(127)

990

Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2018

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

		the Treasury ue Service		rww.irs.gov/Form	-		-	, , ,	1)/(I	inspec		
			ar year, or tax year begin		330 101 111311 4011		, 2018, and e		06-			
_		applicable	C Name of organization Meal		of Durham.		,,			Employer identif	fication no	
$\overline{}$	Address o	• •	Doing business as	.5 0	<u> </u>					56-1729111		
_	Name cha	-		x if mail is not delivered	f mail is not delivered to street address) Room/suite							
=	Initial retu	_	2522 Ross Road		,					E Telephone number (919) 667-9424		
Ī,	Final retui	m/terminated	City or town, state or province,	country, and ZIP or fore	ign postal code				G	Gross receipts		
<u> </u>	Amended	return	Durham, NC 2770							s 1,462	2,396	
Ī,	Applicatio	n pending	F Name and address of principal		Singer Adla	and		H(a) Is this a group	p return for s	subordinates? Ye	es X No	
			Same as C above	e	_		1	H(b) Are all sub	ordinates i	ıncluded? Ye	es 🗌 No	
1 1	Tax-exem	pt status	501(c)(3) 501(c) () ((insert no)	4947(a)(1) or	527	ハク	If "No,"	attach a l	ist (see instructions	s)	
J \	Nebsite	► www	.mowdurham.org					H(c) Group exe	emption ni	umber 🕨		
K F	orm of o	rganization	Corporation Trust Ass	ociation Other		L Ye	ear of formation	L975 M State	e of legal o	domicile NC		
<u> Pa</u>	r,t][]	Summar	у			1						
	1	Bnefly descri	be the organization's missi	on or most significa	ant activities	To ser	ve the ele	derly, frai	l, dı	sabled,		
ω.		convales	cing & others who	can't provi	de proper n	nutriti	on for the	emselves. De	edıca	ted		
Š		voluntee	rs deliver lunche	s each weekd	ay to impro	ove the	nutrition	nal status	& hea	1th of the	ese	
Activities & Governance		individua	als so they can re	emain indepe	ndent as lo	ong as	possible.					
ove.	2	Check this bo	ox 🕨 🔲 if the organization	discontinued its of	perations or disp	osed of m	ore than 25% o	of its net assets				
ڻ مخا	3	Number of vo	oting members of the gover	ning body (Part VI,	, line 1a) · ·		· · · · · · · ·		3		10	
sa {	4	Number of in	dependent voting members	s of the governing l	oody (Part VI, line	e 1b)			4		10	
ξ	5	Total number	of individuals employed in	calendar year 201	8 (Part V, line 2a)	· · · · · · · ·		5		9	
Ċ	6	Total number	of volunteers (estimate if n	ecessary) · ·			· • • • • • • •		6		150	
⋖	7a	Total unrelate	ed business revenue from F	Part VIII, column (C	c), line 12 · ·				7a		0	
	b	Net unrelated	d business taxable income	from Form 990-T, I	ine 38 · · ·		· · · · · · · ·		7b		0	
	İ						Ļ	Pnor Year		Current Ye	ar	
	8	Contributions	and grants (Part VIII, line	1h) • • • • • • • • • • • • • • • • • • •	DCCCIV	<u>, </u>] · · · · ·	1,114	,542	1,3	861,138	
Revenue	9	Program serv	vice revenue (Part VIII, line	2g) · · · · · · <u>·</u>	RECEIV			60	,807		80,132	
Ve	10		ncome (Part VIII, column (A				$S_1 \cdots I_n$	1	,338		2,171	
æ	11		ie (Part VIII, column (A), lin				$Q \mid \cdots \mid$	(17	7,404	• ((17,660)	
	12	Total revenue	e - add lines 8 through 11 (r	nust equal F 🗚 VII	I, column (A), line	e 12)	<u> </u>	1,159	283	1,4	25,781	
	13		imilar amounts paid (Part I)				₹[4	100,000	
	14	Benefits paid	to or for members (Part IX	, column (A) line 4	DGDEN,	<u> U.</u>	<u>⋰</u> ⋯⋯⊦				0	
Ś	15		er compensation, employee			5-10)		321	.,571	3	<u>845,094</u>	
nse	1		fundraising fees (Part IX, co								0	
Expenses			sing expenses (Part IX, colu			5	2,794					
ú		•	ses (Part IX, column (A), lin		•				5,611		38,584	
		•	es Add lines 13-17 (must e	•			 -	1,008			83,678	
		Revenue less	s expenses Subtract line 1	8 from line 12 ·	<u> </u>				.,101		42,103	
Net Assets or Fund Balances		-	(D. 137.1				-	Beginning of Curren		End of Yea		
sset	20	•	(Part X, line 16)					1,049			98,612	
et As	21		s (Part X, line 26)						937		52,334	
			fund balances Subtract li re Block	ne 21 from line 20			<u> </u>	1,003	3,184	1,0	46,278	
	rt]]		lare that I have examined this return	n including accompany	no schedules and sta	tements and	to the hest of my k	nowledge and helief it	ıs	-		
			daration of preparer (other than office					nowledge and belief, it				
		/	<u> </u>	1.100.1						1/15/20	oao	
Sig	n I	Signature	e of officer	year are						111/40	<u> </u>	
Her	1	Giginaldic	Fals Singer A	Adland	Exec	u ti u	Direc	to-	-0.0			
101	~	Type or n	onnt name and title	, 50, 50, 5	<u> </u>	-C1 - W	DITC	· , • ·		- , _, · 		
		<u>, , , , , , , , , , , , , , , , , , , </u>		Propagate assets		Da	ate	Check X] if Pi	ΓIN		
Paid	d	Print/Type prep		Preparer's signature Mark	S. Dan		-09-2020	Check X self-employ	- I	P01321736	5	
	a parer	Mark Da		•		NT	03-2020					
	Only			<u>anes CPA PLI</u> nchmans Cree				Phone no	+0-1L)61285 <u> </u>		
			, JULZ FTE	LICE CIEE	~ レナナイム			I I HOUS HO				

