | | |
| 3 By reason of the relationship described in (2), 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> | | |

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 government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| 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> | | |
| b Did the activities described in (a) 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> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) 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>Provide details in Part VI.</i> | | |
| 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> | | |

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 1-1/2% 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 .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 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). | | |

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.

2018

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

Metro Meals on Wheels Inc

31-1501057

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 sections for conservation easements, including checkboxes for purposes, a table for held at end of tax year, and Yes/No questions.

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 sections 1a, 1b, 2, and 2a, 2b for reporting on art and historical treasures, including dollar amounts.

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 are a 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 programs
 - 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 |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 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 Temporarily restricted 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 235,532 | 89,157 | 146,375 |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **146,375**

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) DEPOSIT | 2,000 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 2,000 |

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) ACCRUED PAYROLL | 29,591 |
| (3) DEFERRED REVENUE | 56,000 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 85,591 |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|--|---|--------------------|------------------|---------------------------------|--------|
| | | <u>MEAL ON HEEL</u> | <u>HUNGER WALK</u> | <u>1</u> | (add col. (a) through col. (c)) | |
| | | (event type) | (event type) | (total number) | | |
| Revenue | 1 | Gross receipts | 55,691 | 15,815 | 12,577 | 84,083 |
| | 2 | Less: Contributions | 14,800 | 15,815 | | 30,615 |
| | 3 | Gross income (line 1 minus line 2) | 40,891 | | 12,577 | 53,468 |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | 13,256 | | | 13,256 |
| | 8 | Entertainment | | | 3,376 | 3,376 |
| | 9 | Other direct expenses | 15,815 | 2,500 | 385 | 18,700 |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | | 18,136 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
|-----------------|---|--|---|---|---|--|
| | | | | | | |
| Revenue | 1 | Gross revenue | | | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Metro Meals on Wheels Inc

Employer identification number

31-1501057

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.

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) | Bloomington Meals on Wheels 8400 France Avenue South Bloomington, MN 55431 | | | 13,045 | | | | Oven and Refrigerator |
| (2) | South Minneapolis Meals on PO Box 17210 Minneapolis, MN 55417 | | | 20,000 | | | | Restricted from Bethany Luthern |
| (3) | Trust Meals on Wheels 4101 Harriet Ave South Minneapolis, MN 55409 | | | 10,000 | | | | Restricted from Bethany Luthern |
| (4) | SouthWest Mpls Meals on Whe 6301 Washburn Ave S Minneapolis, MN 55423 | | | 10,000 | | | | Restricted from Bethany Luthern |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |

- 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.

EEA

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**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

Employer identification number

Metro Meals on Wheels Inc

31-1501057

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 | 5 | 4,086 | FAIR VALUE |
| 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 | | | |
| 20 | Drugs and medical supplies | | | |
| 21 | Taxidermy | | | |
| 22 | Historical artifacts | | | |
| 23 | Scientific specimens | | | |
| 24 | Archeological artifacts | | | |
| 25 | Other ▶(SERVICES) | 20 | 100,932 | FAIR VALUE |
| 26 | Other ▶(GOODS) | 72 | 17,722 | FAIR VALUE |
| 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 IV, 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. | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2018

**Open to Public
Inspection**

Metro Meals on Wheels Inc

Employer identification number

31-1501057

01. Members or stockholder classes and rights (Part VI, line 6)

Local independent organizations of Meals on Wheels programs (legally separately organized as 501(c)(3) entities) are members of Metro Meals on Wheels, Inc. The members pay dues to Metro Meals on Wheels, Inc. and in return receive benefits, support and certain voting rights in the operation of Metro Meals on Wheels, Inc.

02. Member election for additional members (Part VI, line 7a)

DIRECTORS SHALL BE ELECTED AT THE ANNUAL MEETING OF THE MEMBERSHIP FOR A TWO YEAR TERM. AT ANY DULY HELD MEETING OF THE MEMBERSHIP, ONE OR MORE MEMBERS MAY BE REMOVED WITH OR WITHOUT CAUSE BY A VOTE OF THE MAJORITY OF THE MEMBERS PRESENT.

