990 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)

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For	the 2	2018 calend	ar year, or t	ax year beginı	ning		04-01	, 2018, and	ending) (<u>)</u> 3-31 ,	2019	
В	Chec	k if ap	plicable:	C Name of or	ganization Meti	o Meals on W	heels Inc					D Employ	yer identification no.	
	Addr	ess ch	ange	Doing busing	ness as							31-15	01057	
	Name	e chan	nge	Number an	d street (or P.O. bo	x if mail is not delivered to	street address)			Roo	m/suite	E Telepho	one number	
	Initial	returr	n	1200	WASHINGTO	N AVE SOUTH				38	30	(612)	623-3363	
	Final	returr	/terminated			, country, and ZIP or forei	gn postal code			•		G Gross r		
	Amer	nded r	eturn	Minne	apolis, M	N 55415						\$	3,398,796	
Ī	Appli	cation	pending		address of principa					Н	(a) Is this a group retur			
	•										(b) Are all subordin			
$\overline{}$	Тах-є	xemp	t status:	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527			• •	ch a list. (see ir		
J			► N/A	(. / (- /		, . (,	_ (, , , , , , , , , , , , , , , , , ,			П,	(c) Group exempti			
K				Corporation	Trust Ass	sociation Other		I Ye	ar of formation:			egal domicile:	MN	
	rt I		Summar						ar or romation.		iii olalo or i	ogar domionor		
				•	nization's missi	on or most significa	nt activities:	мгтр∩	MEAT.S ON	WHEE	ELS, AS TH	F ASSN		
			•	•		ELS PROGRAMS	•							
Activities & Governance														
na			ENSURE INDIVIDUALS RECEIVE THE NUTRITIOUS MEALS AND THE HUMAN CONNECTION THEY NEED TO LIVE INDEPENDENTLY.											
Ve			Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.											
တ်				_	· ·	rning body (Part VI,	•				1	3	12	
∞ŏ				Ü	ŭ	s of the governing b						4	13	
ţį					-	-		,				5	13	
Ξ̈́					. ,	calendar year 2018	(Part V, line 2a)					6	18	
Ac	- 1				rs (estimate if r	.000000.37						-	189	
						Part VIII, column (C)	•					7a	0	
	+	D	ivet unrelated	a business ta	axable income	from Form 990-T, lir	1e 38 • • •					7b	0	
			0		(D(1)/III P	41.)					Prior Year		Current Year	
Φ	- 1			-	(Part VIII, line	,					1,423,3		1,505,097	
Ž	1.		J		e (Part VIII, line	-37					1,110,9		1,803,291	
Revenue	1					A), lines 3, 4, and 7d						34	545	
2						es 5, 6d, 8c, 9c, 10					84,9		49,005	
_	-				,	must equal Part VIII,	` '				2,619,9		3,357,938	
						X, column (A), lines	. 0)				17,1	.98	13,045	
						(, column (A), line 4)							0	
Ś	- 1					e benefits (Part IX, c					611,5	23	766,873	
Expenses	1	6a	Professional	fundraising t	fees (Part IX, c	olumn (A), line 11e)							0	
be				• .	,	umn (D), line 25)		232	2,772					
ũ	1		•	•		nes 11a-11d, 11f-24e	•				1,910,0	57	2,514,067	
	1					equal Part IX, colum					2,538,7	78	3,293,985	
	-	9	Revenue les	s expenses.	Subtract line	18 from line 12 •					81,2	14	63,953	
ō	ces									Begin	ning of Current Yea	ar I	End of Year	
sets	ag 2	0	Total assets	(Part X, line	16)						832,7	32	872,817	
Net Assets or	<u></u>	21	Total liabilitie	s (Part X, lin	e 26) • • •						395,8	54	371,986	
						ine 21 from line 20					436,8	78	500,831	
Pa	ırt l	I	Signatu	re Block										
						rn, including accompanyir icer) is based on all inforn				knowledg	ge and belief, it is			
	, 0011	1	id complete. Det	ordination or prop	arer (ether than en	loor) to based off all fillers	nation of which propare	or rido driy k	alowicago.		1			
٥.			PAT	ROWAN										
Sig	Jn		Signatur	re of officer							[Date		
He	re		PAT	ROWAN, E	EXECUTIVE	DIRECTOR								
			Type or	print name and	title									
			Print/Type pre	eparer's name	<u> </u>	Preparer's signature		Da	ite		Check if	f PTIN		
Pa			George	D Betts	CPA	George D Bet	ts CPA	08	-08-2019		self-employed	P013	309447	
Pre	pa	rer	Firm's name	•		Hayes Ltd				Firm	's EIN			
Us	e O	only Firm's address ► 801 Meander Court Phone no.												
		-			Medina N							-478-31	69	
May	the	IRS	discuss this	return with th		own above? (see ins	structions) •							

С	(Code:) (Expenses	\$	including grants of	\$	_) (Revenue	\$)
d	Other program services (Describe in S	Schedule O.)					
	(Expenses \$	including grants of	\$) (Revenue \$)	
е	Total program service expenses	3,026	793				
Α							Form 990 (2018)