May the IRS discuss this return with the preparer shown above? (see instructions)

Durham NC 27713

Form	n 990 (2018) Meals on Wheels of Durham, Inc	56-1729111 Page 2
	rt III Statement of Program Service Accomplishments	
		<u> </u>
1	Bnefly describe the organization's mission	
	To serve the elderly, frail, disabled, convalescing & others who can't provi	
	nutrition for themselves. Dedicated volunteers deliver lunches each weekday	to improve the
	nutritional status & health of these individuals so they can remain independ	dent as long as
	possible.	
2	Did the organization undertake any significant program services during the year which were not listed on the	О., О.,
	pnor Form 990 or 990-EZ?	· · · · · L Yes 🐹 No
_	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	О. О.
	services?	· · · · · 🗌 Yes 🛛 No
	If "Yes," describe these changes on Schedule O	and his
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured and the services and the services are t	_
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to organizations are required to report the amount of grants and allocations to organizations.	omers,
	the total expenses, and revenue, if any, for each program service reported	
	(Code) (Expenses \$ 1,243,892 including grants of \$) (Revenue	e \$ 80,132)
7u	The Organization delivered approximately 500 meals per weekday to homebound	
	throughout Durham County, North Carolina.	Individuals
	chioughout burnam county, North Carolina.	
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	e \$)
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	e \$)
	·	
		
		
4-2	Other average converse (December in Cabadilla O.)	
4d	Other program services (Describe in Schedule O)	\
4-	(Expenses \$ including grants of \$) (Revenue \$	
46	Total program service expenses 1,243,892	



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

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

<u> </u>	otationic regularity other into things and tax compliance (committee)			т-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· · · · · ·	Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	·
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<u> </u>	<u> </u>	+
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	†	 ^^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	ٿ		
74	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	<u></u>		 ``
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		 ^
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			\vdash
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			\vdash
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	X	·
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		11	
·	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		 ^`-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	· · · · · ·	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		·
9	Sponsoring organizations maintaining donor advised funds.			t
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsonng organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		i	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		† <u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			T
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			Ť
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yos " complete Form 4700. Schoolule, O	Ť	<u> </u>	

Form 990 (2018) Page 6 Meals on Wheels of Durham, Inc Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct Χ supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Χ Х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Χ 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? . . . 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done _____ 12c 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? Χ 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ with a taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed North Carolina 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records

Gale Singer Adland (919) 667-9424, 2522 Ross Road, Durham, NC 27703

	(2018)

Meals on Wheels of Durham, Inc

56-1729111

Page 7

Partivili Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

	(C)										
(A)	(B)	(do r	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)	(E)	(F)	
Name and Title	Average hours per							Reportable compensation	Reportable compensation from	Estimated amount of	
	week (list any hours for				_	· · ·		from the	related organizations	other compensation	
	related organizations	Individual trustee or director	Instit	Officer	Key	empl High	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	below dotted	ector	Institutional trustee	er	Key employee	Highest compensated employee	er	(***-2/1033-14/103)		and related	
	line)	rustee	ltrust		уеө	mpen				organizations	
			ee			sated					
(1) Amanda Sosebee	2.00										
Director		Х						0	0	0	
(2) Brian Ferrell	2.00	.,		.,		ŀ		_		_	
Secretary		Х	\dashv	Χ			\dashv	0	0	0	
(3) Everett Anderson	2.00	x				i		•	^	•	
Director (4) Monday Kuba	2.00			-			-	0	0	0	
(4) Wendy Kuhn President	2 .00	х		Х				0	o	0	
(5) Pashara Black	2.00	- <u>^</u> -		-			\dashv		0		
Director	2 .00_	Х		ľ				o	0	0	
(6) Richard Schmalbeck	2.00										
Director		Χ						0	0	0_	
(7) Gray Ellis	2.00									-	
Director		Х						0	. 0	0	
(8) Linda Komisak	2.00		ł				l				
Director		Χ	_	_			_	0	0	0	
(9) Ryan Webb	2.00				1						
Treasurer		Х		X	_			0	0	0	
(10)April Dudash	2.00	١,, ١			ļ	ŀ					
Director		Х		\dashv	\dashv			0	0	0	
(11)Gale Singer Adland	40.00			Х				0- 445		45.000	
Executive Director				-			\dashv	85,115	0	17,322	
(12)											
(13)											
(14)			\dashv			\dashv	\dashv	 			
	- -										