03. Governing body decisions (Part VI, line 7b)

A MEMBER MAY BE TERMINATED OR SUSPENDED BY THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE MEMBERS ENTITLED TO VOTE.

04. Form 990 governing body review (Part VI, line 11)

BOARD REVIEWS IRS FORM 990 FOR COMMENTARY PRIOR TO FILING; BOARD DISCUSSES ANY CHANGES OR CORRECTIONS AND INCORPORATES SUCH CHANGES AND CORRECTIONS; BOARD THEN REVIEWS FINAL FORM PRIOR TO FILING. BOARD THEN FORMALLY APPROVES FILING IN WRITING

05. Conflict of interest policy compliance (Part VI, line 12c)

The Organization's Conflict of Interest Policy holds each member of the board of directors and all staff of the Organization fully responsible for disclosing potential or actual conflicts of interest. Disclosure is to include the type of potential conflict, the nature of the activity or situation, description of the major parties involved, potential

Name of the organization

Employer identification number

Metro Meals on Wheels Inc

31-1501057

financial interests and rewards for the board or staff member, any possible violations of laws and regulations and of the Organization's plans and policies, and any other information which the board or staff member feels necessary in order for the board to evaluate the disclosure. Each board and staff member shall annually review a copy of the Organization's Conflict of Interest Policy in effect with acknowledgement in writing.

06. CEO, executive director, top management comp (Part VI, line 15a)

SALARY OF EXECUTIVE DIRECTOR REVIEWED ANNUALLY. SALARY REVIEWED BY COMPARISON WITH OTHER ENTITIES OF SIMILAR SIZE AND MISSION. BOARD ALSO TAKES INTO ACCOUNT JOB DUTIES AND JOB PERFORMANCE.

07. Other officer or key employee compensation (Part VI, line 15b)

OTHER OFFICER AND KEY PERSONNEL SALARIES DETERMINED BY REFERENCE TO OTHER ENTITIES OF SIMILAR SIZE AND MISSION; MANAGEMENT ALSO CONSIDERS JOB DUTIES AND JOB PERFORMANCE REVIEWS.

08. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS AND ANY CHANGES THERETO ARE MADE AVAILBLE TO PUBLIC UPON REQUEST.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|---|--|--|
| Type or print <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization or other filer, see instructions. Metro Meals on Wheels Inc | Employer identification number (EIN) or 31-1501057 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 1200 WASHINGTON AVE SOUTH STE 380 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Minneapolis, MN 55415 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

• The books are in the care of ▶ PAT ROWAN, 1200 WASHINGTON AVE SOUTH, Minneapolis, MN 55415

Telephone No. ▶ 612-623-3363 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 02-18, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning 04-01, 2018, and ending 03-31, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | |
|--|-----------|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Federal Supporting Statements

2018 PG01

Name(s) as shown on return

Tax ID Number

Metro Meals on Wheels Inc

31-1501057

Form 4562 - Line 19a

Statement #567

| <u>Basis</u> | <u>RP</u> | <u>CV</u> | <u>Method</u> | <u>Deduction</u> |
|--------------|-----------|-----------|---------------|---------------------|
| 1,046 | 3 | HY | SL | 174 |
| 3,324 | 3 | HY | SL | 554 |
| 714 | 3 | HY | SL | 119 |
| 3,161 | 3 | HY | SL | 527 |
| Total | | | | <u>1,374</u> |

Form 4562 - Line 19b

PG01
Statement #568

| <u>Basis</u> | <u>RP</u> | <u>CV</u> | <u>Method</u> | <u>Deduction</u> |
|--------------|-----------|-----------|---------------|-------------------|
| 7,145 | 5 | HY | SL | 715 |
| 1,900 | 5 | HY | SL | 190 |
| Total | | | | <u>905</u> |