8) Metro Meals on Wheels Inc Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			3.7
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		- V
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		X
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a				Λ
120	Schedule D, Parts XI and XII	12a	Х	
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If	· · · ·	21	
•	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
k				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.	37	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
20	If "Yes," complete Schedule G, Part III	19 20a		X
20	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
				ı

8) Metro Meals on Wheels Inc Checklist of Required Schedules (continued) Part IV

			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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
00	If "Yes," complete Schedule L, Part I	25b		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	00		37
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28		21		
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
D	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		- 21
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V			ᄔ
			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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-		
	reportable gaming (gambling) winnings to prize winners?	1c		Щ_

18) Metro Meals on Wheels Inc
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return •••••• 2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	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?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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?	7a	Χ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	422	v	
12	describe in Schedule O how this was done	12c	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	144	Λ	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		I	
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.			
	☐ Own website ☐ Other (explain in Schedule O)			
19				
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	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.			

PAT ROWAN (612)623-3363, 1200 WASHINGTON AVE SOUTH, Minneapolis, MN 55415

orm	990	(2018)

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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.

X 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	box, offic	unles er and	Pos eck mess pers d a dir	son is	han one s both an /trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W21033-WIGG)	organization and related organizations
(1) ROXANNE JENKINS	1.00									
PRESIDENT		X		X				0	0	0
(2) STEVE GRIFFITHS	1.00									
VICE PRESIDENT		Х		X				0	0	0
(3) NANCY UTOFT	1.00									
SECRETARY		Х		X				0	0	0
(4) TY INGLIS	1.00									
TREASURER		X		X				0	0	0
(5) BILL MARKS	1.00									
DIRECTOR		Х						0	0	0
(6) SCOTT MUYRES	1.00									
DIRECTOR		Х						0	0	0
(7) RICK_FUENTES	1.00									
DIRECTOR		Х						0	0	0
(8) ANNE_RODENBERG	1.00									
DIRECTOR		Х						0	0	0
(9) GARY_BRALEY	1.00									
DIRECTOR		X						0	0	0
(10)CLARE_BRUMBACK	1.00									
DIRECTOR		Х						0	0	0
(11) TARA_JEBENS-SINGH	1.00_									
DIRECTOR		X						0	0_	0
(12)PAIGE_SUMERA	1.00									
DIRECTOR		X		_				0	0	0
(13)JENNIFER_BARKER	1.00									
DIRECTOR		X		_				0	0	0
(14) <u>mark_kraft</u>	1.00									
DIRECTOR		X						0	0	0

(A) Name and title Asserting the control of the co	Section A. Officers, Directors, Trustees, P	T Employe	es, and	ı mığ	jiies	i COI	iiipeii	Sale	u Employees (con	liiiided)	1		
Name and life	(A)	(B)							(D)	(F)		(E)	
19] DAYNA OLSON-GAY			,		ck mo	ore tha					[
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DIRECTOR				Φ			ated						
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for services rendered to the organization? If "Yes," complete Schedule J for such person 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) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who											4		Λ
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(A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	compensation from the organization. Report comper	nsation for the	calen	dar y	/ear	endir	ng witl	h or v	within the organizat	tion's tax			
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Metro Meals on Wheels Inc Statement of Revenue Part VIII

		Check if Schedule O contains a response or	note to any line in this	Part VIII • • •			
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	4-	E. Louis Louis de la decima decima de la decima decima de la decima decima decima de la decima d	_		revenue		512-514
nts nts	1a	Federated campaigns • • • • • • 1					
3rai our	b	Membership dues • • • • • • • • 1	3,300	_			
s, C Am	С	Fundraising events • • • • • • • 1	30,615				
Gift lar	d	Related organizations · · · · · · 1	d				
imi jiri	е	Government grants (contributions) 1	е				
er S	f	All other contributions, gifts, grants,					
혈		and similar amounts not included above 1	f 1,471,182				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f:					
ō ₽	h	Total. Add lines 1a-1f		1,505,097			
			Business Code				
une	2a	CONTRACT BILLINGS	624200	1,751,897	1,751,897		
Program Service Revenue		COLLECTED FOR OTHERS	624200	45,394	45,394		
Se Se		CONSULTING INCOME	624200	6,000	6,000		
ervi	d			,,,,,	.,		
E S	е						
ogra	f	All other program service revenue					
P.		Total. Add lines 2a-2f		1,803,291			
			·	1,003,231			
	3	Investment income (including dividends, interest and other similar amounts)		1,005	1,005		
	4	Income from investment of tax-exempt bond pro		1,003	1,005		
	5	Royalties · · · · · · · · · · · · · · · · · · ·					
		(i) Real	(ii) Personal				
	62	Gross rents	(II) Personal	-			
		Less: rental expenses • • • •		-			
		Rental income or (loss)		-			
		Net rental income or (loss)					
		` '					
	7a	Gross amount from sales of (i) Securities	(ii) Other	-			
		assets other than inventory 5,0	06	-			
	b	Less: cost or other basis					
	_	and sales expenses · · · · 5,5		-			
		Gain or (loss)		(450)	(150		
Φ		Net gain or (loss)		(460)	(460)	
enne	ва	Gross income from fundraising					
e K		events (not including \$ 30,615					
5		of contributions reported on line 1c).					
Other Rev	_	See Part IV, line 18					
0			35,332				
		Net income or (loss) from fundraising events	· · · · · · · · •	18,136			18,136
	9a	Gross income from gaming activities.					
		See Part IV, line 19		_			
		F	b [
	С	Net income or (loss) from gaming activities •	· <u>· · · · · · · · · · · · · · · · · · </u>				
	10a	Gross sales of inventory, less					
		returns and allowances		4			
		Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory •					
		Miscellaneous Revenue	Business Code				
		REFUNDS AND REIMB	624200	30,869	30,869		
	b		-				
	С		-				
		All other revenue					
		Total. Add lines 11a-11d		30,869			
	12	Total revenue. See instructions	<u> </u>	3,357,938	1,834,705	0	18,136

