

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)

OMB No. 1545-1150 2017

Open to Public Inspection

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.

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20							
B	Check if applicable:		C Name of organization D Em	Employer identification number			
	Address d	hange	Meals on Wheels of Horry County, Inc.		26-3523060		
	Name cha	-		ephone n	umber		
_	Initial retur		PO Box 50862	84	3-283-4800		
=	Hinai returi Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	oup Exe	p Exemption		
=	Application		Myrtle Beach, SC 29579-0015	mber 🕨	nber ▶		
-		ing Method:		▶ □i	f the organization is not		
	Vebsite		·—		ach Schedule B		
J T	ax-exen				D-EZ, or 990-PF).		
			✓ Corporation ☐ Trust ☐ Association ☐ Other				
			7b to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total asset	s			
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	77,368		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instr	ections			
			the organization used Schedule O to respond to any question in this Part I				
	1		ons, gifts, grants, and similar amounts received	111	41,430		
	2		ervice revenue including government fees and contracts	2	35,938		
	3	_	ip dues and assessments	3	33,330		
	4	Investment		4			
	5a		ount from sale of assets other than inventory	1-1			
	b		or other basis and sales expenses	-{			
		Gain or (los	5c				
	6	Gaming an					
9	a	Gross inc. \$15,000) .					
Revenue	ь	Gross inco	me from fundraising events (not including \$ of contributions	7 }			
é	1	from fundr	1 1				
_	1	sum of suc	th gross income and contributions exceeds \$15,000) 6b				
	C	Less: direc	t expenses from garning and fundraising events 6c	7			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	7			
	}	line 6c) .		6d			
	7a	Gross sale	_ i				
	Ь	Less: cost	_				
	C	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8	Other reve	nue (describe in Schedule O)	8			
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RECIEVED .	9	77,368		
	10	Grants and	similar amounts paid (list in Schedule U)	10			
	111		ther componentian and employee benefits	11			
8	12	Salaries, of	ther compensation, and employee benefits APR 2 3 2018	12			
Expense	13	Profession	al fees and other payments to independent contractors 22	13			
ğ	14	Occupanc	y, rent, utilities, and maintenance	14	15,122		
Ű	15	Printing, pa	y, rent, utilities, and maintenance	- 15	190		
	16	Onici expe		16	53,421		
	17		enses. Add lines 10 through 16	17	68,733		
20	18		(deficit) for the year (Subtract line 17 from line 9)	18	8,635		
86	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with	\			
AB	1	end-of-yea	r figure reported on prior year's return)	19	22,867		
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)	20			
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20 ▶	21	31,502		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2017)