990

Overflow Statement

2018
Page 1

Name(s) as shown on return

FEIN

Metro Meals on Wheels Inc

31-1501057

| Description | Amount |
|----------------------------|-------------------|
| ANNUAL REPORT | \$ 2,220 |
| BANK FEES | 11,408 |
| TELEPHONE | 5,037 |
| VOLUNTEER RECRUITMENT | 2,925 |
| BLIZARD BLITZ | 4,003 |
| EQUIPMENT LEASE | 12,115 |
| MERCHANDISE/OTHER | 28,127 |
| RESTRICTED FUNDS DISBURSED | 45,404 |
| PAYROLL SERVICES | 5,750 |
| Total: | \$ 116,989 |

| Description | Amount |
|------------------|-----------------|
| BANK FEES | \$ 449 |
| TELEPHONE | 134 |
| PAYROLL SERVICES | 226 |
| EQUIPMENT LEASE | 476 |
| Total: | \$ 1,285 |

| Description | Amount |
|------------------|-----------------|
| BANK FEES | \$ 1,741 |
| TELEPHONE | 519 |
| EQUIPMENT LEASE | 1,848 |
| PAYROLL SERVICES | 878 |
| ANNUAL REPORT | 2,219 |
| Total: | \$ 7,205 |

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

(Keep for your records)

2018

Name(s) as shown on return

Metro Meals on Wheels Inc

Tax ID Number

31-1501057

2% of the amount on Schedule A, Part II, line 11, column (f) 208,145

| Name | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total | (g) Excess contributions (col. (f) minus the 2% limitation) |
|---------------------------|-------------|-------------|-------------|-------------|-------------|--------------|--|
| 3M FOUNDATION | 44,205 | 73,184 | 13,988 | 5,000 | 5,000 | 141,377 | |
| TARGET CORPORATION | 35,000 | 35,000 | 35,000 | 35,000 | 31,500 | 171,500 | |
| GOOGLE | 18,889 | 113,975 | 113,995 | 106,741 | 85,232 | 438,832 | 230,687 |
| SUPERVALU INC | | | 16,309 | 18,519 | 9,697 | 44,525 | |
| Allina Health Systems | | | | 25,000 | 10,000 | 35,000 | |
| The Scoular Foundation | | | | 7,500 | 5,000 | 12,500 | |
| Stevens Square Foundation | | | | 15,000 | 18,500 | 33,500 | |
| Bethany Lutheran Church | | | | | 95,000 | 95,000 | |
| Otto Bremer Trust | | | | | 75,000 | 75,000 | |
| Cub Community Cares | | | | | 5,000 | 5,000 | |
| Agribank | | | | | 10,000 | 10,000 | |
| Shakopee Mdewakanton | | | | | 10,000 | 10,000 | |
| AMERIPRISE FINANCIAL | | | | | 25,000 | 25,000 | |