	990 (2018) Meals on Wheels of									56-17291	11	Р	age 8
Part	VII Section A. Officers, Directors, Trustees,	Key Employe	ees, ai	nd H			omp	ensa	ted Employees (c	ontinued)_ T	Т		
	/Al	(B)				C) sition			(D)	/E)		(E)	
	(A) Name and title	(B)			eck m	ore tha	an one]	(D) Reportable	(E) Reportable	ļ _F ,	(F) stimated	
	Name and the	Average hours per					both an rustee)		compensation	compensation from		nount of	
		week (list any	<u> </u>	Ι_	1]	Г _ Г		T	from	related		other	
		hours for	Individual trustee or director	nstit	Officer	eŷ	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)		pensation	nc
		related organizations	ecto	턴	릭	key employee	est c	ब	(W-2/1099-MISC)	(٧٧-2/1085-11100)		janizatio	n
		below dotted	ا يُق			oyer	omp					d related	
		line)	tee	Institutional trustee		"	ensa				orga	anızatıor	IS
]	w			ited						
(15)_		<u> </u>		$\mid \mid \mid$	\vdash	H		\vdash				,	
						Ц		Щ			<u> </u>		
(16)		T											
		 	 	Щ	$\vdash \vdash$	$\vdash \vdash$		\vdash			 		
<u>(17)</u>													
<u>(18)</u>				П				П					
		<u> </u>		Ш	Ш	\sqcup		Ш			<u> </u>		
<u>(19)</u>												`	
(20)		1	 	-	\vdash	\vdash		\vdash		<u> </u>	-		
(20)											ĺ		
<u>(21)</u>		L				\Box		П		,			-
		1		Ш	Н	\sqcup		\sqcup			 		
<u>(22)</u>													
(23)													
(24)						\dashv		H					
			\longrightarrow	Ш		$\vdash \vdash$		${\displaystyle \longmapsto}$			<u> </u>		
(25)													
1b	Sub-total			• •				▶ .					
c	Total from continuation sheets to Part VII, Section	on A · ·						•					
d	Total (add lines 1b and 1c)								85,115	0		17,3	322
2	Total number of individuals (including but not limited	to those lister	d abov	re) w	ho r	eceiv	ed m	ore th	nan \$100,000 of				
	reportable compensation from the organization									0	 T	Yes	No
3	Did the organization list any former officer, director,	or trustee, ke	v emp	lover	e or	high	est co	nmpe	nsated		$\overline{}$	165	NO
•	employee on line 1a? If "Yes," complete Schedule J			-		_				l	3		X
4	For any individual listed on line 1a, is the sum of repo											- 1	<u></u> -
•	organization and related organizations greater than \$												
	Individual										4		X
5	Did any person listed on line 1a receive or accrue co												
-	for services rendered to the organization? If "Yes," co										5		Х
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensate	•											
	compensation from the organization Report compen	nsation for the	calen	dar y	year	endı	ng wit	th or	within the organiza	ition's tax			
	year												
	(A)								(B)			(C)	_
Sp1 CV	Name and business address Green Gourmet, 2945 South Miami F	Blud. Dur	ham.	NC.	. 2	770:	٦		food cate		Сопр	ensation 415	
opici	oreen courance, 2343 boats intain 1	JIVU, DUI	1101117			<u></u>	<u> </u>		1 2000 0000				
	Table and the state of the stat		4.46.	I									—
2	Total number of independent contractors (including b received more than \$100,000 of compensation from			5e ii:	sieu	abov	ve) wi	10		,			

56-1729111 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Unrelated Revenue excluded from tax Total revenue Related or exempt function revenue business revenue under sections 512-514 Federated campaigns 4,985 Contributions, Gifts, Grants and Other Similar Amounts 1b 1c 65,175 d Related organizations 1d e Government grants (contributions) . . 1e 537,382 f All other contributions, gifts, grants, and similar amounts not included above 1f 753,596 g Noncash contributions included in lines 1a-1f \$ 2,022 1,361,138 **Business Code** Revenue 80,132 80,132 2a Payments for meals 624200 Program Service f All other program service revenue g Total. Add lines 2a-2f 80,132 3 Investment income (including dividends, interest, and other similar amounts) · · · · · · · · · · · · ▶ 2,171 2,171 Income from investment of tax-exempt bond proceeds (ı) Real (II) Personal 6a Gross rents b Less rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) · · · · · · · · · · · ▶ (i) Secunties (II) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) · · · · · · · · · · · · · · · ▶ 8a Gross income from fundraising Other Revenue events (not including \$ 65,175 of contributions reported on line 1c) See Part IV, line 18 a 14,960 **b** Less direct expenses b 36,615 c Net income or (loss) from fundraising events · · · · · · · ▶ (21,655 (21,655)9a Gross income from gaming activities See Part IV, line 19 a **b** Less direct expenses b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory · · · · · · · ▶ Miscellaneous Revenue **Business Code** 3,995 11a Fiscal agency fees 900099 3,995 d All other revenue

3,995

84,127

1,425,781

(19,484)

e Total. Add lines 11a-11d · · · · · · · · · · · · ▶

12 Total revenue. See instructions

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 400,000 400,000 2 Grants and other assistance to domestic individuals See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 96,531 42,995 32,033 21,503 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 193,474 170,031 15,946 7,497 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 226 2,257 1,467 564 q 3,180 31,804 25,316 3,308 10 2,103 21,028 15,561 3,364 11 Fees for services (non-employees) Accounting 7,508 7,508 C Lobbying d Professional fundraising services See Part IV, line 17 . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 20,738 16,590 3,111 1,037 12 13 10,084 8,067 2,017 14 Information technology 3,804 3,043 571 190 15 16 21,285 17,027 3,193 1,065 17 1,899 1,139 570 190 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 3,874 1,291 25,827 20,662 23 11,839 9,471 1,776 592 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Food 469,122 469,122 Program supplies 20,066 20,066 c Printing/publications 16,866 2,531 1,517 12,818 d All other expenses 1,102 29,546 20,804 7,640 Total functional expenses. Add lines 1 through 24e 52,794 25 1,383,678 1,243,892 86,992 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	277,013	1	281,348
	2	Savings and temporary cash investments	101,525	2	103,298
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	99,363	4	144,472
	5	Loans and other receivables from current and former officers, directors,		 	2 2 7 3 1 2
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		Ť	 .
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	<u> </u>	9	
•	10a	Land, buildings, and equipment cost or		•	
	104	· · · · · · · · · · · · · · · · · · ·			
	b	other basis Complete Part VI of Schedule D 10a 678,780 Less accumulated depreciation 10b 163,408	518,395	10c	515,372
	11	Investments - publicly traded securities	316,393	11	313,372
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	52,825	15	54,122
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,049,121	16	1,098,612
	17	Accounts payable and accrued expenses	45,937	17	52,334
	18	Grants payable	45,951	18	32,334
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	-	20.	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
us .	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ā		disqualified persons Complete Part II of Schedule L		22	
Ĕ	23	Secured mortgages and notes payable to unrelated third parties	·	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	45,937	26	52,334
		Organizations that follow SFAS 117 (ASC 958), check here			1
S		complete lines 27 through 29, and lines 33 and 34.			1
nce	27	Unrestricted net assets	1,003,184	27	1,046,278
ala	28	Temporarily restricted net assets		28	-73-37-13-
en En	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here			
P		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	··
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1,003,184	33	1,046,278
	34	Total liabilities and net assets/fund balances	1,049,121	34	1,098,612
EEA					Form 990 (2018)

Form	1990 (2018) Meals on Wheels of Durham, Inc	56-17291	11	Р	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				· 🛛
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,	425 ,	781
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,	383,	678
3	Revenue less expenses Subtract line 2 from line 1	. 3		42,	103
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,	003,	184
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Pnor period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			991
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	1,	046,	278
Pai	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u>. X</u>
				Yes	No
1	Accounting method used to prepare the Form 990				1 .
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • • • • •	· 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				ŀ
	Separate basis Gonsolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	• • • • • •	· 2b	X	L.,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		ļ		
	separate basis, consolidated basis, or both		r		}
	⊠ Separate basis				l i
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				<u> </u>
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • • • • •	· <u>2c</u>	Х	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in			-	
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				١
	the Single Audit Act and OMB Circular A-133?		· 3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	<u> </u>	Щ_
FFA			Form	990 (2018)

•

SCHEDULE A

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.

