Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	017 calendar year, or tax yea	r beginning , 201	7, and ending			, 20		
Вс	heck if ap	olicable C Name of organiz	ation		D Empl	oyer identifi	cation number		
	Address cl	ange Servants of the L	ord Meals on Wheels		1	20-5499835			
□ ^	Name cha	ge Number and street	(or P.O box, if mail is not delivered to street address)	Room/suite	E Telep	hone numbe	r		
=	nıtıal retur	IP () Roy 415				770-92	2- 1 819		
=		City or town, state of	or province, country, and ZIP or foreign postal code	03	F Grou	p Exemption			
=	Amended Application		112			nber ►			
		ng Method 🗸 Cash 🔲 A		н	Check I	▶ if the	organization is not		
	/ebsite		toolad.				Schedule B		
		pt status (check only one) - 🗸	501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1)	or □527	•		or 990-PF).		
		organization: Corporation			-`		<u></u>		
			ermine gross receipts. If gross receipts are \$200,000 c		l assets				
			more, file Form 990 instead of Form 990-EZ			▶ ¢	26,096		
<u> </u>	art I		and Changes in Net Assets or Fund Balar		inetru	rtions for			
	art i		n used Schedule O to respond to any questio						
				II III UIIS FAIL		1			
	1		, and similar amounts received		• •	2	26,096		
	2	_	ncluding government fees and contracts			3			
	3	•	essments						
	4	Investment income	1-	.,		4			
	5a		assets other than inventory 5						
	b		nd sales expenses			- <u>-</u> -			
	С	Gain or (loss) from sale of a		5c					
	6	Gaming and fundraising ev							
4	а		ing (attach Schedule G if greater than	,					
Ę		\$15,000)							
Revenue	b		sing events (not including \$	of contribution	ns				
æ		from fundraising events re	ported on-line 1) (attach Schedule G if the			1			
		- % 1	and contributions exceeds \$15,000) 6	b					
	С	Less: direct expenses from	gaming and fundraising events 6						
	d		gaming and fundralsing events (add lines 6a a	and 6b and su	ıbtract				
		line 6c)	· · · · · · · · · · · · · · · · · · ·			6d			
	7a	Gross sales of inventory, le	ss returns and allowances	a]			
	b	Less: cost of goods sold	ss returns and allowances	Ь		<u></u>			
	С	Gross profit or (loss) from s	sales of inventory (Subtract line 7b from line 7a)			7c			
	8	Other revenue (describe in	Schedule O)			8			
	9	Total revenue. Add lines 1	, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	26,096		
	10	Grants and similar amount	s paid (list in Schedule O)			10			
	11	Benefits paid to or for men	nbers			11			
2018 nses	12	Salaries, other compensati	on, and employee benefits			12			
] 	13	Professional fees and othe	r payments to independent contractors			13			
&⊎ 8	14		and maintenance			14			
ବ୍ୟ X	15		age, and shipping			15			
<u> </u>	16	.	in Schedule O)			16	21,416		
AùG	17		10 through 16			17	21,416		
	18	Excess or (deficit) for the v	ear (Subtract line 17 from line 9)			18	4,680		
SENET Assets	19		es at beginning of year (from line 27, column (.,,,,,,,		
盃 SS	-	end-of-year figure reported				19	1,457		
N. A. A.	20	• • •	ts or fund balances (explain in Schedule O)			20	1,701		
SCANNED Net Assets	21	_	es at end of year. Combine lines 18 through 20			21	4,436		
				Cat. No 10642I			m 990-EZ (2017)		

