

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

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.

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A For the 2020 calendar year, or tax year beginning January 01, 2020, and ending December 31, 20 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ? <u>North Canton Meals on Wheels</u>		D Employer identification number ? <u>341134075</u>
	Number and street (or P.O. box if mail is not delivered to street address) ? <u>PO BOX 354</u>		E Telephone number <u>3304940366</u>
	Room/suite <u>03</u>		F Group Exemption Number ?
	City or town, state or province, country, and ZIP or foreign postal code <u>Greentown, OH 44630-0354</u>		

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.holycrossnorthcanton.com/meals-on-wheels

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 55337

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																												8066	
	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																							0
	b	Less: cost or other basis and sales expenses						0																							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 \$ _____ 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																													47271	
b	Less: cost of goods sold																													40442	
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																													6829	
8	Other revenue (describe in Schedule O)																													0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																													14895	
Expenses	10	Grants and similar amounts paid (list in Schedule O)																												0	
	11	Benefits paid to or for members																												343	
	12	Salaries, other compensation, and employee benefits ?																													7893
	13	Professional fees and other payments to independent contractors ?																													115
	14	Occupancy, rent, utilities, and maintenance																													2976
	15	Printing, publications, postage, and shipping																													904
	16	Other expenses (describe in Schedule O) ?																													188
17	Total expenses. Add lines 10 through 16																													12419	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																												2476	
	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)																													6363
	20	Other changes in net assets or fund balances (explain in Schedule O)																													7
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																													8846

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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
22 Cash, savings, and investments	10313	13059
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	219	274
25 Total assets	10532	13333
26 Total liabilities (describe in Schedule O)	4169	4487
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6363	8846

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? Provide affordable nutritious meals for 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)
28 Supply up to 2 meals (hot/cold) at lunchtime M-F; deliver to area clients for \$8/day. Unpaid workers deliver packaged meals prepared fresh daily by part-time cooks & volunteers. We made 5760 hot and 4780 cold lunches with approximately 5850 deliveries during 2020 (average of 23/day) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 42094
29 Supply Holy Cross Preschool & Kindergarten's children with nutritious family-style lunches for \$1.50/child. Holy Cross provides our kitchen and office and storage space for our daily services. We prepared fresh food for 3020 servings during 2020 down nearly 45% from 2019 due to Covid 19 closures and quarantines (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 4809
30 In support of our community and in partnership with the PreSchool we participated in Acme Community Cashback by purchasing needed food and kitchen supplies from our local Acme and then submitting receipts. We also sold extra prepared meals to our volunteer staff (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 368
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 0
32 Total program service expenses (add lines 28a through 31a)	32 47271

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
Joanne Ballway, director	2	0	0	0
Terry Clarke, director President	6	0	0	0
Sara Fry, director	2	0	0	0
Bennett Kann, director	2	0	0	0
Judith McCune, director	2	0	0	0
Rosemarie Millin, director Treasurer	10	0	0	0
Joe Mirocke, Jr., director Vice President	2	0	0	0
Laura Whitman, director	3	0	0	0
Lynnete Wright, director Secretary	4	0	0	0
Lucy Keenan Program Coordinator	22.2	15784	0	0
Anne Westlake Time-sharing, part-time Cook	14	8338	0	0
Deborah Huchok Time-sharing, part-time Cook	8	4483	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

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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter.
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
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
42b 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
42c 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
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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-EZ. See instructions

		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	46		✓

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

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

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

Sign Here ?	Signature of officer: <i>Rosemarie Millin, Treasurer</i>	Date: <i>3/8/2021</i>
	Type or print name and title: <i>Rosemarie Millin, Treasurer</i>	

Paid Preparer Use Only	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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

North Canton Meals on Wheels

Employer identification number

341134075

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

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

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

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

Part 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5677	5221	5830	4367	8066	29161
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	53668	54960	50561	52727	47271	259187
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	59345	60181	56391	57094	55337	288348
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 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						288348

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	59345	60181	56391	57094	55337	288348
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	7	43	55	7	112
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	7	43	55	7	112
11 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
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	59345	60188	56434	57149	55344	288460
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.96 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.96 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.0490 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0367 %

- 19a 33 1/3% support tests—2020.** 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—2019.** 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 2016, with the exception of \$112 interest on our emergency Edward Jones Money Market, 100% of our income has been monies paid by our clients and Individual/corporate donations. This year (2020), due to Covid 19 relief, we actually received an unsolicited \$511 in the form of two separate checks from Ohio BWC (A third check for \$908.80 was not received until 2021). We receive no other grant monies nor do we hold fund raisers Our Board of Directors serve voluntarily without remuneration. We pay only our part-time Program Coordinator and two job-sharing, part-time cooks All our remaining kitchen staff as well as our drivers and delivery personnel are also volunteers Our mission is to remain an affordable, independent, non-profit food service for clients who do not wish to be subsidized by local, state or federal governments All our volunteers donate their time, talents, vehicles and transportation costs to compassionately serve members of our community.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

North Canton Meals on Wheels

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

341134075

line H North Canton Meals on Wheels has received no individual/corporate contributions of \$5k or more. Our largest single contribution during 2020 was \$1000

Part I, lines 1-4 line 1 represents the sum of all donations, memorial contributions and the unsolicited amount of \$511 sent to us by the Ohio BWC. We were issued a form 1099-G for \$1419.80, however, due to USPS delivery delays, we did not receive a third check for \$908.80 until the end of the first week of January of 2021. As a result we will claim this amount as part of our 2021 report (TIN: 311334187)

Part I, line 7a: Includes meal payments by our clients and the Holy Cross Preschool & Kindergarten as well as the purchase of extra prepared meals by our volunteers

Part I, line 7b: Food and replaceable supplies on hand December 31, 2020 were inventoried and costed out and that amount was then subtracted by the previous year's inventory as part of our cost of goods sold.

Part I, line 12: 50% of our Program Coordinator's salary and her office sub's salary that was not included in 7b

Part I, line 13: Annual membership fee for NCCof C

Part I, line 16: \$188 in expenses were paid on behalf of our volunteers. We provide daily snacks/candy and a funeral arrangement

Part I, line 20: \$6.95 interest on our emergency Edward Jones Money Market account

Part II, line 23: We own no land, building nor large asset

Part II, line 24: represents the value of our assets < 7yrs old using straight line depreciation: Shredder, \$10.06; Printer, \$23.45, 3 coolers, \$5.44, Christmas decor, \$10.72, Computer Monitor, \$21.49; Refurbished Computer, \$60; two New toners \$143 Total \$274

Part II, line 26: Outstanding bills for items/services purchased/owed in 2020: \$4886.69

a Payroll and bonuses last 2 weeks of December \$1369.76

b Payroll taxes due in January less amount deducted from employee paychecks: \$340.85

c Uncashed checks as of January, 2021: \$193.08

d Food and supply purchases and billed in 2020 but not yet paid: \$2583