31-1501057

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 (D) Do not include amounts reported on lines 6b, 7b, (A) (B) (C) Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,814 6,556 258 1,000 9 66,956 56,176 2,209 8,571 10 47,092 39,510 1,554 6,028 11 Fees for services (non-employees): Management а Legal b 10,872 9,122 358 1,392 Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees 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 73,178 73,178 13 27,903 23,411 921 3,571 14 2,223 69,654 58,810 8,621 15 16 106,033 97,403 1,769 6,861 17 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 778 23,579 19,783 3,018 20 21 22 Depreciation, depletion, and amortization 41,868 35,127 1,382 5,359 23 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.) CONTRIBUTIONS TO MOW PROGRAM 113,505 113,505 IN KIND DONATIONS 118,654 118,654 С MHCP PROVIDER SUBCONTRACT 1,585,856 1,585,856 d DONOR COMMUNICATIONS 94,544 189,089 94,545 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 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			[
			(A)		(B)
			Beginning of year		End of year
	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	
Assets	8	Inventories for sale or use		8	
Ass	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
	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	
S	22	Loans and other payables to current and former officers, directors,			
Ě		trustees, key employees, highest compensated employees, and			
Liabilities		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
		Organizations that follow SFAS 117 (ASC 958), check here 🔻 🗵 and			
ces		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	436,878	27	500,831
Ba	28	Temporarily restricted net assets		28	
Fund Balances	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here and			
ō		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et,	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	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

Χ

Χ

3a

3b

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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 O.

the Single Audit Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public

Employer identification number

Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

2018

Metro Meals on Wheels Inc 31-1501057 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). X 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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. 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. 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 U 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

90 or 990-EZ) 2018 Metro Meals on Wheels Inc 31-1501057
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support			,,		,				
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,061,916	1,130,568	1,119,757	1,423,328	1,505,097	6,240,666			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3 · · · · · ·	1,061,916	1,130,568	1,119,757	1,423,328	1,505,097	6,240,666			
5	The portion of total contributions by									
	each person (other than a									
	governmental unit or publicly									
	supported organization) included on									
	line 1 that exceeds 2% of the amount									
	shown on line 11, column (f)						230,687			
6	Public support. Subtract line 5 from line 4 • •						6,009,979			
	tion B. Total Support									
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4	1,061,916	1,130,568	1,119,757	1,423,328	1,505,097	6,240,666			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	919	1,248	998	733	545	4,443			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	311,718	356,449	447,849	1,195,931	1,850,183	4,162,130			
11	Total support. Add lines 7 through 10						10,407,239			
12	Gross receipts from related activities, etc. (se	ee instructions)				12				
13	First five years. If the Form 990 is for the org organization, check this box and stop here						▶□			
	tion C. Computation of Public Su	• •								
14	Public support percentage for 2018 (line 6, c	•					57.75 %			
15	Public support percentage from 2017 Schedu						66.31 %			
16a	33 1/3% support test - 2018. If the organization gualified						▶ ₩			
h	box and stop here. The organization qualifies						▶ 🏻			
b	33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check									
17a	this box and stop here. The organization qualifies as a publicly supported organization									
114		10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in								
				-						
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b	10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line									
D	15 is 10% or more, and if the organization me	· ·			· ·					
	Explain in Part VI how the organization meet				•					
							▶ □			
18	Private foundation. If the organization did no					-	- Ц			
	instructions						▶ □			

90 or 990-EZ) 2018 Metro Meals on Wheels Inc Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	ction B. Total Support	(=) 204.4	(h) 0045	(=) 0040	(-1) 0047	(-) 2040	(6) Total
	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources • •						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here			•	` , ` ,		▶ □
Sec	ction C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •					
15	Public support percentage for 2018 (line 8, co)		15	%
16	Public support percentage from 2017 Schedu					16	%
	ction D. Computation of Investme			(0)		1 4= 1	
17	Investment income percentage for 2018 (line 1		•	```		17	%
18	Investment income percentage from 2017 Sch					18	<u>%</u>
19a	33 1/3% support tests - 2018. If the organization 17 is not more than 33 1/3%, check this box are					e 	▶ 🗌
b 20	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this bore. Private foundation. If the organization did not	ox and stop here.	The organization qu	alifies as a publicly	supported organizat		
			,,				