Pa	rt II Balance Sheets (see the instructions for					
	Check if the organization used Schedule	O to respond to ar	y question in this			
			_	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			1,457		6,137
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			1,457		6,137
26	Total liabilities (describe in Schedule O)		<u>-</u>	2,197 -740		1,701
27 Par	Net assets or fund balances (line 27 of column till Statement of Program Service Accomp				21	4,436
FGI	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?					uired for section
			·-·			c)(3) and 501(c)(4) inizations, optional for
Desc	cribe the organization's program service accomplisheasured by expenses. In a clear and concise man	annents for each of anner describe the	i its trifee largest p	rogram services, I the number of	othe	•
pers	ons benefited, and other relevant information for ea	ch program title.	services provided	i, the hamber of		
28	We cook and deliver hot meals to homes of approx. 1		d people on each Sa	turday plus two		
	holidays (except for the month of July). No one in the					
	cars & pay their own gas. All donations (except \$121					
	(Grants \$) If this amount				28a	21,416
29						
					ŀ	
						}
	(Grants \$) If this amount	includes foreign gra	nts, check here .	<u>, , , ▶ □</u>	29 a	<u> </u>
30						
					ļ	
	· · · · · · · · · · · · · · · · · · ·	includes foreign gra			30 a	1
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
	Total program service expenses (add lines 28a t				32	1
Par	t IV List of Officers, Directors, Trustees, and Key	• • •		•	nstru	ctions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,	: :	<u> U</u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	 benefit plans, and deferred compensatio 		other compensation
	Michael Vader Dresident		,		+	
Jon	Michael Yoder, President	8			0	0
Doto	- B& Columids	8		<u>'</u>	╫	
rete	r M. Schmidt	7			0	0
				1	1	
				1	1	
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	ran		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	<u> </u>	Yes	
34	detailed description of each activity in Schedule O	33		1
35a	change on Schedule O (see instructions)	34		✓
b	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		/
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	!		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►		, .	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
-	explanation in Schedule O	44d	1 -	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)	45h		

Form 990)-EZ (20	017)						P	age 4
		· · · · · · · · · · · · · · · · · · ·		<u></u>				Yes	No
		ne organization engage, directly or in						279	
	to car	ndidates for public office? If "Yes," c	omplete Schedule C	, Part I			- 46		1
Part \		Section 501(c)(3) organizations							
		All section 501(c)(3) organizations		estions 47-49b and	52. and	complete th	e tables f	or line	es
		50 and 51.	7		,				
		Check if the organization used Sch	nedule O to respond	to any question in	this Part	\/I			
		Check if the organization used oor	icadic o to respond	a to any question in	tillo i dit	• • • •	• • • •	Yes	No
47	Dry +I	he organization engage in lobbying	activities or have a	section 501/h) electi	ion in offo	et during the	tay [103	110
		If "Yes," complete Schedule C, Part		Section 30 I(II) elect	ion in ene	ct during the	. 47		1
	•	•						-	V
48		organization a school as described in					. 48		V
		ne organization make any transfers to			lization? .		. 49a	ļ:	✓
		es," was the related organization a se					. 49b		<u> </u>
50		olete this table for the organization's							
	emple	oyees) who each received more than	\$100,000 of compe	nsation from the org	·		e, enter "N	None."	
			(b) Average	(c) Reportable		alth benefits, ons to employee	(e) Estimate	nd amo	unt of
	(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-MISC	honofit pla	ins, and deferred	other con		
			devoted to position	(FORTIS W-2/1099-WISC	" com	pensation	ł		
None									
		·····							
									
			· · · · · · · · · · · · · · · · · · ·	1	+				
				}					
					 				
				<u> </u>					
f		number of other employees paid over				_			
51		plete this table for the organization's			nt contract	ors who eacl	1 received	more	thar
	\$100	,000 of compensation from the orga	nization. If there is n	one, enter "None."					
	(a)	Name and business address of each independ	ent contractor	(b) Type of se	rvice	(c) Compensat	ion	
None									
				<u> </u>	····				
				7					
d	Total	number of other independent contra	ctors each receiving	over \$100,000	.▶				
52		the organization complete Schedu			anizations	must attac	h a		
		oleted Schedule A					່.▶່ ⊘ Yes	s 🗆 i	No
Lindor D			otum including accompa			the best of my k			
true, con	enalues rect, an	of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than	eturn, including accompar officer) is based on all inf	ormation of which prepare	r has any kno	wledge	llowledge and	u bellel,	II IS
		Je m				7/	$\frac{1}{(1 + 1)^2}$	10	
Sign		Signature of officer	MAX		<u>_</u>	Date /	eja.O	10	
		•				-			
Here		Peter M. Schmidt, Treasurer							
		Type or print name and title		· · · · · · · · · · · · · · · · · · ·	3				
Paid		Print/Type preparer's name	Preparer's signature	1	Date	Check _] if PTIN		
Prepa	arer		self-emplo	self-employed					
Use (Firm's name ▶				Firm's E IN ▶			
		Firm's address ▶	·			Phone no			
May th	e IRS	discuss this return with the preparer	shown above? See	instructions			▶ ☐ Ve		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Inspection