OMB No 1545-0047

2018

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public

Name of the organization

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

Inspection

Employer identification number

		on Wheels of Durham, Inc		 			56-17291					
Pa	<u>rt,l</u>	Reason for Public Charit	y Status (All or	ganizations must c	omplete	this part	.) See instruction	าร				
The	orga	nization is not a private foundation beca	ause it is (For lines	1 through 12, check onl	y one box))	. 1					
1		A church, convention of churches, or	association of churc	ches described in sectio	n 170(b)(1)(A)(i).	\sim					
2		A school described in section 170(b)	(1)(A)(II). (Attach Si	chedule E (Form 990 or	990-EZ))		1)1					
3	\Box	A hospital or a cooperative hospital se	ervice organization	described in section 170)(b)(1)(A)(i	ıi).						
4	Ħ	A medical research organization open	_				(A)(iii). Enter the					
	_	hospital's name, city, and state	· · · · · · · · · · · · · · · · ·				V /V · /					
5	П	An organization operated for the bene	fit of a college or u	niversity owned or opera	ted by a go	vernmenta	i unit described in	··········				
3	ш			inversity owned or opera	ica by a go	, verimiente	ar arm accompce in					
_		section 170(b)(1)(A)(IV). (Complete F										
6	닖	A federal, state, or local government of	-									
7	X	An organization that normally receives			ernmental	unit or fron	n 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	Ш	An agnicultural research organization of	described in sectio	n 170(b)(1)(A)(ix) opera	ted in conju	unction with	n a land-grant college					
		or university or a non-land-grant colleg	ge of agriculture (se	e instructions) Enter the	e name, cit	y, and state	e of the college or					
		university										
10		An organization that normally receives	(1) more than 33	1/3% of its support from	contributio	ns, membe	ership fees, and gross	1				
		receipts from activities related to its ex	empt functions - st	ibject to certain exceptio	ns, and (2)	no more tl	nan 33 1/3% of its					
		support from gross investment income	and unrelated bus	iness taxable income (le	ss section	511 tax) fro	om businesses					
		acquired by the organization after Jun	e 30, 1975 See se	ction 509(a)(2). (Comple	ete Part III)						
11	П	An organization organized and operati	ed exclusively to te	st for public safety See s	section 50	9(a)(4).						
12	П	An organization organized and operat	•				carry out the purpose	s				
	_	of one or more publicly supported orga	_	•								
		Check the box in lines 12a through 12										
	а	Type I. A supporting organization		** ** *		•						
		the supported organization(s) the				=						
					y or the un-	ectors or tr	usiees of the					
		supporting organization You mus	· ·				entranca) harbarran					
	b	Type II. A supporting organization	•									
		control or management of the sup		· ·	sons that c	control or m	ianage the supported					
		organization(s) You must compl										
	С	Type III functionally integrated.	A supporting organ	ization operated in conn	ection with,	, and functi	onally integrated with	1				
		its supported organization(s) (see	instructions) You i	must complete Part IV,	Sections /	A, D, and E						
	d		ted. A supporting of	rganization operated in	connection	with its su	pported organization(s	s)				
		that is not functionally integrated	The organization ge	enerally must satisfy a di	stribution re	equiremen	t and an attentiveness	5				
		requirement (see instructions) Yo	u must complete	Part IV, Sections A and	D, and Pa	rt V.						
	e	Check this box if the organization	received a written of	determination from the IF	RS that it is	a Type I, T	ype II, Type III					
		functionally integrated, or Type III	non-functionally int	egrated supporting orgai	nization							
	f	Enter the number of supported organiz	zations									
	a	Provide the following information about		anization(s)								
	11	Name of supported organization	(ii) EIN	(III) Type of organization	(IV) Is the c	rganization	(v) Amount of monetary	(vi) Amou	ınt of			
	**	,	(,	(described on lines 1-10		ur governing	support (see	other supp				
				above (see instructions))	docun	nent?	instructions)	instruct	ions)			
					Yes	No	1					
					103							
(A)												
						1						
(B)												
						1		<u> </u>				
(C)												
					 	 	 					
(D)												
			-		1	 		ļ-				
(E)												
		·			ļ <u>.</u>	 -,						
Tota				the same again	,	1	1					

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	559,207	788,590	934,451	1,114,542	1,361,137	4,757,927
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			•			
4	Total. Add lines 1 through 3 · · · · · ·	559,207	788,590	934,451	1,114,542	1,361,137	4,757,927
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)						354,395
6	Public support. Subtract line 5 from line 4 · ·					<u> </u>	4,403,532
	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	559,207	788,590	934,451	1,114,542	1,361,137	4,757,927
8	Gross income from interest, dividends,	339,207	788,390	934,431	1,114,542	1,361,137	4,131,321
	payments received on securities loans, rents, royalties and income from similar sources	409	564	956	1,338	2,171	5,438
		100					
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	902	1,081	51	665	18,955	21,654
11	Total support. Add lines 7 through 10		,				4,785,019
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	178,628
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su	··					
14	Public support percentage for 2018 (line 6, c					14	92.03 %
15	Public support percentage from 2017 Schede				,		96.45 %
16a	33 1/3% support test - 2018. If the organiza						► 🗔
	box and stop here. The organization qualifie		•				▶ 🛚
b	33 1/3% support test - 2017. If the organiza						
	this box and stop here . The organization qua						▶ ⊔
1/a	10%-facts-and-circumstances test - 2018.	•			•	•	
	10% or more, and if the organization meets t				•	4	
	Part VI how the organization meets the "facts organization		•	•			▶ □
L	10%-facts-and-circumstances test - 2017.						🛩 📋
b		Ū					
	15 is 10% or more, and if the organization me Explain in Part VI how the organization meet					,	
	supported organization						▶ □
18	Private foundation. If the organization did no						
	instructions					<u></u> . <u></u>	▶ 🔲