Part IV Support

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. AII	Supporting	Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? If "Yes," provide detail in **Part VI**.
- **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? *If* "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in **Part VI**.
- **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)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	9с		
	30		
	10a		
	10b		
(Fo	rm 990 d	or 990-E	Z) 2018

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sec	ion 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? 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.	1		
_				
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	ion C. Type II Supporting Organizations		V	NI.
4	Ware a majority of the argenization's directors or trustees during the tay year also a majority of the directors		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</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
500	ion D. All Type III Supporting Organizations	<u>'</u>		
<u> </u>	non b. All Type in 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		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ion 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 instr	uctio	ns).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e inst	ructio	ns).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	24		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
ь	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes." <i>describe in</i> Part VI <i>the role played by the organization in this regard.</i>	3b		
	or to capported organizations in 100, accombe in 1 art vi inclided blaved by the chanization in this relate.	···		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganiza	itions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			•
instructions. All other Type III non-functionally integrated supporting organiz	zations n	nust complete Section	s A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(rt) i flor four	(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		
Continue D. Minimum Aport Amount		(A) D.:	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
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 Check here if the current year is the organization's first as a non-functionally		ted Type III supporting	g organization (see

EEA Schedule A (Form 990 or 990-EZ) 2018

_	ule A (Form 990 or 990-EZ) 2018 Metro Meals on Wheels Inc	!	31-150	01057 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purposes	ions		
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
	(provide details in Part VI). See instructions.			
	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
	From 2015			
d	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
а	Excess from 2014			

b Excess from 2015c Excess from 2016

d Excess from 2017e Excess from 2018

. . . .

. . . .

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

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

Internal Revenue Service

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

OMB No. 1545-0047

2018

Open to Public Inspection

	tro Moola on Whoola Inc	31-1501057
	tro Meals on Wheels Inc Intl Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts	
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	·
	·	45.5
1	(a) Donor advised funds	(b) Funds and other accounts
2	Total number at end of year · · · · · · · · · · · · · · · · · · ·	
3		
	Aggregate value of grants from (during year) Aggregate value at end of year	
4	33 13 11 11 11 11 11 11 11 11 11 11 11 1	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	□ vee □ Ne
•	funds are the organization's property, subject to the organization's exclusive legal control?	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
		· · · · · · · · · · · · · · · · · · ·
Pai	conferring impermissible private benefit?	i i i i i i i i i i i i i i i i i i i
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically in	mnortant land area
	Protection of natural habitat Preservation of a certified histe	
	Preservation of open space	one structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	vation
2	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	20
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizati	
Ū	tax year	on during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	
•	b	isome daming the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem	ents during the year
	▶ \$,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	t, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de-	scribes the
	organization's accounting for conservation easements.	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and ba	alance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	rance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance	ce sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	rance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	·
	(ii) Assets included in Form 990, Part X	· · · · · • \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, providing	vide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · > \$
L	Appete in alcoholic Forms 000, Port V	b • •

	ule D (Form 990) 2018 Metro Meals on						31-150		Page 2
Pa	rt III Organizations Maintaining C							sets (con	tinued)
3	Using the organization's acquisition, accession, a	nd other records, che	eck any of the	followin	g that are a	significan	t use of its		
	collection items (check all that apply):								
а	Public exhibition	d ∐ Loai	n or exchange	progran	ms				
b	Scholarly research	e U Othe	er						
С	Preservation for future generations								
4	Provide a description of the organization's collecti	ons and explain how	they further th	ne orgar	nization's exe	mpt purp	ose in Part		
	XIII.								
5	During the year, did the organization solicit or rece	eive donations of art,	historical trea	sures, c	or other simila	ar			_
	assets to be sold to raise funds rather than to be		f the organizat	ion's col	llection?			· · · · 📙 ՝	Yes No
Pa	rt IV Escrow and Custodial Arrang								
	Complete if the organization an	swered "Yes" or	n Form 990), Part	IV, line 9,	or rep	orted an amo	unt on Fo	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or								_
	included on Form 990, Part X?							⊔ ,	Yes No
b	If "Yes," explain the arrangement in Part XIII and of	complete the followin	g table:						
							A	mount	
С									
d	Additions during the year					1d			
е									
f	Ending balance					1f			
2a	Did the organization include an amount on Form 9	990, Part X, line 21, f	or escrow or o	custodia	l account liab	oility?		🗌 ,	Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Che	ck here if the explana	ation has beer	n provide	ed on Part XI	11			🔲
Pa	rt V Endowment Funds.								
	Complete if the organization an	swered "Yes" or	າ Form 990), Part	IV, line 10).			
		(a) Current year	(b) Prior ye	ear	(c) Two years	back	(d) Three years bac	k (e) Fou	ır years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current y	ear end balance (line	e 1g, column (a)) held	as:			1	
а	Board designated or quasi-endowment			.,					
b	Permanent endowment > %								
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should e	 gual 100%.							
3a	Are there endowment funds not in the possession		hat are held a	nd admi	inistered for t	:he			
	organization by:	Ü							Yes No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							· · 3a(ii)	1
b	If "Yes" on line 3a(ii), are the related organizations	s listed as required or	n Schedule R	?				3b	
4	Describe in Part XIII the intended uses of the orga								.1
Pa	rt VI Land, Buildings, and Equipme								
	Complete if the organization an		n Form 990), Part	IV, line 11	a. See	Form 990, F	art X, line	e 10.
	Description of property	(a) Cost or other			other basis		Accumulated		ok value
	100 00 00 00	(investme		•	other)		epreciation	(.,, =00	•
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment			2	235,532		89,157	,	146,375
е	Other				,				
_	I. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, co	lumn (B), line	10c.)					146,375

