

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

**2016**

**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.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning 1/01, 2016, and ending 12/31, 2016

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**North Canton Meals on Wheels**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**PO Box # 354**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Greentown, OH 44630-0354**

**D** Employer identification number  
**34-1134075**

**E** Telephone number  
**(330) 494-0366**

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

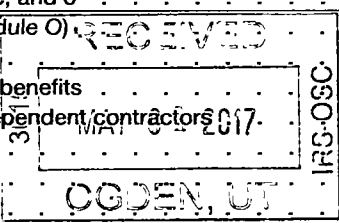
**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **59,345**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)**

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																				
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .															5,677																																
	2	Program service revenue including government fees and contracts . . . . .															0																																
	3	Membership dues and assessments . . . . .															0																																
	4	Investment income . . . . .															0																																
	5a	Gross amount from sale of assets other than inventory . . . . .															0																																
	b	Less: cost or other basis and sales expenses . . . . .															0																																
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .															0																																
	6	Gaming and fundraising events																																															
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .															0																																
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .															0																																
c	Less: direct expenses from gaming and fundraising events . . . . .															0																																	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .															0																																	
7a	Gross sales of inventory, less returns and allowances . . . . .															53,688																																	
b	Less: cost of goods sold . . . . .															43,740																																	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .															9,928																																	
8	Other revenue (describe in Schedule O) . . . . .															0																																	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶															15,605																																	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .															0																																
	11	Benefits paid to or for members . . . . .															0																																
	12	Salaries, other compensation, and employee benefits . . . . .															7,888																																
	13	Professional fees and other payments to independent contractors . . . . .															992																																
	14	Occupancy, rent, utilities, and maintenance . . . . .															2,575																																
	15	Printing, publications, postage, and shipping . . . . .															1,912																																
	16	Other expenses (describe in Schedule O) . . . . .															1,598																																
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶															14,965																																	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .															640																																
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .															3,495																																
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .															0																																
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶															4,135																																



SCANNED MAY 9 3 2017

6

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	4,434	7,254
<b>23</b> Land and buildings	0	0
<b>24</b> Other assets (describe in Schedule O)	138	208
<b>25</b> Total assets	4,572	7,462
<b>26</b> Total liabilities (describe in Schedule O)	1,077	3,327
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,495	4,135

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **Providing inexpensive, nutritious meals to those in need**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
<b>28</b> <u>Supply 2 meals (1 hot, 1 cold) at lunch time Mon-Fri delivered to homes of persons within our area for \$8/day. Unpaid volunteers deliver meals prepared fresh by our part-time cook and kitchen volunteers. We made 6136 hot meals, 4712 cold lunches and delivered *7580 times during 2016 (avg. 30 per day)</u> (Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> 44,568
<b>29</b> <u>Supply Holy Cross PreSchool and Kindergarten children with a nutritious, family-style lunch, charging only \$1.50 per child. Holy Cross Lutheran Church has provided us with a kitchen to prepare all our meals; thus, we are able to serve hot lunches for the school. We prepared 5773 lunches during 2016 (avg. 29 per school day)</u> (Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b> 8,717
<b>30</b> _____ _____ (Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b> 0
<b>31</b> Other program services (describe in Schedule O) _____ (Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b> 0
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b> 53,285

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Terry Clarke, Director				
President	6	0	0	0
Susan Harrison, Director				
Vice President	4	0	0	0
Lynnete Wright, Director				
Secretary	4	0	0	0
Rosemarie Millin, Director				
Treasurer	8	0	0	0
Judy McCune, Director				
Assistant Treasurer	2	0	0	0
JoAnn Ballway, Director				
Brady Fayen, Director ( 5 mos)	3	0	0	0
Sara Fry, Director				
Valerie Faucett, Director	2	0	0	0
Joe Mirocke, Jr., Director				
Neal Roberts, Director (6 mos)	2	0	0	0
Lucy Keenan, Director				
Program Coordinator	22	14,564	0	0
Helen Stevens (3 mos)				
Cook	20	2,303	0	0
Mary Oliver (7 mos)				
Job-sharing cook	12	4,190	0	0
Deborah Huchok (9 mos)				
Job-sharing cook	10	5,936	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

Form 990-EZ (2016) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, loans, and controlled entities. Includes fields for amounts and checkboxes for Yes/No.

