	_	990-T		Exempt Orga	NDED TO NO				av Batu	ırn	i	OMB N	o 1545-0687
	Form	990-1			nd proxy tax ur				ax netu	11 1 1			
			For cat	lendar year 2018 or other tax ye	-	idei de	, and endir					21	018
	1	~ ~			irs gov/Form990T for	instructio			tion		- [
-	Depa Intern	tment of the Treasury al Revenue Service	▶	Do not enter SSN numbe)(3)	5	pen to Pu 01(c)(3) O	iblic Inspection for rganizations Only
	A [Check box if address changed		Name of organization (Check box if name	e changed	and see instruct	ions)		[Emplo Emplo) Instruc	yees' trus	ication number st, see
	<u></u> В Е	xempt under section	Print	MEALS ON WH	EELS PLUS	OF M	ANATEE.	INC			59	9-14	20986
] 501(c _)()3_ _)	or	Number, street, and roon				2210		E	Unrela		ess activity code
		408(e) 220(e)	Туре	811 23RD AV		•					(366 111	Siructions	')
		408A 530(a)		City or town, state or pro		or foreign	n postal code						
		529(a)	l	BRADENTON,						Ľ	31:	L20	
	at	ok value of all assets end of year 5 350 7	48	F Group exemption num G Check organization typ			501/0) trust		1(a) t	rust		Other trust
	H Er			ition's unrelated trades or I		1			ne only (or first				_ other trade
		de or business here	-		<u> </u>		_		omplete Parts	•		than one	l ,
	de	scribe the first in the b	lank spa	ce at the end of the previo	us sentence, complete	Parts I and	d II, complete a S	Schedule I	M for each add	itiona	l trade	or	•
		siness, then complete											
				oration a subsidiary in an		rent-subsi	diary controlled	group?	•	- L	Yes	: LX	No
				tifying number of the parer		CEO	·	Talanhar	ne number 🕨	0 /	11 7	7 4 7	1655
				<u>VILLIAM M. G</u> de or Business Ind		CFU	(A) Incom	1	(B) Expe		<u> </u>		4633 (C) Net
		Gross receipts or sale		1,156.			(*,/	-	(-)				(0)
€		Less returns and allow			c Balance	- 1c	1,1	L56.				•	
20	2	Cost of goods sold (S	chedule	A, line 7)	•	2							
0	3	Gross profit. Subtract	line 2 fr	om line 1c		3	1,1	L56.					<u> 1,156.</u>
က		Capital gain net incom	•	•		4a							
EP				art II, line 17) (attach Form	n 4797)	4b							
S	С 5	Capital loss deduction		sts ship or an S corporation (a	ttach statement)	4c 5							
	6	Rent income (Schedu	•	ship of all 3 corporation (a	tiach statement)	6					-		
SCANNED	7	Unrelated debt-finance		ne (Schedule E)		7	53,0	98.	74	, 02	29.		20,931.
A	8	Interest, annuities, roy	/atties, a	and rents from a controlled	organization (Schedule I	F) 8	•]		
SC	9			on 501(c)(7), (9), or (17) o	rganization (Schedule	G) 9							
	10	Exploited exempt activ	_	•		10					-		
	11	Advertising income (S			⊼ <i>เ</i> เษเพยงเพ 1	11		134.			-		434.
	12 13	Total. Combine lines		is; attach schedule) $$ ST.	AIEMENI I	13	54,6		74	,02	9		$\frac{434.}{19,341.}$
		rt II Deductio	ns No	t Taken Elsewher	re (See instructions	for limita	tions on deduc	ctions)		, , ,	<u> </u>		<u> </u>
		(Except for o	contribu	utions, deductions must	t be directly connec	ted with t	he urrelated	usiness	1769F F97)				
	14	Compensation of off	icers, dir	rectors, and trustees (Sche	edule K)		14			ري	14		<u></u>
	15	Salaries and wages					B644	UL 2	9 2019	∪ II~	15		
	16	Repairs and mainten	ance				⁶⁰			Ϋ́	16		
	17 18	Bad debts Interest (attach sche	dule\ (se	ee instructions)			O	GDF	N, UT	┡	17 18		
	19	Taxes and licenses	uuio) (se	se man denoma _j					1, 01	†لــ	19		
	20		ons (See	instructions for limitation	rules)						20		
	21	Depreciation (attach	Form 45	562)			21			[_			·
	22	Less depreciation cla	umed on	Schedule A and elsewher	e on return		22	a	<u></u>		22b		
	23	Depletion								\vdash	23		
	24	Contributions to defe		mpensation plans							24		
	25 26	Employee benefit pro	•	hadula IV							25		
	20 27	Excess exempt exper Excess readership co		· · · · · · · · · · · · · · · · · · ·							26 27		
	28	Other deductions (att								_	28	•	
	29	Total deductions Ad		•							29		0.
	30			ncome before net operating							30		19,341.
	31			oss arısıng ın tax years beç		uary 1, 20	18 (see instruction	ons)			31		
	32	Unrelated business ta	axable in	come. Subtract line 31 fro	m line 30					- 1	32		19,341.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

r			1	A	\sim	\sim	Λ	0	_
2	7	-:	L	4	Z	u	7	Ö	О

Part I	II Total Unrelated Business Taxa	ble Income						
33	Total of unrelated business taxable income compu	ted from all unrelated trades or business	es (see instructions	3)	33	-1	.9,3	41.
34	Amounts paid for disallowed fringes				34			
35	Deduction for net operating loss arising in tax year	s beginning before January 1, 2018 (see	instructions) S	TMT 2	35			0.
36	Total of unrelated business taxable income before	specific deduction Subtract line 35 from	the sum of					
	lines 33 and 34				36		9,3	41.
37	Specific deduction (Generally \$1,000, but see line	37 instructions for exceptions)			37		1,0	00.
38	Unrelated business taxable income Subtract line	37 from line 36. If line 37 is greater than	ı lıne 36,					
	enter the smaller of zero or line 36				38	-1	.9,3	41.
Part I	V Tax Computation							
39	Organizations Taxable as Corporations Multiply	line 38 by 21% (0.21)		>	39			0.
40	Trusts Taxable at Trust Rates See instructions fo	ir tax computation. Income tax on the am	ount on line 38 froi	n·			-	
	Tax rate schedule or Schedule D (Fo	orm 1041)		•	- 40			
41	Proxy tax See instructions			•	- 41			
42	Alternative minimum tax (trusts only)				42			
43	Tax on Noncompliant Facility Income. See instruc	ctions			43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, wh		44			0.		
Part \	/ Tax and Payments							
45 a	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a					
b	Other credits (see instructions)		45b					
C	General business credit. Attach Form 3800		45c					
d	Credit for prior year minimum tax (attach Form 880	01 or 8827)	45d					
е	Total credits Add lines 45a through 45d				45e			
46	Subtract line 45e from line 44				46			0.
47	Other taxes. Check if from: Form 4255	47						
48	Total tax Add lines 46 and 47 (see instructions)				48			0.
49	2018 net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k), line 2			49			0.
50 a	Payments: A 2017 overpayment credited to 2018		50a					
b	2018 estimated tax payments		50b					
С	Tax deposited with Form 8868		50c	· -				
d	Foreign organizations Tax paid or withheld at sour	ce (see instructions)	50d					
е	Backup withholding (see instructions)		50e					
	Credit for small employer health insurance premiur	ms (attach Form 8941)	50f					
g	Other credits, adjustments, and payments: For	orm 2439						
	Form 4136 0	ther Total	▶ 50g					
51	Total payments. Add lines 50a through 50g				51			
52	Estimated tax penalty (see instructions) Check if Fe	orm 2220 is attached 🕨 🔲			52			
53	Tax due. If line 51 is less than the total of lines 48,	49, and 52, enter amount owed		•	53			
54	Overpayment If line 51 is larger than the total of li	nes 48, 49, and 52, enter amount overpa	ıd (•	- 54			
55	Enter the amount of line 54 you want: Credited to 2			Refunded 🕨	55			
Part \	/I Statements Regarding Certain	Activities and Other Inform	nation (see inst	ructions)				
56	At any time during the 2018 calendar year, did the	organization have an interest in or a sign	ature or other autho	ority			Yes	No
	over a financial account (bank, securities, or other)) in a foreign country? If "Yes," the organi	zation may have to	file				
	FinCEN Form 114, Report of Foreign Bank and Fina	ancial Accounts. If "Yes," enter the name o	of the foreign count	ry				1
	here							Х
57	During the tax year, did the organization receive a c	distribution from, or was it the grantor of,	or transferor to, a	foreign trust?				X
	If "Yes," see instructions for other forms the organic	zation may have to file.						1
58	Enter the amount of tax-exempt interest received or	r accrued during the tax year 📂 💲						
	Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (other that	d this return, including accompanying schedules	and statements, and	o the best of my kr	nowledge an	d belief, it is	true,	
Sign	correct, and complete declaration of preparational trial		preparer has any know		May the IRS	discuss the	s return v	with
Here	1/100 Warener	1/24/19 VICE	PRESIDEN	m / ~ = ^ I	the preparer			
	Signature of officer	Date Title			instructions)	⁷ X Y€	es 📗	No
	Print/Type preparer's name	Preparer's signature	Date	Check	ıf PTIN			
Paid				self- employe	d			
Prepa	rer BRIAN CARTER	BRIAN CARTER	07/08/19		PC	0536	712	
Use C	Le E MANTIT TOTAL C. TT	ENKINS, LLC		Firm's EIN	> 58	3-069	204	3
	1401 MANAT	TEE AVE. W., SUITE	1200					
	Firm's address BRADENTON	FI. 34205		Phone no.	941 - 7	147-4	483	

Schedule A	- Cost of Good	s Sold. Enter	method of invent	ory v	aluation N/A				
1 Inventory a	t beginning of year	1		6	Inventory at end of year	r		6	
2 Purchases		2		7	Cost of goods sold Su	btract I	ine 6		
3 Cost of labo	or	3			from line 5. Enter here a	and in F	Part I,		
4a Additional s	section 263A costs				line 2			7	<u> </u>
(attach sch	edule)	4a		8	Do the rules of section :	263A (\	with respect to		Yes No
b Other costs	(attach schedule)	4b			property produced or a	cquirec	l for resale) apply to		
	lines 1 through 4b	5			the organization?				X
Schedule C (see instruction		(From Real	Property and	l Pe	rsonal Property I	Lease	ed With Real Pro	pert	y)
1 Description of p	roperty								
(1)									
(2)					· ·-				· · · · · · · · · · · · · · · · · · ·
(3)									
(4)							· · · · · · · · · · · · · · · · · · ·		
		2 Rent receiv	ed or accrued				2/a) Daduations dispath		etad with the increase
rent	n personal property (if the per for personal property is more 10% but not more than 50%	than	of rent for pe	ersonal	conal property (if the percental property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	nd 2(b)	(attach schedule)
(1)									
(2)									
(3)									
(4)									
Total	· · · · · · · · · · · · · · · · · · ·	0.	Total			0.			
	Add totals of columns 1, Part I, line 6, column		ter >			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E	- Unrelated Del	ot-Financed	Income (see i	nstru	ctions)				
				2	Gross income from		3 Deductions directly con to debt-finance		
	1 Description of debt-fir	nanced property			or allocable to debt- financed property		Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(4) DEAT I	DODEDEN.				110 107	<u>S:</u>	PATEMENT 5	+	·
	PROPERTY				119,187.		166,170	•	178
(2)									
(3)									
(4)		_		_				+	
debt on or allo property	f average acquisition cable to debt-financed (attach schedule) EMENT 6	of or a	adjusted basis illocable to nced property schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8 Allocable deductions column 6 x total of columns 3(a) and 3(b))
					44.55%		E2 000	+-	74,029.
(1)	1,240,430.		784,274.				53,098	•	74,029.
(2)					%			 	
(3) (4)					%			+	
	MEMENTO 2	CMART	MENTO 4		%			+	_
STA	ATEMENT 3	STATI	EMENT 4				nter here and on page 1, lart I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals					▶ L		53,098		74,029. 0.
Total dividends	-received deductions in	cluded in column	8				•	.	0.

Form 990-T (2018)

page 1, Part I, line 10, col (B) page 1, Part I, on page 1, Part II, line 26 line 10, col (A) 0. Totals

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)					_	
(3)]
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.
						- 000 T

Form 990-T (2018) MEALS	ON	WHEELS	PLUS	OF	MANATEE.	INC

59-1420986

Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

5	•	•				
1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					•	,
(2)						-
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<u> </u>	0.				0.
Outrail to IZ Outrain	1.046	D:	T			

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<u> </u>	0.

Form 990-T (2018)

FORM 990-7	P	OTHER INCOME		STATEMENT 1
DESCRIPTIO	DN			AMOUNT
GIFT SHOP	REVENUE			434.
TOTAL TO F	FORM 990-T, PAGE 1	, LINE 12		434.
FORM 990-1	r ne:	r OPERATING LOSS D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/07 12/31/09 12/31/10 12/31/15 12/31/16	253,406. 2,379. 3,308. 4,547. 33,169.	145,612. 0. 0. 0. 0.	107,794. 2,379. 3,308. 4,547. 33,169.	107,794. 2,379. 3,308. 4,547. 33,169.
NOL CARRYO	OVER AVAILABLE THIS	S YEAR	151,197.	151,197.

FORM 990-T	SCHEDULE E	- UNRELATED	DEBT-FINANCED	INCOME	STATEMENT	3
	AVI	ERAGE ACQUIS	SITION DEBT			

DESCRIPTION OF DEBT-FINANCED PROPERTY REAL PROPERTY	ACTIVITY NUMBER 1	AMOUNT OF OUTSTANDING DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		1,262,057. 1,258,249. 1,254,073. 1,250,243. 1,246,282. 1,242,429. 1,238,446. 1,234,569. 1,230,681. 1,226,665. 1,222,754. 1,218,716.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		14,885,164.
AVERAGE AQUISITION DEBT		1,240,430.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T SCHEDULE E - UNRELATED AVERAGE ADJUSTE		INCOME	STATEMENT	4
DESCRIPTION OF DEBT-FINANCED PROPERTY		ACTIVITY NUMBER	r _	
REAL PROPERTY		1	AMOUNT	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST	· ·		2,898,8 2,669,7	
AVERAGE ADJUSTED BASIS OF PROPERTY FOR	THE YEAR		2,784,2	74.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN	5			 -
FORM 990-T SCHEDULE E - DEPRECI	ATION DEDUCTI	ON	STATEMENT	 5
DESCRIPTION .	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTAL	- 1	166,170.	166,1	70.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		166,1	70.
FORM 990-T AVERAGE ACQUISITIO ALLOCABLE TO DEBT-FI		TY	STATEMENT	6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE DEBT - SUBTOTAL	- 1	1,240,430.	1,240,43	30.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	4		1,240,4	30.
				

FORM 990-T	AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI			STATEMENT
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	· TOTAL
AVERAGE BASIS	- SUBTOTAL -	1	2,784,274.	2,784,274
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	5		2,784,274