Part III

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning ın)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received '(Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				4		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						···
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ction B. Total Support			<u> </u>		<u></u>	
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·		1		1		
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · ·						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						s
3	Total support. (Add lines 9, 10c, 11, and 12)						
4	First five years. If the Form 990 is for the org organization, check this box and stop here						<u> </u>
se.	ction C. Computation of Public Su						
	Public support percentage for 2018 (line 8, co	• • • •		•		15	
	Public support percentage from 2017 Schedu					16.	
	ction D. Computation of Investmen					47	
7 8	Investment income percentage for 2018 (line Investment income percentage from 2017 Sch		•			17	\ <u>%</u>
	, , ,						170
	33,1/3% support tests - 2018. If the organiza	ind stop here. The	organization qualifi	es as a publicly sur	oported organization	n	▶ □
b J	33 1/3% support tests - 2017. If the organization at the support tests - 2017, if the organization and the support test of the organization and the organization	ox and stop here.	The organization qu	ualifies as a publicly	supported organiz	zation · · · · · ·	
<u>'U/</u>	Private foundation. If the organization did no	i cneck a box on lin	ie 14, 19a, or 19b,	cneck this box and	see instructions	 	· · · · • U

Part IV **Supporting Organizations**

> (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section	A. AII	Supportin	g Organizations
	** / ***	Cuppoitiii	g Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	<u> </u>		
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN		İ	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	<u> </u>		
	was accomplished (such as by amendment to the organizing document)	5a		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u></u>	<u></u>	
_	designated in the organization's organizing document?	5b 5c	\rightarrow	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	⊢∸┤		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity		İ	
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7-		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	\vdash		
-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
00	Mas the organization controlled directly or indirectly of our time during the tay year by one or more	⊢∸⊢	\rightarrow	

- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

10a

9a

9b

9с

Рa	a	e	5

Pa	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			ĺ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	<u> </u>	ļ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		-	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		<u> </u>	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the ergonization energia for the honofit of any gunnariad ergonization other than the currented			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		_
Sec	ion C. Type II Supporting Organizations			
	or type it cappeting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		<u> </u>	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	ion D. All Type III Supporting Organizations			•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
_				
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	—	
500	supported organizations played in this regard ion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ane)	
a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see ins	truction	ons)
2	Activities Test Answer (a) and (b) below.		Yes	Νο
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	.9111 ruge (
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI) See
instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	11		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1.0	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	ıntegra	ited Type III supporting	organization (see
instructions)			

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

e Excess from 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)
01. Other income (Part II, line 10 or Part III, line 12)
Other income consists of gross income from fundraising events of \$14,960 and fiscal agency
fees of \$3,995.
·
•
· ····································
*

Supplemental Financial Statements

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

2018

OMB No 1545-0047

Department of the Treasury

Attach to Form 990.

Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization 56-1729111 Meals on Wheels of Durham, Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year Total number of conservation easements 2a 2h b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 ▶ \$ Assets included in Form 990, Part X

Sched	lule D (Form 990) 2018 Meals on Wheels	of Durham, 1	Inc				56-172		Page 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Historic	cal Trea	asures, c	or Othe	er Similar As	sets (co	ntınued)
3	Using the organization's acquisition, accession, a	nd other records, ct	neck any of the	e following	g that are a	significa	nt use of its		
	collection items (check all that apply)								
а	Public exhibition	d 🗌 Loa	in or exchange	e program	าร				
b	Scholarly research	e 🗌 Oth	er						
С	Preservation for future generations								
4	Provide a description of the organization's collect	ions and explain ho	w thev further	the organ	nization's ex	empt pur	pose in Part		
	XIII	•	•	ŭ		• •	•		
5	During the year, did the organization solicit or rec	eive donations of an	t. historical tre	asures. o	r other simil	lar			
	assets to be sold to raise funds rather than to be							П	Yes ☐ No
Pa	rt IV Escrow and Custodial Arrang								
	Complete if the organization and		n Form 990), Part l'	V, line 9,	or repo	orted an amo	unt on F	orm
	990, Part X, line 21			•					
1a	Is the organization an agent, trustee, custodian or	r other intermediary	for contributio	ns or othe	er assets no	ot .			
								П	Yes □ No
b	If "Yes," explain the arrangement in Part XIII and								
~	Too, explain the arrangement in rate xiii and	complete the fellow	ing table			[T A	mount	
С	Beginning balance					1c	· 		
ч	Additions during the year					_	-		•
	, , , , , , , , , , , , , ,								
f	Ending balance								
2a	Did the organization include an amount on Form							П	Yes No
	If "Yes," explain the arrangement in Part XIII Che							_	··· \
	rt V Endowment Funds.	ck field if the explai	Tation nas bee	in provide	o on raic A				
	Complete if the organization ans	swered "Yes" or	Form 990) Part I	V line 10				
	Complete ii the organization and		1	<u> </u>			(d) Three years bac	(a) Fa	
10	Beginning of year balance	(a) Current year	(b) Pnor ye	ear	(c) Two years	Dack	(d) Three years bac	k (e) 700	ur years back
1a b	Contributions			+		- 1		-	
_									
С	Net investment earnings, gains, and losses								
	├			-				+	
đ	' -					l			
е	Other expenditures for facilities and								
	programs			+					
f ~	Administrative expenses				-			+	
g	End of year balance L Provide the estimated percentage of the current y	and balance (lin	. 12	(a)) hald	-				
2	Board designated or quasi-endowment	ear eno balance (iiri %	e rg, column	(a)) neiu a	dS				
a									
b		%							
С	Temporarily restricted endowment								
20	The percentages on lines 2a, 2b, and 2c should e	•	that are hold a	and admir	nistored for	+b-0			
3a	Are there endowment funds not in the possession	or the organization	triat are neio a	and admir	nistered for	trie			Yes No
	organization by							20/3	+
	(i) unrelated organizations							· · 3a(i)	
	(ii) related organizations							· · 3a(ii)	4
b	If "Yes" on line 3a(ii), are the related organizations	•		(/				· · _ 3b	
Ba.	Describe in Part XIII the intended uses of the orga		ent tunas						
Fai	t VI Land, Buildings, and Equipme		. Earm 000	Dort I	V lino 11	a Saa	Form 000 D	art V Juni	0.10
	Complete if the organization ans								
	Description of property	(a) Cost or other	1 '	b) Cost or o	1		Accumulated	(d) Box	ok vatue
		(investme	srit)	(oth		de	preciation		
1a	Land				26,200				26,200
b	Buildings			54	12,525		121,097		421,428
С	Leasehold improvements	• •							
d	Equipment	• •		11	10,055		42,311		67,744
<u>e</u>	Other								
Total	. Add lines 1a through 1e (Column (d) must equal	Form 990, Part X, o	column (B), line	e 10c)	· · <u>· ·</u>	· · · ·	· · · · · •		515,372