ame	or the o	rganization					Employer identification	Rumper	
erva	ants of	the Lord Meals on Wheels						99835	_
	ተ ሀ	Reason for Public Char						ns.	_
he c	•	ation is not a private founda		,	· ·	•	•		
1		church, convention of church						$\Theta_{\mathbf{I}}$	
2		school described in section						θ	
3		hospital or a cooperative hos medical research organizatio						(iii) Enter the	
4		spital's name, city, and state	•	injunction with a nosp	niai uesc	ilbed iii s	ecuon moustina	ing. Enter the	
5	□An	organization operated for t	be benefit of a	college or university	owned o	r operate	ed by a government	al unit described i	'n
		ction 170(b)(1)(A)(iv). (Comp			•	. оролан	a sy a go to time		•
6		federal, state, or local govern	•	mental unit described	ın sectio	n 170(b)	(1)(A)(v).		
		organization that normally						n the general public	С
	de	scribed in section 170(b)(1)	(A)(vi). (Complete	e Part II.)					
8	□Ad	community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)				
9		agricultural research organi							
		university or a non-land-grai	nt college of agri	culture (see instructio	ns). Ente	r the nan	ne, city, and state of	the college or	
40		iversity:						-7	
10	An ري rec	organization that normally receipts from activities related	eceives. (1) more to its exempt fur	e than 33'/3% of its sunctions—subject to ce	ipport iro ertain exc	im contri eptions.	outions, membership and (2) no more that	ກ iees, and gross n 33¹/₃% of its	
	su	pport from gross investment	income and unr	elated business taxal	ole incom	ie (less se	ection 511 tax) from	businesses	
4.4		quired by the organization at organization organized and							
11 12		organization organized and organized and	•	•				m, out the nurnose	
12		one or more publicly suppo							
		neck the box in lines 12a thro							
а		Type i. A supporting organ	ization operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving	
		the supported organization							
		supporting organization. Yo	ou must comple	ete Part IV, Sections	A and B.	•			
b		Type II. A supporting organ							
		control or management of t				persons	that control or man	age the supported	
	_	organization(s). You must	•					- 11	
С	لــا	Type III functionally integrated organization(s						ally integrated with,	1
d		Type III non-functionally i						ortad arganization/	٠,
u		that is not functionally integ							
		requirement (see instruction							
е		Check this box if the organ	•	•				e II, Type III	
		functionally integrated, or T						, · , , - ···	
f		er the number of supported o							
g	Prov	vide the following information	about the supp	orted organization(s).					_
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))		ment?	instructions)	instructions)	
					Yes	No			
					163	140			-
4)									
		<u></u>		····					_
3)						1			
C)		- ··· - ··· i · · · · · · · · · · · · · 							_
<i>-</i> ,									_
D)		- 							
					ļ				_
E)					1	}			
- 4 -				Same Karasa					_