Total =====

===== 230,687

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

For your records only

2018

PAGE 1

Name(s) as shown on return

Social security number/EIN

Metro Meals on Wheels Inc

31-1501057

| No. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|-----|-----------------------|----------|--------|------------------|---------------------|-------------|--------------------|-------------------|------|--------|--------|--------------------|----------------------|--------------------------|-------------|
| 1 | TELEPHONE SYSTEM | 06012010 | 5,099 | | 100.00 | | | 5,099 | 7 | | 0 | 5,099 | | 5,099 | |
| 2 | RECEPTION DESK AND CH | 05122010 | 1,100 | | 100.00 | | | 1,100 | 7 | | 0 | 1,100 | | 1,100 | |
| 3 | FILE CABINET | 12292011 | 530 | | 100.00 | | | 530 | 5 | | 0 | 530 | | 530 | |
| 4 | DELL COMPUTER | 06132013 | 849 | | 100.00 | | | 849 | 3 | | 0 | 849 | | 849 | |
| 5 | DELL COMPUTER | 12122013 | 757 | | 100.00 | | | 757 | 3 | | 0 | 757 | | 757 | |
| 6 | DELL COMPUTER | 02132014 | 550 | | 100.00 | | | 550 | 3 | | 0 | 550 | | 550 | |
| 7 | SERVER | 02242014 | 7,060 | | 100.00 | | | 7,060 | 5 | SL MQ | 20 | 5,825 | 1,235 | 7,060 | 1,235 |
| 8 | DELL COMPUTER | 03132014 | 450 | | 100.00 | | | 450 | 3 | | 0 | 450 | | 450 | |
| 9 | SORTER | 05242012 | 2,500 | | 100.00 | | | 2,500 | 5 | | 0 | 2,500 | | 2,500 | |
| 10 | EPSON | 08012012 | 643 | | 100.00 | | | 643 | 5 | | 0 | 643 | | 643 | |
| 11 | ALLEGRA | 08012012 | 383 | | 100.00 | | | 383 | 5 | | 0 | 383 | | 383 | |
| 12 | COMPUTER | 02132013 | 1,020 | | 100.00 | | | 1,020 | 5 | | 0 | 1,020 | | 1,020 | |
| 13 | TWO LAPTOPS | 02122015 | 1,183 | | 100.00 | | | 1,183 | 3 | | 0 | 1,182 | 1 | 1,183 | |
| 14 | DELL COMPUTER | 06112015 | 1,045 | | 100.00 | | | 1,045 | 3 | SL HY | 33.333 | 870 | 175 | 1,045 | 175 |
| 15 | TELEPHONE | 09092015 | 658 | | 100.00 | | | 658 | 5 | SL HY | 20 | 330 | 132 | 462 | 132 |
| 16 | DELL COMPUTER | 02112016 | 1,130 | | 100.00 | | | 1,130 | 3 | SL HY | 33.333 | 754 | 376 | 1,130 | 376 |
| 17 | KITCHEN STARTUP SUPPL | 03312017 | 31,599 | | 100.00 | | | 31,599 | 3 | SL MQ | 33.333 | 10,533 | 10,533 | 21,066 | 10,533 |
| 18 | COMPUTER | 01132017 | 1,111 | | 100.00 | | | 1,111 | 3 | SL MQ | 33.333 | 416 | 370 | 786 | 370 |
| 19 | KITCHEN COMPUTER | 02132017 | 536 | | 100.00 | | | 536 | 3 | SL MQ | 33.333 | 201 | 179 | 380 | 179 |
| 20 | VAN WITH THERMO KING | 10312017 | 53,369 | | 100.00 | | | 53,369 | 7 | SL HY | 14.286 | 3,812 | 7,624 | 11,436 | 7,624 |
| 21 | VAN WITH THERMO KING | 10312017 | 53,369 | | 100.00 | | | 53,369 | 7 | SL HY | 14.286 | 3,812 | 7,624 | 11,436 | 7,624 |
| 22 | KITCHEN EQUIPMENT | 02072018 | 19,072 | | 100.00 | | | 19,072 | 5 | SL HY | 20 | 1,907 | 3,814 | 5,721 | 3,814 |
| 23 | KITCHEN EQUIPMENT | 03082018 | 11,990 | | 100.00 | | | 11,990 | 5 | SL HY | 20 | 1,199 | 2,398 | 3,597 | 2,398 |
| 24 | BAKERY DOLLY (8) | 05022017 | 1,076 | | 100.00 | | | 1,076 | 5 | SL HY | 20 | 108 | 215 | 323 | 215 |
| 25 | KITCHEN EQUIPMENT | 05102017 | 888 | | 100.00 | | | 888 | 3 | SL HY | 33.333 | 148 | 296 | 444 | 296 |
| 26 | CHARBROILER | 04132017 | 427 | | 100.00 | | | 427 | 5 | SL HY | 20 | 43 | 85 | 128 | 85 |
| 27 | CHARBROILER | 12212017 | 227 | | 100.00 | | | 227 | 5 | SL HY | 20 | 23 | 45 | 68 | 45 |
| 28 | COMPUTER | 12212017 | 819 | | 100.00 | | | 819 | 3 | SL HY | 33.333 | 137 | 273 | 410 | 273 |
| 29 | SHELVING | 05182017 | 615 | | 100.00 | | | 615 | 5 | SL HY | 20 | 62 | 123 | 185 | 123 |
| 30 | KITCHEN UTENSILS | 05022017 | 784 | | 100.00 | | | 784 | 3 | SL HY | 33.333 | 131 | 261 | 392 | 261 |