Part VII	Complete if the organization answere	ed "Yes" on Form 990, F	Part IV, line 11b See Form 990, I	Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	1
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
(A)	· · · · · · · · · · · · · · · · · · ·			
(B)				
(C)				
(D)				
(E)	<u> </u>		<u> </u>	
(F)				
(G)				
(H)				· · · · · · · · · · · · · · · · · · ·
Part VIII	investments - Program Related.	<u> </u>		
	Complete if the organization answere	d "Yes" on Form 990, F	Part IV, line 11c See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
(1)				
(2)				
(3)				
(4)		-		
(5)				***************************************
(6)				
_(7)				,
(8)				
(9)	<u> </u>			
	must equal Form 990, Part X, col (B) line 13)		1 .	
Part IX	Other Assets.	d "Voo" on Form 000 F	Oat IV line 11d See Form 000 F	Part V. lina 15
	Complete if the organization answere		rait IV, line 11d See Form 990, F	
		Description		(b) Book value
	icial interest held by others			54,12
(2)				
(3)		· · · · · · · · · · · · · · · · · · ·		
(5)				
(6)	·			
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15)			54,122
Part X	Other Liabilities.			54,12
	Complete if the organization answere line 25	d "Yes" on Form 990, P	art IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Column (b,) must equal Form 990, Part X, col (B) line 25)			
1 tobulitur for	uncortain tay positions. In Part VIII, provide the toy		atrada 6 atatamanta that are and the	

	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	· (Otaliii	
1	Total revenue, gains, and other support per audited financial statements	1	1,426,772
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1,420,772
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
С	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
е	Add lines 2a through 2d	2e	991
3	Subtract line 2e from line 1	3	1,425,781
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,425,781
Ра	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1 4	
1	Total expenses and losses per audited financial statements	1	1,383,678
2	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a L	Pnor year adjustments	1 1	
b	Other losses	-	
c d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		•
3	Subtract line 2e from line 1	3	1,383,678
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	<u> </u>	1,000,070
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	1 1	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,383,678
Pai	t XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part	X, line	
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
11.	Other revenues not included on Form 990 (Part XI, line 2d	.)	
Char	nge in beneficial interest in assets held by others of \$991.		
			
	(

Schedule D (Form 990) 2018

EEA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number							
Meals on Wheels of Durham, Inc						56-1729111	
Part I Fundraising Activities	. Complete if	the organi	zation an	swered "Yes" on	Form 99	0, Part IV,	line 17
Form 990-EZ filers are no	t required to cor	mplete this	part				
1 Indicate whether the organization rais	ed funds through	any of the fo	llowing activ	ities Check all that ap	ply		
a Mail solicitations		e 🗌	Solicitation	of non-government gr	ants		
b Internet and email solicitations		f 🗍	Solicitation	of government grants			
c Phone solicitations				draising events			
d In-person solicitations		• •		and the same			
2a Did the organization have a written or	oral agreement w	uth any indivi	dual (includi	na officers directors t	trustaas		
						Пу	es 🗌 No
or key employees listed in Form 990,							62 NO
b If "Yes," list the 10 highest paid individ		indraisers) p	ursuant to a	greements under which	n the lunar	aiser is to be	
compensated at least \$5,000 by the o	rganization						
	Y						
(i) Name and address of individual			draiser have	(IV) Gross receipts		unt paid to ained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of outions?	from activity		er listed in	(or retained by) organization
	,	COTILITO	ulions,		α	ol (ı)	Organization
		Yes	No				
1							
2				-	_		
			1				
3							
4							
5		1					
6							
·							
7							
•							
•							
8	•						
9							
						·	
10							
·		<u> </u>					
Total · · · · · · · · · · · · · · · · · · ·			▶				
3 List all states in which the organization	is registered or lic	ensed to sol	icit contribut	ons or has been notifi	ed it is exei	mpt from	
registration or licensing							
	_						
	·- · · · · · · ·						
···							
<u></u>							

Schedule G (Form 990 or 990-EZ) 2018 Meals on Wheels of Durham, Inc 56-1729111 Fundraising Events, Complete If the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through col (c)) Gala None (event type) (event type) (total number) Gross receipts . . 80,135 80,135 Less Contributions 65,175 65,175 Gross income (line 1 minus line 2) 14.960 14,960 Noncash prizes Rent/facility costs 4,456 4,456 Expenses Food and beverages 21,632 21,632 1,000 1,000 Other direct expenses 9,527 9,527 Direct expense summary Add lines 4 through 9 in column (d) 36,615 Net income summary Subtract line 10 from line 3, column (d) (21,655)Garning. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes 6 Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990