Schedule D (Form 990) 2018	Metro Meals on Wheels Inc	31-1501057
Part VII Investment	nents - Other Securities.	

	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial	derivatives		•	
	eld equity interests			
(3) Other	. ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "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	on:
			Cost or end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Part IX	Complete if the organization answere	d "Voc" on Form 000	Part IV line 11d See Form 000	Part V line 15
			raitiv, line ind. See roini 990,	
(1) PEROG		escription		(b) Book value
(1) DEPOS	IT			2,000
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			2,000
l otal. (Columi				

line 25.

1.	(a) Description of liability	(b) Book value
(1) Fede	eral income taxes	
(2) AC	CRUED PAYROLL	29,591
(3) DE	FERRED REVENUE	56,000
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colui	mn (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

31-1501057 r Return

га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
	Total revenue, gains, and other support per audited financial statements	1	
1		1	3,357,938
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments		
a	Net unrealized gains (losses) on investments	-	
b	Recoveries of prior year grants	-	
C	Other (Describe in Part XIII.)	-	
d			
e	•	2e	
3		3	3,357,938
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990. Part VIII, line 7b		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Add lines 4a and 4b	4c	
C E	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2 257 020
5 Pa	Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	-	3,357,938 furn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,293,985
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		0,230,300
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,293,985
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		-,,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
C	Add liftes 4a and 4b	70	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,293,985
5	Add in too le did is	-	3,293,985
5 Pa	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Fride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	5	3,293,985

EEA Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Metro Meals on Wheels Inc					31-15	01057
Part I Fundraising Activities		_		swered "Yes" on	Form 990, Part IV,	line 17.
Form 990-EZ filers are no	•	-	•			
1 Indicate whether the organization rais	ed funds through a	_	-			
a Mail solicitations				of non-government gra	nts	
b Internet and email solicitations		f 🗌	Solicitation	of government grants		
c Phone solicitations		g 🗌	Special fund	draising events		
d In-person solicitations						
2a Did the organization have a written or	oral agreement wi	ith any individ	dual (includin	g officers, directors, tr	ustees,	
or key employees listed in Form 990,	-			-	_	es 🗌 No
b If "Yes," list the 10 highest paid individ						_
compensated at least \$5,000 by the o		, ,	J			
	· 9					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Yes	No		col. (i)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
		1	<u> </u>			
Total · · · · · · · · · · · · · · · · · · ·			•			
3 List all states in which the organization	is registered or lic	ensed to soli	cit contribution	ons or has been notifie	d it is exempt from	
registration or licensing.						

31-1501057

Pa	rt II					
		than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and 6b	. List events with
		gross receipts greater than				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			MEAL ON HEEL	HUNGER WALK	1 (total number)	col. (c))
Φ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts · · · · · · · · ·	55,691	15,815	12,577	84,083
ш	2	Less: Contributions	14,800	15,815		30,615
	3	Gross income (line 1 minus				50,020
		line 2)	40,891		12,577	53,468
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs · · · · · · · ·				
Direct Expenses	7	Food and beverages	13,256			13,256
ct E)	•	Tood and beverages	13,230			13,230
Dire	8	Entertainment			3,376	3,376
	•	Other direct eveness	4- 04-			10.700
	9	Other direct expenses • • • • •	15,815	2,500	385	18,700
	10	Direct expense summary. Add lines	4 through 9 in column (d)			35,332
	11	Net income summary. Subtract line	-			18,136
Pa	rt II	Gaming. Complete if the o	rganization answered "\	res" on Form 990, Part I	V, line 19, or reported m	ore
		than \$15,000 on Form 990)-EZ, line 6a.			
he			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				Sings/progressive sings		ooi. (a) tilloagii ooi. (b))
Re	1	Gross revenue				
		0.000 1010.100				
	2	Cash prizes				
kpenses						
xpe	3	Noncash prizes				
Direct E>	4	Pont/focility conta				
Dire	4	Rent/facility costs				
	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	□ No		
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subtr	act line 7 from line 1, colum	n (d)		
9		ter the state(s) in which the organizati				
а		he organization licensed to conduct g	aming activities in each of t	hese states?		· · · · U Yes U No
b	If "	No," explain:				
	_					
10a	\//-	ere any of the organization's gaming li	censes revoked suspender	or terminated during the to	v vpar?	· · · · · Yes No
b		re any or the organization's gaming in Yes," explain:	oonses reveneu, suspenueu	a or torrimated during the la.	A your:	🗌 163 📙 NO
		· · ·				

SCHEDULE I (Form 990)

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.