Schedule A (Form 990 or 990-EZ) 2017

Part II

Part	II Support Schedule for Organiza	tions Descri	hed in Secti	ons 170/h\/1	\/Δ\/iv) and 1	70(b)(1)(A)(vi	<u>)</u>
· art	(Complete only if you checked the						
	Part III. If the organization fails to						anity under
Cooti	on A. Public Support	quality unde	the tests ha	ted below, p	lease comple	te i ait iii.)	
		(a) 2013	(b) 2014	(a) 201E	(d) 2016	(e) 2017	(f) Total
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(a) 20 / 6	(e) 2017	(i) iotai
1	Gifts, grants, contributions, and membership fees received. (Do not			'	/	ĺ	
	include any "unusual grants.")				/		
_							
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				.,		
5	The portion of total contributions by			/			
	each person (other than a			/			
	governmental unit or publicly			/		1	
	supported organization) included on line 1 that exceeds 2% of the amount			/			
	shown on line 11, column (f)			,			
_	• •						
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support				<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c)/2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(4) 2010	(5) 2011	/	(-, -0.0	(0, 20 11	1.7
8	Gross income from interest, dividends,			1			
0	payments received on securities loans,			/			
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business			Ì			
	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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	•	•	1		12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·	<u> </u>		▶ □
	on C. Computation of Public Suppor	<u></u>					
14	Public support percentage for 2017 (line	* *	•			15	<u></u> %
15	Public support percentage from 2016 Sci 331/3% support test—2017. If the organ						shook this
16a	box and stop here. The organization qua						
b	331/3% support test—2016. If the organi	•		-			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—2		1				
,,,	10% or more, and if the organization me	eets the "facts	-and-circumst	ances" test. ch	neck this box	and stop here.	Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	supported
	organization						
h	10%-facts-and-circumstances test—2	016. If the org	anization did n	ot check a bo	x on line 13 1	6a. 16b or 17	
_	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r	neets the "fac	ts-and-circum	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions	. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	▶ □

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

Section	on A. Public Support		·		•		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	19,854	17,823	25,113	20,528	26,096	109,414
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	0	0	0	o	o	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	o	o	O	o	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	o	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	o	o	o	o	o	0
6	Total. Add lines 1 through 5	19,854	17,823	25,113	20,528	26,096	109,414
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 100 of the amount on line 13 for the year.						_
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
8 8	Add lines 7a and 7b	0	0	_0	0	0	0
Secti	on B. Total Support	1				l	109,414
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	19,854	17,823	25,113	20,528	26,096	109,414
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	13,034	0	0	0	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	o	0	0	o	o	0
С	Add lines 10a and 10b	0	0	0	O	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	o	0	o	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	o	0	0	o	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)				·	26,096	109,414
14	First five years. If the Form 990 is for the organization, check this box and stop he	•		d, third, fourth		ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor						<u></u>
15	Public support percentage for 2017 (line 8			3. column (f))	· · · · · · · · · · · · · · · · · · ·	15	100 %
16	Public support percentage from 2016 Sch		•			16	100 %
	on D. Computation of Investment In					<u>-1. · · ·</u>	
17	Investment income percentage for 2017 (y line 13, colur	nn (f))	17	0 %
18	Investment income percentage from 2016		• •	-		18	0 %
19a	331/3% support tests-2017. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m		
b	17 is not more than 33½%, check this box 33½% support tests—2016. If the organize line 18 is not more than 33½%, check this	ation did not cl	neck a box on	line 14 or line 1	9a, and line 1 6	is more than 3	31/3%, and
20	Private foundation. If the organization di	-	_		•		

Pent IM

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	_)	
Secti	on A. All Supporting Organizations		,	,
			Yes	No
1	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.	1		
2	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 VII how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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	3a		
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.	3b		
С	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.	3с		
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.	4a	,	
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.	4b	7	
С	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.	4c		
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).	5a		
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?	5b	-	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
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 .	9a		
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.	9b		
С	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.	9c		
	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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	1

determine whether the organization had excess business holdings.)

10b

SCHEDULE O. (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

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Open to Public Inspection

Name of the organization	Employer identification number						
Servants of the Lord Meals on Wheels							
Form 990-EZ Part I, Line 16, Other Expenses: \$21,416 Total							
Cost of Purchasing Food and Containers - \$21,295.							
Bank Fees and Cost for Checks - \$121.							
Bank Fees and Cost for Checks - \$121.							