Go to www irs gov/Form990 for the latest information

OMB No 1545-0047 2018 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Mea	Meals on Wheels of Durham, Inc							
Pa	rt I General Information on	Grants and Assi	stance					
1	Does the organization maintain records to	substantiate the amo	unt of the grants or assist	ance, the grantees' elig	jibility for the grants or a	ssistance, and		
	the selection criteria used to award the gr	ants or assistance?						🛚 Yes 🔲 N
2	Describe in Part IV the organization's pro-	cedures for monitoring	the use of grant funds in	the United States				
Pa	rt II. Grants and Other Assistan	ce to Domestic Or	ganizations and Don	nestic Government	s. Complete if the o	ganization answered "	Yes" on Form 990,	
	Part IV, line 21, for any recip	ent that received m	ore than \$5,000 Part	Il can be duplicated	if additional space i	s needed		
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Alleghany Co Council on Agi				•			see Schedule
PO). BOX 416							O, General
_								

or government	(6) 2114	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) Alleghany Co Council on Agi		<u> </u>	<u> </u>	·	omen		see Schedule
P O. BOX 416			1				O, General
Sparta, NC 28675	56-1224984	501c3	10,000				Explanation
(2) Anson Co Council on Aging							see Schedule
199 Hwy 742 S							O, General
Wadesboro, NC 28170-8300	56-6000273	501c3	10,000				Explanation
(3) Ashe Services for Aging					i -		see Schedule
180 CHATTYROB LANE]			ĺ	O, General
West Jefferson, NC 28694-0009	59-1762020	501c3	10,000				Explanation
(4) BERTIE CO COUNCIL ON AGING							see Schedule
103 W School Rd			l				O, General
Windsor, NC 27983-1517	56-6000276	501c3	10,000				Explanation
(5) Bladen Co Division of Aging							see Schedule
608 MCLEOD STREET							O, General
Elizabethtown, NC 28337-0520	56-6000277	501c3	10,000				Explanation
(6) ALBEMARLE COMMISSION	• • • • • • • • • • • • • • • • • • • •						see Schedule
PO BOX 646							O, General
Hertford, NC 27944-1225	56-0987088	501c3	80,000				Explanation
(7) Caswell Co Senior Services							see Schedule
PO BOX 1405							O, General
Yanceyville, NC 27379-1405	56-6000283	501c3	10,000				Explanation_
(8) Cherokee County Senior Serv							see Schedule
75 Peach Street, Suite 211							O, General
Murphy, NC 28906	56-6000285	501c3	10,000				Explanation
(9) Clay Co Senior Center							see Schedule
PO BOX 118							O, General
Hayesville, NC 28904-0118	56-6000287	501c3	10,000				Explanation
(10Columbus Co Dept of Aging							see Schedule
PO BOX 1327							O, General
Whiteville, NC 28472-1327	56-6000289	501c3	10,000				Explanation
2 Enter total number of section 501(c)(3) and	d government organiza	tions listed in the line 1 to	able			> _	31

3	Enter total number of other organizations listed in the line 1 table						
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990.						

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 Attach to Form 990

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

OMB No 1545-0047 12018 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Meals on Wheels of Durham. Inc

Employer identification number 56-1720111

rears on wheels of burnam, inc						30 1/23111	•
Part I General Information on	Grants and Ass	istance					
1 Does the organization maintain records to	substantiate the amo	ount of the grants or assis	stance, the grantees' elig	ibility for the grants or	assistance, and		
the selection criteria used to award the gra		Yes No					
2 Describe in Part IV the organization's prod	cedures for monitoring	the use of grant funds in	the United States				
Part II Grants and Other Assistan	ce to Domestic O	rganizations and Do	mestic Government	s Complete if the o	rganization answered "	Yes" on Form 990	,
Part IV, line 21, for any recipi	ent that received n	nore than \$5,000 Par	t II can be duplicated	if additional space	is needed		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Meals on Wheels of Rocky Mo							see Schedule
PO Box 7611							O, General
Rocky Mount, NC 27804	56-1214229	501c3	10,000				Explanation
(2) Graham Co Senior Center							see Schedule
12 MAIN STREET			ŀ				O, General
Robbinsville, NC 28771-8413	56-6000302	501c3	10,000				Explanation
(3) GREENE COUNTY SENIOR SERVIC							see Schedule
PO Box 36						1	O, General
Snow Hill, NC 28580	56-6000304	501c3	10,000			1	Explanation
(4) Halifax County Senior Nutri						1	see Schedule
26 N KING STREET							O, General
Halifax, NC 27839-0159	56-6001836	501c3	7,300				Explanation
(5) Hertford County Office of A							see Schedule
408 S Camp St							O, General
Winton, NC 27986-9744	56-6001523	501c3	10,000				Explanation
(6) Jackson Co Dept on Aging							see Schedule
100 County Services Park							O, General
Sylva, NC 28779	56-6000310	501c3	10,000				Explanation
(7) Jones Co DSS							see Schedule
418 HWY 58 N, Unit D							O, General
Trenton, NC 28585	56-6000312	501c3	10,000				Explanation
(8) Lenoir Co Council on Aging			1				see Schedule
112 E BLOUNT ST							O, General
Kinston, NC 28501	56-1278935	501c3	10,000				Explanation
(9) Macon County Senior Service				-			see Schedule
108 WAYAH STREET			-				O, General
Franklin, NC 28734	56-6000930	501c3	10,000				Explanation
(10)Martin Co Dept on Aging							see Schedule
PO Box 668							O, General
Williamston, NC 27892	56-6000317	501c3	10,000			1 .	Explanation
2 Enter total number of section 501(c)(3) and	d government organiz	ations listed in the line 1	table · · ·			▶	
3 Enter total number of other organizations I	isted in the line 1 tabl	e			<u> </u>	<u></u> • <u> </u>	
For Paperwork Reduction Act Notice, see the	Instructions for For	m 990.				s	ichedule I (Form 990) (2018