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Metro Meals on Wheels Inc 31-1501057 Part I **General Information on Grants and Assistance** 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? 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. (f) Method of valuation (q) Description of (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(h) Purpose of grant (book, FMV, appraisal, noncash assistance or government (if applicable) grant cash assistance or assistance other) (1) Bloomington Meals on Wheels 8400 France Avenue South Oven and Bloomington, MN 55431 13,045 Refrigerator (2) South Minneapolis Meals on Restricted PO Box 17210 from Bethany Minneapolis, MN 55417 20,000 Luthern (3) Trust Meals on Wheels Restricted 4101 Harriet Ave South from Bethany Minneapolis, MN 55409 10,000 Luthern (4) SouthWest Mpls Meals on Whe Restricted 6301 Washburn Ave S from Bethany Minneapolis, MN 55423 10,000 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

31-1501057

recipients cash grant noncash assistance FMV, appraisal, other) V Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	assistance
V Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
V Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
V Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
V Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Noncash Contributions

▶ 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.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Metro Meals on Wheels Inc 31-1501057 Types of Property Part I (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded X 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 Real estate - Other 17 18 19 Food inventory 20 Drugs and medical supplies . . . 21 22 Historical artifacts 23 Scientific specimens . . 24 Archeological artifacts 25 Other (SERVICES 20 100,932 FAIR VALUE 26 Other ►(GOODS х 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 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? Χ If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ contributions? 32a If "Yes," describe in Part II. b 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

Open to Public

Inspection
Employer identification number

Metro Meals on Wheels Inc

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
A MEMBER MAY BE TERMINATED OR SUSPENDED BY THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE MEMBERS ENTITLED TO VOTE.
MEMBERS ENTITLED TO VOTE.
MEMBERS ENTITLED TO VOTE. 04. Form 990 governing body review (Part VI, line 11)
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
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
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
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
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)
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

Schedule O (Form 990 or 990-EZ) (2018)

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 v	violations of
laws and regulations and of the Organization's plans and policies, and any or	ther
Tawb and regarderons and or the organization is plans and policies, and any or	EIICI
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	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)	
ov cas, checkers drieded, cop management comp (rare vi, rine isa,	
SALARY OF EXECUTIVE DIRECTOR REVIEWED ANNUALLY. SALARY REVIEWED BY COMPARISO	N WITH OTHER
DWHITTER OF GIVE IN CITE IND MIGGION - DOLDD INGO THE INGOINE TOD DWH	
ENTITIES OF SIMILAR SIZE AND MISSION. BOARD ALSO TAKES INTO ACCOUNT JOB DUT	IES 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 EN	TITIES OF
SIMILAR SIZE AND MISSION; MANAGEMENT ALSO CONSIDERS JOB DUTIES AND JOB PERFO	RMANCE
REVIEWS.	
08. Governing documents, etc, available to public (Part VI, line 19)	
GOVERNING DOCUMENTS AND ANY CHANGES THERETO ARE MADE AVAILBLE TO PUBLIC UPON	RECUEST
GOVERNING ENGENHEED AND ANT CHANGED THERETO AND PADE AVAILABLE TO TORDIC OFON	REQUEST:

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-1709

Electronic filling (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. Enter filer's identifying number, see instructions Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print Metro Meals on Wheels Inc 31-1501057 Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the due date for 1200 WASHINGTON AVE SOUTH filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions Minneapolis, MN 55415 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 Application Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 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 a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until 02-18 , 20 20 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► ☐ calendar year 20 or ► X tax year beginning 04-01 , 20 18 , and ending 03-31 , 20 19 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

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.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

3b | \$

3c

		Federal Supporting Statem	ients	2018 PG01
Name(s) as shown on return				Tax ID Number
Metro Mea	ls on Wheel	s Inc		31-1501057
		Form 4562 - Line 19a		Statement #567
Basis	RP	CV	Method	Deduction
1,046 3,324	RP 3 3 3 3	HY HY	SL SL	174 554
714	3	HY	SL	119
3,161	3	HY	SL	527
Total				<u>1,374</u>
		Form 4562 - Line 19b		PG01 Statement #568
Basis 7,145	RP 5 5	CV HY	Method SL	Deduction 715
1,900	5	HY	SL	<u> </u>
Total				905

990	Overflow Statement		2018 Page 1
me(s) as shown on return		F	EIN
etro Meals on Whe	eels inc		31-1501057
escription			Amount
NNUAL REPORT			\$ 2,220
ANK FEES ELEPHONE			11,408 5,037
OLUNTEER RECRUITM			2,925
<u>OHONIEER RECROIIR</u> LIZARD BLITZ			4,003
QUIPMENT LEASE			12,115
ERCHANDISE/OTHER			28,127
ESTRICTED FUNDS D	ISBURSED		45,404
AYROLL SERVICES			5,750
		Total:	<u>\$ 116,989</u>
<u>escription</u>			Amount
ANK FEES			\$ 449
ELEPHONE			134
AYROLL SERVICES			226
QUIPMENT LEASE			476
		Total:	\$ 1,285
escription			Amount
ANK FEES			\$ 1,741
ELEPHONE			519_
QUIPMENT LEASE			1,848
AYROLL SERVICES			878
NNUAL REPORT			2,219
		Total:	<u>\$ 7,205</u>

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

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name	2014	2015	2016	2017	2018	Total	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.

Name(s) as shown on return

Depreciation Detail Listing

Program Services

For your records only

2018

PAGE 1

Metro Meals on Wheels Inc

Social security number/EIN 31-1501057

8 DELL COMPUTER 03132014 450 100.00 2,500 5 0 0 2,500 2,500 100.00 2,500 5 0 0 2,500 2,500 100.00 2,500 5 0 0 2,500 2,500 100.00 643 5 0 0 2,500 2,500 100.00 643 5 0 0 2,500 100.00 100.00 1,000 11,000 5 0 0 1,000 1,0		Metro Meals on Wheels	Inc		 							31	-1501057		
2 RECEPTION DESK AND CU 05122010 1,100 100.00 530 5 0 0 1,100 1,100 5 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 530 5 0 0 0 530 5 0 0 0 530 5 0 0 0 530 5 0 0 0 530 5 0 0 0 0	No.	Description	Date	Cost			•	Life	Me	thod	Rate			l	
STILE CABINET 1229201 530 100.00 849 3	1	TELEPHONE SYSTEM	06012010	5,099	100.00		5,099	7			0	5,099		5,099	
4 DELL COMPUTER 1212013 757 100.00 757 3 0 0 849 849 5 0 0 550 5 5 0 5 5 0 100.00 757 7 757 100.00 757 3 0 0 757 7 757 6 0 ELL COMPUTER 1212013 757 100.00 750 3 0 0 550 5 5 0 5 5 0 7 5 0 0 100.00 700 700 7 700 7 7 7 7 7 7 7 7 7 7	2	RECEPTION DESK AND CH	05122010	1,100	100.00		1,100	7			0	1,100		1,100	
Delic Computer 12122013 757 100.00 757 3 0 0 757	3	FILE CABINET	12292011	530	100.00		530	5			0	530		530	
6 DELL COMPUTER 02132014 550 100.00 7,060 5 SL MQ 20 5,505 1,235 7,060 1,235 8 DELL COMPUTER 03132014 450 100.00 7,060 5 SL MQ 20 5,825 1,235 7,060 1,235 9 DELL COMPUTER 03132014 450 100.00 2,500 5 0 0 450 0 450 0 2,500 10 DEPENDENT 05102012 2,500 100.00 2,500 5 0 0 2,500 2,500 10 DEPENDENT 05102012 383 100.00 643 5 0 0 383 3 383 12 DEPENDENT 05102012 1,020	4	DELL COMPUTER	06132013	849	100.00		849	3			0	849		849	
The first computer The fir	5	DELL COMPUTER	12122013	757	100.00		757	3			0	757		757	
8 DELL COMPUTER 03132014 450 100.00 450 3	6	DELL COMPUTER	02132014	550	100.00		550	3			0	550		550	
9 SORTER 05242012 2,500 100.00 2,500 5 0 0 2,500 2,500 100.00 643 5 0 0 643 643 643 11 ALLEGRA 08012012 383 100.00 383 5 0 0 643 3 83 3 83 383 100.00 1,020 5 0 0 1,020 1,020 13 WO LAPTOPS 02132013 1,020 100.00 1,085 3 SL W3 3.333 870 175 1,045 175 1,045 175 15 ELEPHONE 06112015 1,445 100.00 1,045 3 SL W3 3.333 870 175 1,045 175 15 ELEPHONE 06112016 1,130 100.00 1,130 3 SL W3 3.333 754 376 1,130 376 16 DELL COMPUTER 01132017 31,599 100.00 1,130 31 SL W3 3.333 10,533 10,533 10,533 10,533 10,533 12,106 10,533 18 COMPUTER 01132017 31,599 100.00 11,111 3 SL W3 3.333 416 370 766 377 19 KITCHEN COMPUTER 01132017 53,369 100.00 53,369 7 SL W4 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL W4 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL W4 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL W4 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL W4 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL W4 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL W4 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL W4 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL W4 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL W4 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL W4 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL W4 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL W4 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL W4 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL W4 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7	7	SERVER	02242014	7,060	100.00		7,060	5	SL	MQ	20	5,825	1,235	7,060	1,235
10 EPSON 08012012 643 100.00 643 5	8	DELL COMPUTER	03132014	450	100.00		450	3			0	450		450	
11 ALLEGRA 08012012 383 100.00 383 5 0 0 383 383 122 COMPUTER 02132013 1,020 100.00 1,020 5 0 0 1,020 1,020 1,020 13 TWO LAPTOPS 02122015 1,183 100.00 1,183 3 0 1,183 3 0 1,182 1 1,183 140	9	SORTER	05242012	2,500	100.00		2,500	5			0	2,500		2,500	
12 COMPUTER 02132013 1,020 100.00 1,020 5	10	EPSON	08012012	643	100.00		643	5			0	643		643	
13 TWO LAPTOPS 02122015 1,183 100.00 1,183 3	11	ALLEGRA	08012012	383	100.00		383	5			0	383		383	
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 1,130 376 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 1,045 175 175 175 1,045 175 175 175 175 175 175 175 175 175 17	12	COMPUTER	02132013	1,020	100.00		1,020	5			0	1,020		1,020	
15 TELEPHONE 09092015 658 100.00 658 5 SL HY 20 330 132 462 132 166 DELL COMPUTER 02112016 1,130 100.00 1,130 3 SL HY 33.333 754 376 1,130 3,133 10,533	13	TWO LAPTOPS	02122015	1,183	100.00		1,183	3			0	1,182	1	1,183	
16 DELL COMPUTER 02112016 1,130 100.00 1,130 3 SL HY 33.333 754 376 1,130 376 17 KITCHEN STARTUP SUPPLO3312017 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	14	DELL COMPUTER	06112015	1,045	100.00		1,045	3	SL	HY	33.333	870	175	1,045	175
17 KITCHEN STARTUP SUPPL 03312017 31,599 100.00 31,599 3 SL MQ 33.333 10,533 21,066 10,533 18 COMPUTER 01132017 1,111 100.00 1,111 3 SL MQ 33.333 416 370 780 780 780 780 780 780 780 780 780 7	15	TELEPHONE	09092015	658	100.00		658	5	SL	HY	20	330	132	462	132
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 33.333 201 179 380 175 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 11,076 5 SL HY 20 108 215 323 215 KITCHEN EQUIPMENT 05102017 888 100.00 888 3 SL HY 33.333 148 296 444 296 26 CHARBROILER 04132017 427 100.00 888 3 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	16	DELL COMPUTER	02112016	1,130	100.00		1,130	3	SL	HY	33.333	754	376	1,130	376
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 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL HY 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 53,369 7 SL HY 14.286 3,812 7,624 11,436 7,624 12 VAN WITH THERMO KING 10312017 53,369 100.00 19,072 5 SL HY 20 1,907 3,814 5,721 3,814 12 VAN WITH THERMO KING 10312017 100.00 11,990 5 SL HY 20 1,199 2,398 3,597 2,398 12 VAN WITH THERMO KING 10312017 1,076 100.00 1,076 5 SL HY 20 1,199 2,398 3,597 2,398 12 VAN WITH THERMO KING 10312017 1,076 100.00 1,076 5 SL HY 20 108 215 323 215 125 VAN WITH THERMO KING 10312017 1,076 100.00 1,076 5 SL HY 20 108 215 323 215 125 VAN WITH THERMO KING 10312017 1,076 100.00 1,076 5 SL HY 20 43 85 128 8	17	KITCHEN STARTUP SUPPI	03312017	31,599	100.00		31,599	3	SL	MQ	33.333	10,533	10,533	21,066	10,533
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 1,907 2 100.00 11,990 5 SL HY 20 1,199 2,398 3,597 2,398 24 EAKERY DOLLY (8) 05022017 1,076 100.00 1,076 5 SL HY 20 108 215 323 215 215 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	18	COMPUTER	01132017	1,111	100.00		1,111	3	SL	MQ	33.333	416	370	786	370
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	19	KITCHEN COMPUTER	02132017	536	100.00		536	3	SL	MQ	33.333	201	179	380	179
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	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
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	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
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	22	KITCHEN EQUIPMENT	02072018	19,072	100.00		19,072	5	SL	HY	20	1,907	3,814	5,721	3,814
25 KITCHEN EQUIPMENT 05102017 888 100.00 888 3 SL HY 33.333 148 296 444 296 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	23	KITCHEN EQUIPMENT	03082018	11,990	100.00		11,990	5	SL	HY	20	1,199	2,398	3,597	2,398
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 62 123 185 128	24	BAKERY DOLLY (8)	05022017	1,076	100.00		1,076	5	SL	HY	20	108	215	323	215
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	25	KITCHEN EQUIPMENT	05102017	888	100.00		888	3	SL	HY	33.333	148	296	444	296
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	26	CHARBROILER	04132017	427	100.00		427	5	SL	HY	20	43	85	128	85
29 SHELVING 05182017 615 100.00 615 5 SL HY 20 62 123 185 123	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
30 KITCHEN UTENSILS 05022017 784 100.00 784 3 SL HY 33.333 131 261 392 261	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

Depreciation Detail Listing

Program Services

For your records only

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Name(s) as shown on return

* Item is included in UBIA

for Section 199A calculations. See "UBIA" in lower right corner.

Metro Meals on Wheels Inc

Social security number/EIN 31-1501057

	etro 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

41,868

235,532