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	Yes	No
			✓

**Part VI Section 501(c)(3) organizations only**

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 used Schedule O to respond to any question in this Part VI . . . . .

47	Did 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 . . . . .	Yes	No
			✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		✓
49b	b If "Yes," was the related organization a section 527 organization? . . . . .		

50 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 position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . . . 0

51 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
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.

<b>Sign Here</b>	<i>Rosemarie Millin</i> Signature of officer	4/26/2016 Date
	Rosemarie Millin, Treasurer Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization <b>North Canton Meals on Wheels</b>	Employer identification number <b>341134075</b>
---	--

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3876	8597	2976	4268	5677	25394
<b>2</b> 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 . . . .	41094	44790	43104	48495	53668	231151
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	359	326	0	0	0	685
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .	0	0	0	0	0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .	0	0	0	0	0	0
<b>6 Total.</b> Add lines 1 through 5 . . . .	45329	53713	46080	52763	59345	257230
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	0	0	0	0	0	0
<b>b</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	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b . . . .	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						257230

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 . . . .	45329	53713	46080	52763	59345	257230
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	536	218	0	0	0	754
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b . . . .	536	218	0	0	0	754
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	45865	53931	46080	52763	59345	257984
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	99.71 %
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . .	<b>16</b>	99.55 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	0.29 %
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 . . . .	<b>18</b>	0.32 %

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part 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.)

**Part III Line 12**

Since 2014, 100 % of our income is a result of monies paid by our clients and individual and corporate donations.. We have received no grant monies nor do we hold any fund raisers. Our mission is to remain an affordable independent non-profit food service for clients who do not wish to be subsidized by the local, state or federal government. We are staffed by all volunteers with the exception of three part-time paid employees, a coordinator and a pair of job-sharing cooks. To ensure our continued unique operation, our clients had agreed to an incremental price increase over the past two years, resulting in our present pricing of \$5.50 for a hot meal only or \$8.00 per day for both a freshly-prepared hot meal and a cold bagged lunch.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

**North Canton Meals on Wheels**

Employer identification number

**34-1134075**

Part I line 7a Includes monies received from the purchase of extra meals by our volunteer staff to eat or to take home

Part I line 7b Food on hand as of 12/31/2016 was inventoried and costed out at \$3385.50 and subtracted to arrive at the cost of goods sold

Part I line 13 Includes annual fees for North Canton Chamber of Commerce (\$105), Ohio and Stark County licensing fees (\$249), Ohio state required Comp Management (\$161) and state-required Safe Serv training and certification for our coordinator and cooks (\$159 x 3) for a total of \$992.

Part I line 16 Includes commercial liability insurance (\$1028), expenses for volunteer morale - annual appreciation banquet & weekly snacks (\$520) and Holy Cross Preschool & Kindergarten's share of ACME Community Cashback (\$50). Total: \$1598

Part II line 24 We do not own any land nor large assets. Our kitchen facilities are owned by Holy Cross Lutheran Church. Our minimal office furnishings and equipment were either bought used or donated, with the exception of a new printer purchased this year. Values of items less than 7 years old using Straight Line Depreciation: computer (2011) \$7; Hutch (2012) \$16; shredder (2013) \$32.50; 12 coolers (2012) \$47.20; 2 chairs (2013) \$6; printer (2016) \$50; gifted desk chair (2016) \$49. Total \$208

Part II line 26 Outstanding bills for 2016 as of 12/31/2016 include VISA (\$1059.26); Atlantic Food Distributors (\$1054.14); Avalon Foods (\$875.81); Federal and state taxes for December (\$272.03 + \$65.49) Total: \$3327