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 Attach to Form 990

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

OMB No 1545-0047 2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Meals on Wheels of Durham, Inc						56-1729111	
Part I General Information on	Grants and Ass	ıstance					
1 Does the organization maintain records to	substantiate the amo	ount of the grants or assista	ince, the grantees' eligi	bility for the grants or a	essistance, and		
the selection criteria used to award the gra	ants or assistance?						. Yes No
2 Describe in Part IV the organization's prod	cedures for monitoring	the use of grant funds in the	he United States				
Part II Grants and Other Assistan	ce to Domestic O	rganizations and Dom	estic Governments	s. Complete if the oi	rganization answered "	Yes" on Form 990	
Part IV, line 21, for any recipi	ent that received n	nore than \$5,000 Part I	I can be duplicated	ıf addıtıonal space ı	s needed		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)McDowell Senior Center	1						see Schedule
100 Spaulding Road			1				O, General
Marion, NC 28752	56-6000318	501c3	10,000				Explanation
(2) Mitchell Co Senior Center							see Schedule
152 LEDGER SCHOOL ROAD					ì		O, General
Bakersville, NC 28705-7265	56-6000320	501c3	10,000				Explanation
(3) County of Montgomery		1	,				see Schedule
PO Box 425							O, General
Troy, NC 27371-0424	56-1173830	Montgomery Cnty	10,000				Explanation
(4) Northampton Co Health Dept	,						see Schedule
P O BOX 635							O, General
Jackson, NC 27845-0635	56-6000325	501c3	10,000				Explanation
(5) Person Co Senior Center							see Schedule
309 LONG AVENUE			1				O, General
Roxboro, NC 27573-0764	45-0698682	501c3	10,000				Explanation
(6) Richmond Co Aging Services							see Schedule
225 SOUTH LAWRENCE STREET							O, General
Rockingham, NC 28379	56~6000334	501c3	10,000				Explanation
(7) Lumber River Council of Gov							see Schedule
30 CJ WALKER ROAD			1				O, General
Rockingham, NC 28379	56-0985258	501c3	20,000			l	Explanation
(8) Vance County Senior Center							see Schedule
350 Ruin Creek Road							O, General
Henderson, NC 27536	56-6000346	501c3	10,000				Explanation
(9) Warren Co Senior Center							see Schedule
435 W Franklın St							O, General
Warrenton, NC 27589-1939	56-6000348	501c3	10,000			1	Explanation
(10) VEDDI Meals on Wheels							see Schedule
P O. Box 309	`						O, General
Boonville, NC 27011	56-0851147	501c3	10,000			L	Explanation
2 Enter total number of section 501(c)(3) and	d government organiz	ations listed in the line 1 ta	ble .	•		. •	

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990 EEA

Schedule I (Form 990) (2018)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990

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

2018 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Meals on Wheels of Durham, Inc

Meals on Wheels of Durham, Inc							56-1729111		
Part I∎ General Information on	Grants and Assi	stance							
Does the organization maintain records to	substantiate the amou	unt of the grants or assis	tance, the grantees' elig	ibility for the grants or a	assistance, and				
the selection criteria used to award the gra	ants or assistance?						☐Yes ☐No		
2 Describe in Part IV the organization's prod									
Part III Grants and Other Assistan		•		•	-	Yes" on Form 990	9		
Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed									
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) Yancey County Senior Center							see Schedule		
503 Medical Campus Drive						İ	O, General		
Burnsville, NC 28714	56-6000453	501c3	10,000				Explanation		
(2)							İ		
(3)									
(4)									
(5)									
(6)							 		
(o)									
(7)									
(8)									
(9)									
(10)									
2 Enter total number of section 501(c)(3) and			table • •	•		·· · • _			
3 Enter total number of other organizations I						· •			
For Paperwork Reduction Act Notice, see the EEA	Instructions for For	n 990				s	chedule I (Form 990) (2018		

nedule ((Form 990) (2018) Meals on Wheels					56-1729111 Pag
art III Grants and Other Assistance t Part III can be duplicated if addit			ne organization ansv	vered "Yes" on Form 990	, Part IV, line 22
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				`	
rt IV Supplemental Information. Pro	vide the information re	quired in Part I, li	ne 2, Part III, columi	n (b), and any other addit	ional information
Monitoring procedures (·				
egram Midyear reports were comple					
readsheet outlining the usage of f		use of funds c	J date. Tear end	reports included a .	attactve, and a
readsheet outstring the usage of I					
		• •		 .	······································
<u> </u>		·			Schedule I (Form 990) (2

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.

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

2018

Open to Public Inspection

Employer Identification number

56-1729111 Meals on Wheels of Durham, Inc 01. Form 990 governing body review (Part VI, line 11) The Executive Director and Treasurer received a draft of the 990 for approval and the Board met as a body to review the 990 before filing. Conflict of interest policy compliance (Part VI, line 12c) All Board members are required to sign an annual conflict of interest statement 03. CEO, executive director, top management comp (Part VI, line 15a) The Executive Director's compensation is reviewed and approved by the Board of Directors employing comparability data and contemporaenous substantiation of the deliberation and decision in the minutes of its meeting 04. Other officer or key employee compensation (Part VI, line 15b All other employees' compensation is reviewed by the Executive Director and approved by the Board of Directors in the annual budget process 05. Governing documents, etc, available to public (Part VI, line 19) The governing documents, conflict of interest policy, and financial statements are available to the public upon request. 06. Audited by an independent accountant (Part XII, line 2b) The Finance Committee of the Board of Directors assumes responsibility for the oversight of the audit This process has not changed from the prior year. 07. Explanation of other changes in net assets or fund balances (Part XI, line 9)

Change in beneficial interest in assets held by others of \$991

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Meals on Wheels of Durham, Inc	56-1729111
08. General explanation attachment	
All of the funding related to "grants and other assistance to domestic orga	nızatıons and
domestic governments" was to be used for the cost of meals, equipment for f	
	ood delivery,
or another annual need related to the program.	
	
,	