LOW!	990-EZ (2017)					Page ∠
Pa	Balance Sheets (see the instructions t	•				···
	Check if the organization used Schedule	O to respond to a	ny question in this		<u> </u>	<u> </u>
,	•		_	(A) Beginning of year	`	(B) End of year
22	Cash, savings, and investments			22,867		31,502
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		···· · · · · · · · · · · · · · · · · ·		25	31,502
26	Total liabilities (describe in Schedule O)	(7)	: : : : : - : -		26	
27 Par	Net assets or fund balances (line 27 of column			22,867	27	31,502
Par						Expenses
1A/h-~	Check if the organization used Schedule				(Requ	ared for section
	t is the organization's primary exempt purpose?				•)(3) and 501(c)(4)
as m	ribe the organization's program service accomplise reasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe th			other	wzations; optional for s.)
28	Positively impacted the lives of 185 Horry County res					
	God's LOVE and Carng for His children who cannot					
	19,684 hot lunches. MOWHC is a Christ-centered out					
	(Grants \$) If this amount	includes foreign gr	ants, check here .	<u> ▶ []</u>	28a	64,369
29						
	(Grants \$) If this amount	includes foreign gr	ants, check here .	<u>▶</u> ∐	29a	
30						
		, 				
		·				
		includes foreign gn	ants, check here .	<u> ▶ 📙 </u>	30a	
31	Other program services (describe in Schedule O)			· · · ·		
~~			ants, check here .		31a	
	Total program service expenses (add lines 28a t	hrough 31a)		, . 🕨	32	
32 Par	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list eac	h one even if not com	pensated—see the in	32	64,369 tions for Part IV)
	Total program service expenses (add lines 28a t	hrough 31a) Employees (list eac O to respond to a	h one even if not com ny question in this	pensated—see the in	32	
	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list eac	h one even if not com	pensated—see the in Part IV	Struct	tions for Part IV)
Par	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	hrough 31a) . Employees (list eac O to respond to a (b) Average hours per week	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	Struct	tions for Part IV)
Par	Total program service expenses (add lines 28a to the liver of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) . Employees (list eac O to respond to a (b) Average hours per week	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	Struct	tions for Part IV)
Par Kathy Presi Keith	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title / Edens dent Hope	hrough 31a) Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struct	tions for Part IV)
Par Kathy Presi Keith Treas	Total program service expenses (add lines 28a to 10 list of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title / Edens dent Hope	hrough 31a) Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	struct	tions for Part IV)
Kathy Presi Keith Treas Bobb	Total program service expenses (add lines 28a to 10 lives of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title / Edens dent Hope surer Hughes	hrough 31a) Employees (list eac O to respond to a fb) Average hours per week devoted to position 40	h one even if not common question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	tions for Part IV)
Kathy Presi Keith Treas Bobb Spint	Total program service expenses (add lines 28a to 10 lives) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title / Edens dent Hope surer I Hughes ual Director, Delivery Route Manager	hrough 31a) Employees (list eac O to respond to a b) Average hours per week devoted to position 40 36 28	h one even if not common question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	tions for Part IV)
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Kathy Presi Keith Treas Bobb Spint Julie Clien Keny	Total program service expenses (add lines 28a to 10 lives) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title / Edens dent Hope surer i Hughes ual Director, Delivery Route Manager Lee	hrough 31a) Employees (list eac O to respond to a b) Average hours per week devoted to position 40 36 28	h one even if not commy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	32 struc e (e) E of	tions for Part IV)
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POA

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П			
	mandona to rait v.) offeek is the organization used deflectine of to tespond to any question in the	<u> </u>	Yes	No			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O						
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)						
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		. 🗸			
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1			
C	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		y			
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 0]					
b	Did the organization file Form 1120-POL for this year?	37b		1			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	00-		,			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		-			
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	1		1			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9						
a h	Initiation fees and capital contributions included on line 9	1					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0 ; section 4955 0						
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			}			
v	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			
С	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		· ·	-			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization						
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	-	1			
41	List the states with which a copy of this return is filed ► South Carolina						
42a	The organization about are in our of a state	843-28					
	Located at ▶ 711 Juniper Drive, Surfside Beach, SC ZIP + 4 ▶	29575	5-3431				
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)?	42b	Yes	No √			
	If "Yes," enter the name of the foreign country:		[1			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAR)	1					
c	Financial Accounts (FBAR). 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	-	1			
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		1.63	1.40			
	completed instead of Form 990-EZ	44a	_	1			
	completed instead of Form 990-EZ	44b	+	1			
C	Did the organization receive any payments for indoor tanning services during the year?	44c	+ -	+			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	1000	1				
AE-	•	44d 45a		1			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	700	+	+			
Ь	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1			

d Total number of other independent contractors each receiving over \$100,000 . ▶	Form 99	90-EZ (2	2017)		, , , .	_			, F	age 4
All section 501(c)(3) organizations antly All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51, Check if the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 Did the organization a school as described in section 170(h)(1/k)(f)? If "Yes," complete Schedule E 48 Is the organization a school as described in section 170(h)(1/k)(f)? If "Yes," complete Schedule E 49 Did the organization as school as described in section 170(h)(1/k)(f)? If "Yes," complete Schedule E 49 Life Yes and the schedule C part II 49 Did the organization as chool as described in section 170(h)(1/k)(f)? If "Yes," complete Schedule E 49 Life Yes, "was the related organization a section 527 organization? 50 Complete It is table for the organization as colon 527 organization? 6) Name and title of each employee 6) Name and title of each employee 6) Name and title of each employees paid over \$100,000 of compensation from the organization. If there is none, enter "None." 6) Name and title of each employees paid over \$100,000 of compensation from the organization. If there is none, enter "None." 6) Name and title of each employees paid over \$100,000 of compensation from the organization. If there is none, enter "None." 6) Name and business astrtess of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 6) Total number of other independent contractors each receiving over \$100,000 or compensation or organization. If there is none, enter "None." 6) Total number of other independent contractors each receiving over \$100,000 or compensation or organization. If there is none, enter "None." 6) Total number of other independent contractors each receiving over \$100,000 or compensation or organization organization. If there is none, enter "None." 6) Total number of other independent contractors each	46	Did t	the organization engage, directly or in	ndirectly, in political o	ampaign activities	on behalf	of or in opposition	on [Yes	No
All section 501(c)(S) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI	43 p				, Parti ː .	<u> </u>	<u> </u>	46		1
Check if the organization used Schedule O to respond to any question in this Part VI Check if the organization engage in bibbying activities or have a section 501(th) election in effect during the tax was a section 501(th) election in effect during the tax was a section 501(th) election in effect during the tax was a section 501(th) election in effect during the tax was the organization as school as described in section 170(b)(1)/A)(th)? If "Yes," complete Schedule E 48	Part	VI 🛴			<u>-</u>	:			-	-
Ves No No No No No No No N		_	50 and 51.			_		tables to	or lin	es.
do Total number of other employees paid over \$100,000			Check if the organization used Sci	hedule O to respond	to any question in	this Part	VI	<u>: : .</u>		
year? If "Yes," complete Schedule C, Part II ### bit enganization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ### bit enganization make any transfers to an exempt non-charitable related organization? ### bit "Yes," was the related organization a section 527 organization? ### Complete this table for the organization is five highest compensated employees (other than officers, directors, trustess, and key employees) who each received more than \$100,000 of compensation from the organization, if there is none, enter "None." ### (ii) Name and site of each employee ### (iii) Plans and site of each employees paid over \$100,000 of compensation from the organization. If there is none, enter "None." ### Total number of other employees paid over \$100,000 of compensation from the organization. If there is none, enter "None." ### Total number of other employees paid over \$100,000 of compensation from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." ### Total number of other employees paid over \$100,000 of compensation from the organization. If there is none, enter "None." ### Total number of other independent contractor ### Total number of other independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." ### Total number of other independent contractors each receiving over \$100,000 of compensation from the organization organization smust attach a property of the organization organization organization smust attach a property of the organization orga	47	Dial i		* * * * * * * * * * * * * * * * * * *	5040		· · · · · · · · · · · · · · · · · · ·		Yes	No
Dut the organization make any transfers to an exempt non-charitable related organization? 48a	47									1
b If Yes,* was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours per week devoted to possition from W-2/1999-MSC) f Total number of other employees paid over \$100,000 ▶ 0 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (c) Compensation (d) Total number of other independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Name and business address of each independent contractor (e) Type of service (e) Compensation (e) Compensation (f) Total number of other independent contractors each receiving over "None." (e) Type of service (e) Compensation (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 ▶ 0 (e) Compensation (f) Total number of other independent contractors each receiving over "None." (e) Type of service (e) Compensation (f) Type of service (f) Type of service (g) Compensation (g) Type of service (here pensation from the organization	48	· · · · · · · · · · · · · · · · · · ·						48		1
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(a) Name and title of each ençioyee b) Average how reception (c) Repartable (c) Fear-table (c) F	50	Com	plete this table for the organization's	five highest compen	sated employees (o	ther than	officers, director	rs, trustee	s, an	d key
(a) Name and title of each employee		empi	loyees) who each received more than	1 \$100,000 of compe	nsation from the org			, enter "N	one."	
f Total number of other employees paid over \$100,000		(a)	Name and title of each employee	hours per week	compensation	contribut benefit p	tions to employee tans, and deferred			
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d Total number of other independent contractors each receiving over \$100,000 . ▶ 0 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ✓ Yes □ No Under penathes of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign		\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."					
d Total number of other independent contractors each receiving over \$100,000 0 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A: VYes No Under penalties of perjury, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Check if PTIN		(a)	Name and business address of each independ	lent contractor	(b) Type of s	ervice	(c) (Compensatio	on	
d Total number of other independent contractors each receiving over \$100,000 . ▶ 0 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ✓ Yes □ No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Keith A Hope, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check □ if self-employed Firm's name ▶ Firm's name ▶ Firm's address ▶ Phone no.	NONE									
d Total number of other independent contractors each receiving over \$100,000 . ▶ 0 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ✓ Yes □ No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Keith A Hope, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check □ if self-employed Firm's name ▶ Firm's name ▶ Firm's address ▶ Phone no.										
d Total number of other independent contractors each receiving over \$100,000 . ▶ 0 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ✓ Yes □ No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Keith A Hope, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check □ if self-employed Firm's name ▶ Firm's name ▶ Firm's address ▶ Phone no.				·	<u> </u>					
d Total number of other independent contractors each receiving over \$100,000 . ▶ 0 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ✓ Yes □ No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Keith A Hope, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check □ if self-employed Firm's name ▶ Firm's name ▶ Firm's address ▶ Phone no.				, ,						
d Total number of other independent contractors each receiving over \$100,000 . ▶ 0 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ✓ Yes □ No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Keith A Hope, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check □ if self-employed Firm's name ▶ Firm's name ▶ Firm's address ▶ Phone no.					4					
d Total number of other independent contractors each receiving over \$100,000 . ▶ 0 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ✓ Yes □ No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Keith A Hope, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check □ if self-employed Firm's name ▶ Firm's name ▶ Firm's address ▶ Phone no.			<u> </u>							
d Total number of other independent contractors each receiving over \$100,000 . ▶ 0 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ✓ Yes □ No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Keith A Hope, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check □ if self-employed Firm's name ▶ Firm's name ▶ Firm's address ▶ Phone no.					∤ ,					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A			N 24	\$15 LT, LH	· E- 27			> .		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					1					
Completed Schedule A Linder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶	- 0)		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	52			rle A? Note: All se	ection: 501(c)(3) on	ganization				No
Sign Here Keith A Hope, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature	Under n			atum including accompan	wing echartulae and state	vmente and t				
Here Keith A Hope, Treasurer Type or print name and title Print/Type preparer's name	true, cor	rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepare	er has any kn	owledge.	/ /	Dener,	
Here Keith A Hope, Treasurer Type or print name and title Print/Type preparer's name			Lette /	Hore	····· - · · · · · · · · · · · · · · · ·		4/1	8/2	015	
Type or print name and title Paid Preparer's name Preparer's signature Date Check ☐ if self-employed Firm's name ▶ Firm's address ▶ Phone no.	Sign		Signature of officer		-	Date		-		
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Preparer Use Only Firm's name ▶ Firm's address ▶ Phone no.			Type or print name and title							
Use Only Firm's name ► Firm's BIN ► Phone no.	Paid		Print/Type preparer's name	Preparer's signature	1	Date		rf		: .
Firm's address ▶	-				· · · · · · · · · · · · · · · · · · ·			ed		
	Use (Only								
THE THE REPORT OF THE PERMIT WILL BE DECEMBED ALL WAS A SHEET WAS INSTITUTIONS.	May th	e IRS		shown above? See	instructions		PHONE NO.	∑ Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

• Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

		Vheels of Horry County, Inc.					26-352		
Pai		Reason for Public Char						ns	
The o	_	ization is not a private foundat		•		-	•	_	
1		church, convention of church						0.1	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		hospital or a cooperative hos						Total the	
4	,								
5	hospital's name, city, and state:								
3	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8		community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)	-			
9		n agricultural research organi r university or a non-land-grar							
		niversity:							
10	re Si	n organization that normally receipts from activities related upport from gross investment cquired by the organization at	to its exempt fur income and un	nctions—subject to co related business taxal	ertain exc ble incom	eptions, e (less se	and (2) no more than ection 511 tax) from	1331/3% of its	
11		n organization organized and	operated exclus	sively to test for public	safety.	See secti	ion 509(a)(4).		
12		n organization organized and							
		f one or more publicly suppo							
	C	heck the box in lines 12a throi	=		_	_			
а	- L								
	_	the supported organization supporting organization. You	ou must comple	ete Part IV, Sections	A and B.			•	
b		Type II. A supporting organ							
	_	control or management of to organization(s). You must	complete Part I	V, Sections A and C.	•				
C		Type III functionally integrated its supported organization	• •					Illy integrated with,	
d		Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an		
е		Check this box if the organ functionally integrated, or T						il, Type III	
f	Ent	er the number of supported o	rganizations .						
g	Pro	vide the following information	about the supp	ported organization(s).					
	(i) Na	me of supported organization	(iii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				•	Yes	No			
(A)		 							
(B)							-:-		
(C)								· ,	
(D)			-		 			. , .	
(E) ·								-	
Tota					 			- 	

Schedu	de A (Form 990 or 990-EZ) 2017	· · _	• -			*	Page 2	
Part	Support Schedule for Organiza	tions Descri	bed in Section	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)	¢.	
	(Complete only if you checked th	e box on line	5, 7, or 8 of l	Part I or if the	organization	n failed to qua	lify under	
	Part III. If the organization fails to	qualify under	r the tests list	ed below, ple	ease comple	te Part III.)		
Secti	ion A. Public Support	<u> </u>						
Calen	ndar 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.")	32267	- 20000	20000	. 44400	44400	. 474000	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	32201	28993	29989	41420	41430	174099	
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	322267	28993	29989	41420	41430	174099	
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)	-					12683	
6	Public support. Subtract line 5 from line 4						161416	
	on B. Total Support							
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	32267	28993	29989	41420	41430	174099	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1421	1077	1390	1309	0	5197	
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						179296	
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	137343	
13	First five years. If the Form 990 is for th	e organization	's first, second	, third, fourth,	or fifth tax ye	ear as a section	1 501(c)(3)	
	organization, check this box and stop her	re	<u> </u>	. <u></u> .	<u>.</u>	<u> </u>	▶ □	
Secti	on C. Computation of Public Suppor	<u>_</u>						
14	Public support percentage for 2017 (line 6	i, column (f) div	rided by line 1°	i, column (f))		14	90.03 %	
15 16a	Public support percentage from 2016 Sch 33 ¹ /s% support test—2017. If the organic box and stop here. The organization qual	zation did not	check the box	on line 13, an	d line 14 is 33			
b								
17a	10%-facts-and-circumstances test—2017. 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 18	Private foundation. If the organization dis	tion meets the neets the "fact d not check a b	e "facts-and-c s-and-circums Dox on line 13,	rcumstances" tances" test. 7 	test, check the organization	this box and son qualifies as	top here. a publicly ▶ □	
	instructions	<u> </u>	· · · ·	<u> </u>	<u> </u>	<u> </u>	· · > 🖸	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**17**

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Meals on Wheels of Horry County, Inc. 26-3523060 990EZ Part I Item 16, Other Expenses: Meal Costs (food, trays, milk, etc.) - \$47,363; Kitchen Supplies - \$1,884; Administrative Costs (paper, toner ink, WEB site, SCSOS registration Renewal, etc.) - \$4,364. 990EZ Part III, Organization's Primary Purpose (con tinued): hot lunches to the homebound elderly, infirm, handicapped, and terminally ill who cannot prepare their own lunch. MOWHC is not affiliated with, nor part of, any church or religious organization. MOWHC exists solely by God's Grace and continuedd support; HE is the source of EVERYTHING identifying clients to be served, uplifting volunteers to deliver the meals, ALL funding, and empowering the volunteer staff to move forward & upward. 990EZ Part III, Program Accomplishments, Item 28 (continued): under-grided by God's Grace to serve those Horry County residents who are homebound by infirmity, age, chronic illness, physical disease, terminal illness, handicap, and/or meantal conditions. Our eligibility criteria are structured to specifically identify people who are homebound (can not drive), can not prepare their own meals, and do not have anyone else who can prepare lunch. Some clients may meet these criteria for a long time, and some for a temporary period, such as those recovering from hospital or rehabilitation visits. Overwhelmingly, those meeting our criteria also qualify for the "senior" designation (age 65 or older). MOWHC started operations on January 16, 2009; and has delivered a total of 129,761 hot, nutritious lunches in these 9 years. We rely solely on private donations from those individuals & organizations motivated to help feed those who cannot feed themselves. We share the Word of GOD through scripture verses on our meal covers and openly expressing our faith in Christ as our motivation for providing meals. MOWHC is an ALL volunteer organization; no one is paid. Everyone uses their own cars and gas - delivering the meals; purchasing the food supplies; getting to the kitchen; etc. We do ask our clients to contribute toward the cost of their meals - as they are able. However, no client is denied services due to inability to contribute. The Primary factors in determining eligibility are based on the individual's medical & physical condition. We do NOT discriminate whatsoever on the basis of race, color, religion, national origin, veteran status, gender, sexual orientation, age, nor disability.