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

For your records only

2018

PAGE 2

Name(s) as shown on return

Social security number/EIN

Metro Meals on Wheels Inc

31-1501057

| No. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current | |
|---------------|-----------------------|----------|----------------|---------------------|------------------------|----------------|-----------------------|----------------------|------|--------|------|-----------------------|-------------------------|-----------------------------|----------------|-------|
| 31 | KITCHEN UTENSILS | 05262017 | 119 | | 100.00 | | | 119 | 3 | SL | HY | 33.333 | 20 | 40 | 60 | 40 |
| 32 | KITCHEN APPLIANCES | 07312017 | 7,530 | | 100.00 | | | 7,530 | 5 | SL | HY | 20 | 753 | 1,506 | 2,259 | 1,506 |
| 33 | KITCHEN UTENSILS | 07172017 | 943 | | 100.00 | | | 943 | 3 | SL | HY | 33.333 | 157 | 314 | 471 | 314 |
| 34 | FOOD PROCESSOR | 07312017 | 917 | | 100.00 | | | 917 | 5 | SL | HY | 20 | 92 | 183 | 275 | 183 |
| 35 | KITCHEN EQUIPMENT | 08232017 | 584 | | 100.00 | | | 584 | 3 | SL | HY | 33.333 | 97 | 195 | 292 | 195 |
| 36 | KITCHEN EQUIPMENT | 04142017 | 464 | | 100.00 | | | 464 | 3 | SL | HY | 33.333 | 77 | 155 | 232 | 155 |
| 37 | KITCHEN EQUIPMENT | 12132017 | 6,336 | | 100.00 | | | 6,336 | 5 | SL | HY | 20 | 634 | 1,267 | 1,901 | 1,267 |
| 38 | COMPUTER | 03312018 | 510 | | 100.00 | | | 510 | 3 | SL | HY | 33.333 | 85 | 170 | 255 | 170 |
| 39 | BINS AND RACKS | 07062018 | 1,046 | | 100.00 | | | 1,046 | 3 | SL | HY | 16.667 | | 174 | 174 | 174 |
| 40 | BINS AND RACKS | 07202018 | 3,324 | | 100.00 | | | 3,324 | 3 | SL | HY | 16.667 | | 554 | 554 | 554 |
| 41 | KITCHEN EQUIPMENT | 08152018 | 7,145 | | 100.00 | | | 7,145 | 5 | SL | HY | 10 | | 715 | 715 | 715 |
| 42 | KITCHEN SLICING MACHI | 01102019 | 1,900 | | 100.00 | | | 1,900 | 5 | SL | HY | 10 | | 190 | 190 | 190 |
| 43 | COMPUTER | 05152018 | 714 | | 100.00 | | | 714 | 3 | SL | HY | 16.667 | | 119 | 119 | 119 |
| 44 | COMPUTER | 01142019 | 3,161 | | 100.00 | | | 3,161 | 3 | SL | HY | 16.667 | | 527 | 527 | 527 |
| Totals | | | 235,532 | | | | | 235,532 | | | | 47,289 | 41,868 | 89,157 | 41,867 | |

Land Amount
Net Depreciable Cost

235,532

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

41,868

ST ADJ: