** PUBLIC DISCLOSURE COPY **

Form 990 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MEALS ON WHEELS OF SARASOTA,INC/FORMERLY COMMUNITY MOBILE MEALS OF SARASOTA CO.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
421 N. LIME AVENUE

City, town, or post office, state, and ZIP code
SARASOTA, FL 34237

F Name and address of principal officer: TERRY MCGANNON
421 NORTH LIME AVE., SARASOTA, FL 34237

D Employer identification number
59-1391249

E Telephone number
(941) 366-6693

G Gross receipts $ 433814.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1972 M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PREPARATION & DELIVERY OF MEALS TO SARASOTA COUNTY RESIDENTS SIX DAYS PER WEEK WHO ARE UNABLE TO

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	6
6	Total number of volunteers (estimate if necessary)	6	408
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	469311.	290206.
9	Program service revenue (Part VIII, line 2g)	79859.	90608.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66815.	49513.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100.	3487.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	616085.	433814.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	91861.	122103.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7415.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	388318.	327307.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	480179.	449410.
19	Revenue less expenses. Subtract line 18 from line 12	135906.	-15596.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2066019.	2056847.
21	Total liabilities (Part X, line 26)	12177.	12264.
22	Net assets or fund balances. Subtract line 21 from line 20	2053842.	2044583.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ TERRY MCGANNON, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
MICHAEL R. PENDER		11/14/13	☐	P00850742

Firm's name ▶ CAVANAUGH & CO. LLP — Firm's EIN ▶ 59-1954606

Firm's address ▶ 2381 FRUITVILLE ROAD, SARASOTA, FL 34237 — Phone no. (941)366-2983

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:
ORGANIZATION'S PURPOSE IS TO PREPARE AND DELIVER A WARM MEAL EACH NOON, SIX DAYS PER WEEK, TO AS MANY PERSONS AS POSSIBLE WHO ARE PHYSICALLY UNABLE TO PREPARE A MEAL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ 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 services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 405830. including grants of $) (Revenue $ 99523.)
"MEALS ON WHEELS OF SARASOTA DELIVERS NUTRITIOUS MEALS TO PERSONS IN NEED IN THE SARASOTA COMMUNITY WHO ARE UNABLE TO PROVIDE OR PREPARE A MEAL FOR THEMSELVES IN THEIR HOMES.
VOLUNTEERS DELIVER HOT MEALS TO THE CLIENTS SIX DAYS A WEEK. IN 2012, A DONATION OF $2.50 WAS REQUESTED, BUT THE ORGANIZATION SERVES ALL, REGARDLESS OF THE ABILITY TO PAY.
OVER 150,000 MEALS ARE SERVED ANNUALLY TO PEOPLE IN NEED. ONLY 30% OF THE CLIENTS WERE ABLE TO MAKE ANY FINANCIAL CONTRIBUTION, AND MOW SUBSIDIZED THE REMAINING 70%."

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 405830.

Part IV Checklist of Required Schedules

			Yes	No
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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	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*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 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 assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6		
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 *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
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			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 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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods 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			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
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			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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 to any question in this Part VI X

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.	1a	10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	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*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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 with a taxable entity during the year?	16a		X
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

TERENCE MCGANNON - 941-366-6693

421 N. LIME AVE., SARASOTA, FL 34237

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

Check if Schedule O contains a response to any question 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LES FISHMAN BOARD MEMBER	1.00	X						0.	0.	0.
(2) JEAN JIMERSON BOARD MEMBER	1.00	X						0.	0.	0.
(3) STEVE JURICIC BOARD MEMBER	1.00	X						0.	0.	0.
(4) JACK MCGARRY SECRETARY AND VICE PRESIDENT	2.00	X		X				0.	0.	0.
(5) KELLY HOPPER BOARD MEMBER	2.00	X						0.	0.	0.
(6) TERESA KONCICK PRESIDENT	1.00	X		X				0.	0.	0.
(7) JUDY REARDON BOARD MEMBER	1.00	X						0.	0.	0.
(8) ALAN SPRINTZ TREASURER	1.00	X		X				0.	0.	0.
(9) TERENCE MCGANNON EXECUTIVE DIRECTOR	40.00			X				22500.	0.	2400.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								22500.	0.	2400.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								22500.	0.	2400.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 290206.				
	g Noncash contributions included in lines 1a-1f: $ 5000.				
	h Total. Add lines 1a-1f ▶	290206.			
Program Service Revenue	2a MEAL PAYMENTS Business Code 624210	90608.	90608.		
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ▶	90608.			
	3 Investment income (including dividends, interest, and other similar amounts) ▶	44085.			44085.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
	6a Gross rents (i) Real (ii) Personal				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 5428.				
	b Less: cost or other basis and sales expenses 0.				
	c Gain or (loss) 5428.				
	d Net gain or (loss) ▶	5428.	5428.		
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a				
	b Less: direct expenses b				
	c Net income or (loss) from fundraising events ▶				
	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				
	11a OTHER 624210	3487.	3487.		
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d ▶	3487.			
	12 Total revenue. See instructions. ▶	433814.	99523.	0.	44085.

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 to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	24900.	14400.	9188.	1312.
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 Other salaries and wages	82806.	82806.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	10734.	9687.	916.	131.
10 Payroll taxes	3663.	3306.	312.	45.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	200.		200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9362.		9362.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	355.	355.		
13 Office expenses	16158.	1471.	14687.	
14 Information technology	1500.		1500.	
15 Royalties				
16 Occupancy	27951.	27951.		
17 Travel	3239.	3239.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	609.	609.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9649.	9649.		
23 Insurance				
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.)				
a KITCHEN OPERATIONS	246530.	246530.		
b FUNDRAISING ACTIVITIES	5927.			5927.
c MAINTENANCE & REPAIRS	5744.	5744.		
d TAXES & LICENSES	83.	83.		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	449410.	405830.	36165.	7415.
26 **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)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	8747.	1	18069.
	2	Savings and temporary cash investments	12882.	2	107000.
	3	Pledges and grants receivable, net	208362.	3	153800.
	4	Accounts receivable, net	13079.	4	
	5	Loans and other receivables from current and former officers, directors, 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 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	8270.	8	6580.
	9	Prepaid expenses and deferred charges	5031.	9	6262.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 279924.			
	b	Less: accumulated depreciation — 10b: 214544.	73529.	10c	65380.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1473015.	12	1417002.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	263104.	15	282754.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2066019.	16	2056847.
Liabilities	17	Accounts payable and accrued expenses	10993.	17	10281.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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	1184.	25	1983.
	26	Total liabilities. Add lines 17 through 25	12177.	26	12264.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1790738.	27	1774345.
	28	Temporarily restricted net assets	13104.	28	20238.
	29	Permanently restricted net assets	250000.	29	250000.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2053842.	33	2044583.
	34	Total liabilities and net assets/fund balances	2066019.	34	2056847.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	433814.
2	Total expenses (must equal Part IX, column (A), line 25)	2	449410.
3	Revenue less expenses. Subtract line 2 from line 1	3	-15596.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2053842.
5	Net unrealized gains (losses) on investments	5	6337.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2044583.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	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 the Single Audit Act and OMB Circular A-133?	3a		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		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
MEALS ON WHEELS OF SARASOTA, INC/FORMERLY COMMUNITY MOBILE MEALS OF SARASOTA CO.	59-1391249

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii)	A family member of a person described in (i) above? 11g(ii)		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of monetary support
Total									

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	670361.	182447.	120204.	469311.	290206.	1732529.
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	670361.	182447.	120204.	469311.	290206.	1732529.
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)						769530.
6 **Public support.** Subtract line 5 from line 4.						962999.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	670361.	182447.	120204.	469311.	290206.	1732529.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-506207.	40002.	58512.	53767.	44960.	-308966.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	630.	6434.	195.	100.	3487.	10846.
11 **Total support.** Add lines 7 through 10						1434409.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	67.14 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	67.72 %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☒

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
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						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

MEALS ON WHEELS OF SARASOTA,INC/FORMERLY
COMMUNITY MOBILE MEALS OF SARASOTA CO. 59-1391249

Schedule A — Identification of Excess Contributions Included on Part II, Line 5 — 2012

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ESTATE OF RUTH DELUCA	57000.	28312.
ESTATE OF DOROTHY VOORHEES	383291.	354603.
ESTATE OF SEYMOUR WHITE	63847.	35159.
ESTATE OF DOROTHY SCHULTZ	75358.	46670.
ESTATE OF MARY KELLY	208362.	179674.
ESTATE OF SYBIL BANKS	153800.	125112.

Total Excess Contributions to Schedule A, Part II, Line 5 ..... 769530.

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization
MEALS ON WHEELS OF SARASOTA, INC/FORMERLY COMMUNITY MOBILE MEALS OF SARASOTA CO.

Employer identification number
59-1391249

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year ..... ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
MEALS ON WHEELS OF SARASOTA,INC/FORMERLY
COMMUNITY MOBILE MEALS OF SARASOTA CO.

Employer identification number
59-1391249

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 10000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 7500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 153800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 20747.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
MEALS ON WHEELS OF SARASOTA, INC/FORMERLY COMMUNITY MOBILE MEALS OF SARASOTA CO.	59-1391249

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization: MEALS ON WHEELS OF SARASOTA,INC/FORMERLY COMMUNITY MOBILE MEALS OF SARASOTA CO.

Employer identification number: 59-1391249

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: MEALS ON WHEELS OF SARASOTA, INC/FORMERLY COMMUNITY MOBILE MEALS OF SARASOTA CO.

Employer identification number: 59-1391249

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a 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:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
(ii) Assets included in Form 990, Part X ▶ $ _____

2 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 Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	250000.	250000.			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	250000.	250000.			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		203646.	142166.	61480.
c Leasehold improvements				
d Equipment		72077.	69631.	2446.
e Other		4201.	2747.	1454.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				65380.

Part VII Investments - Other Securities. See Form 990, 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 value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SECURITIES AND OTHER		
(B) INVESTMENTS	1417002.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1417002.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	270238.
(2) INTEREST RECEIVABLE	12516.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	282754.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL TAXES PAYABLE	1983.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	1983.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	430789.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	6337.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	6337.
3	Subtract line 2e from line 1			3	424452.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9362.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	9362.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	433814.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	440048.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	440048.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9362.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	9362.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	449410.

Part XIII Supplemental Information

Complete this part to provide 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; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: MANAGEMENT HAS EVALUATED THE EFFECT OF AN ACCOUNTING STANDARD RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS DETERMINED THAT THE CENTER HAD NO UNCERTAIN INCOME TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2012. THE CENTER'S FEDERAL INCOME TAX RETURNS FOR 2011, 2010 AND 2009 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THE FEDERAL INCOME TAX RETURNS WERE FILED.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: MEALS ON WHEELS OF SARASOTA,INC/FORMERLY COMMUNITY MOBILE MEALS OF SARASOTA CO.

Employer identification number: 59-1391249

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PREPARE THEIR OWN MEALS BECAUSE OF HEALTH CONSIDERATIONS.

FORM 990, PART VI, SECTION B, LINE 11: BOARD REVIEWS AND APPROVES 990 AT MONTHLY BOARD MEETING BEFORE RETURN IS SIGNED AND SUBMITTED TO IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE AT OUR REGULAR BOARD MEETINGS ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR, OFFICERS AND KEY EMPLOYEES BY USING COMPARABILITY DATA FROM THE LOCAL COMMUNITY FOUNDATION AND DOCUMENTS THE DELIBERATION AND DECISION IN THE ORGANIZATION'S MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: ALL ORGANIZATION DOCUMENTS ARE AVAILABLE TO THE PUBLIC AT ORGANIZATION'S KITCHEN/OFFICE COMPLEX. MONTHLY FINANCIAL STATEMENTS ARE POSTED ON THE OFFICE BULLETIN BOARD AFTER APPROVAL AT THE MONTHLY BOARD OF DIRECTORS MEETING. ORGANIZATION CURRENTLY DOES NOT HAVE WRITTEN CONFLICT OF INTEREST POLICY.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
6	ARCHITECT FEES	03 01 92	SL	30.00	16	665.			665.	443.		22.
7	BUILDING IMPROVEMENTS	03 01 92	SL	30.00	16	57661.			57661.	38440.		1922.
8	BUILDING	03 01 92	SL	30.00	16	98064.			98064.	65377.		3269.
9	DRIVEWAY	03 01 92	SL	15.00	16	1080.			1080.	1080.		0.
10	HEATING AND A/C SYSTEM	03 01 92	SL	30.00	16	4750.			4750.	3165.		158.
22	CERAMIC TILE	12 10 94	SL	30.00	16	6095.			6095.	3470.		203.
24	CARRIER 5 TON ROOFTOP A/C SYSTEM	12 21 95	SL	30.00	16	4375.			4375.	2334.		146.
32	RE-ROOF	11 11 98	200DB	7.00	17	9067.			9067.	9067.		0.
37	CARRIER 4 TON	06 25 01	150DB	15.00	17	2050.			2050.	1505.		137.
41	ALPHALT INSTALLATION	07 31 03	150DB	15.00	17	845.			845.	521.		56.
44	AIR CONDITIONING SYSTEM	05 21 04	SL	5.00	16	1940.			1940.	1940.		0.
45	SIGN FOR BUILDING	10 15 04	SL	5.00	16	300.			300.	300.		0.
47	NORTH BUILDING ROOF	04 14 06	SL	10.00	16	8509.			8509.	4893.		851.
49	FENCE	05 03 07	SL	10.00	16	1745.			1745.	816.		175.
50	SOUTH BLDG. ROOF REPLACEMENT	09 10 08	SL	15.00	16	6500.			6500.	1443.		433.
	* 990 PAGE 10 TOTAL BUILDINGS					203646.		0.	203646.	134794.	0.	7372.
55	ADJUSTED PER AUDIT			.000	16					-82.		-22.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL OTHER FURNITURE & FIXTURES					203646.		0.	203646.	134712.	0.	7350.
11	(D)8' TABLE	090487	SL	7.00	16	295.			295.	280.		0.
12	6 5/S TABLE	090487	SL	7.00	16	235.			235.	235.		0.
13	CHAIRS	031992	SL	7.00	16	264.			264.	264.		0.
14	FURNITURE	100191	SL	7.00	16	1284.			1284.	1284.		0.
15	FANS	093081	SL	7.00	16	118.			118.	118.		0.
23	DESK/LITERATURE RACK	062395	SL	7.00	16	714.			714.	714.		0.
25	MIRROR	062395	SL	7.00	16	86.			86.	86.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR MACHINERY & EQUIPMENT					2996.		0.	2996.	2981.	0.	0.
1	AIR CONDITIONER	040991	SL	7.00	16	399.			399.	399.		0.
2	KITCHEN EQUIPMENT	032592	SL	7.00	16	8119.			8119.	8119.		0.
3	KITCHEN HOOD SYSTEM	041792	SL	7.00	16	1225.			1225.	1225.		0.
4	FANS	063092	SL	7.00	16	274.			274.	274.		0.
5	DOOR FREEZER	092492	SL	7.00	16	3265.			3265.	3265.		0.
16	EQUIPMENT	100991	SL	7.00	16	679.			679.	679.		0.
17	ANSWERING MACHINE	100191	SL	7.00	16	102.			102.	102.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	(D)ICE CHESTS	10 01 91	SL	7.00	16	101.			101.	101.		0.
19	(D)DRAWER LETTER FILE	09 20 82	SL	7.00	16	100.			100.	100.		0.
20	SPRAYHOSE	01 01 87	SL	5.00	16	150.			150.	150.		0.
21	20 LITER MIXER	11 07 87	SL	5.00	16	1436.			1436.	1436.		0.
26	35 CUBIC FOOT FREEZER	05 31 96	SL	7.00	16	2287.			2287.	2287.		0.
27	2 OVENS-RESTAURANT	10 14 97	SL	7.00	16	4600.			4600.	4600.		0.
28	STACKED OVENS	01 15 98	200DB	7.00	17	2594.			2594.	2594.		0.
29	STACKED OVENS	02 18 98	200DB	7.00	17	2594.			2594.	2594.		0.
30	HANDICAP OPERATOR	01 07 98	200DB	7.00	17	1990.			1990.	1990.		0.
31	BOXES	11 11 98	200DB	7.00	17	4065.			4065.	4065.		0.
33	(D)COPY MACHINE-TOSHIBA	03 11 99	SL	7.00	16	1124.			1124.	1070.		0.
34	(D)TABLE-RESTAURANT	04 19 99	SL	7.00	16	773.			773.	773.		0.
35	(D)TABLE WORK S/S TOP & CASTERS SET	08 20 99	SL	7.00	16	437.			437.	437.		0.
36	FREEZER	02 01 00	200DB	7.00	17	9254.			9254.	9254.		0.
38	WALKIN COOLER	02 22 01	200DB	7.00	17	7003.			7003.	7003.		0.
39	900 GALLON CONCRETE TANK	04 02 03	200DB	7.00	17	2250.		675.	1575.	1575.		0.
40	GREASE TRAP	04 02 03	200DB	7.00	17	850.		255.	595.	595.		0.
42	COOLERS	08 11 04	SL	5.00	16	4243.			4243.	4243.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
43	OVEN (D)TOSHIBA E-162	07 09 04	SL	5.00	16	3253.			3253.	3253.		0.
46	DIGITAL COPIER	12 22 05	SL	5.00	16	1236.			1236.	1236.		0.
48	COMPAQ LAPTOP	12 21 06	SL	5.00	16	700.			700.	700.		0.
51	2 M2R STOVES	02 16 09	SL	5.00	16	3920.			3920.	2221.		784.
52	OVEN HOOD SYSTEM	02 16 09	SL	5.00	16	5000.			5000.	2833.		1000.
53	TANKLESS WATER HEATER	01 16 09	SL	5.00	16	1825.			1825.	1096.		365.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					75848.		930.	74918.	70269.	0.	2149.
	OTHER											
54	LENOVO DESK	06 30 12	SL	5.00	16	1500.			1500.			150.
	* 990 PAGE 10 TOTAL OTHER					1500.		0.	1500.	0.	0.	150.
	* GRAND TOTAL 990 PAGE 10 DEPR					283990.		930.	283060.	207962.	0.	9649.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - MEALS ON WHEELS OF SARASOTA,INC/FORMERLY COMMUNITY MOBILE MEALS OF SARASOTA CO.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
6	ARCHITECT FEES	03 01 92	SL	30.00	16	665.			665.	443.		22.
7	BUILDING IMPROVEMENTS	03 01 92	SL	30.00	16	57661.			57661.	38440.		1922.
8	BUILDING	03 01 92	SL	30.00	16	98064.			98064.	65377.		3269.
9	DRIVEWAY	03 01 92	SL	15.00	16	1080.			1080.	1080.		0.
10	HEATING AND A/C SYSTEM	03 01 92	SL	30.00	16	4750.			4750.	3165.		158.
22	CERAMIC TILE	12 10 94	SL	30.00	16	6095.			6095.	3470.		203.
24	CARRIER 5 TON ROOFTOP A/C SYSTEM	12 21 95	SL	30.00	16	4375.			4375.	2334.		146.
32	RE-ROOF	11 11 98	200DB	7.00	17	9067.			9067.	9067.		0.
37	CARRIER 4 TON	06 25 01	150DB	15.00	17	2050.			2050.	1505.		137.
41	ALPHALT INSTALLATION	07 31 03	150DB	15.00	17	845.			845.	521.		56.
44	AIR CONDITIONING SYSTEM	05 21 04	SL	5.00	16	1940.			1940.	1940.		0.
45	SIGN FOR BUILDING	10 15 04	SL	5.00	16	300.			300.	300.		0.
47	NORTH BUILDING ROOF	04 14 06	SL	10.00	16	8509.			8509.	4893.		851.
49	FENCE	05 03 07	SL	10.00	16	1745.			1745.	816.		175.
50	SOUTH BLDG. ROOF REPLACEMENT	09 10 08	SL	15.00	16	6500.			6500.	1443.		433.
	* 990 PAGE 10 TOTAL BUILDINGS					203646.		0.	203646.	134794.	0.	7372.
55	ADJUSTED PER AUDIT			.000	16					-82.		-22.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - MEALS ON WHEELS OF SARASOTA,INC/FORMERLY COMMUNITY MOBILE MEALS OF SARASOTA CO.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL OTHER FURNITURE & FIXTURES					203646.		0.	203646.	134712.	0.	7350.
11	(D)8' TABLE	09 04 87	SL	7.00	16	295.			295.	280.		0.
12	6 5/S TABLE	09 04 87	SL	7.00	16	235.			235.	235.		0.
13	CHAIRS	03 19 92	SL	7.00	16	264.			264.	264.		0.
14	FURNITURE	10 01 91	SL	7.00	16	1284.			1284.	1284.		0.
15	FANS	09 30 81	SL	7.00	16	118.			118.	118.		0.
23	DESK/LITERATURE RACK	06 23 95	SL	7.00	16	714.			714.	714.		0.
25	MIRROR	06 23 95	SL	7.00	16	86.			86.	86.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR MACHINERY & EQUIPMENT					2996.		0.	2996.	2981.	0.	0.
1	AIR CONDITIONER	04 09 91	SL	7.00	16	399.			399.	399.		0.
2	KITCHEN EQUIPMENT	03 25 92	SL	7.00	16	8119.			8119.	8119.		0.
3	KITCHEN HOOD SYSTEM	04 17 92	SL	7.00	16	1225.			1225.	1225.		0.
4	FANS	06 30 92	SL	7.00	16	274.			274.	274.		0.
5	DOOR FREEZER	09 24 92	SL	7.00	16	3265.			3265.	3265.		0.
16	EQUIPMENT	10 09 91	SL	7.00	16	679.			679.	679.		0.
17	ANSWERING MACHINE	10 01 91	SL	7.00	16	102.			102.	102.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - MEALS ON WHEELS OF SARASOTA,INC/FORMERLY COMMUNITY MOBILE MEALS OF SARASOTA CO.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	(D)ICE CHESTS	10 01 91	SL	7.00	16	101.			101.	101.		0.
19	(D)DRAWER LETTER FILE	09 20 82	SL	7.00	16	100.			100.	100.		0.
20	SPRAYHOSE	01 01 87	SL	5.00	16	150.			150.	150.		0.
21	20 LITER MIXER	11 07 87	SL	5.00	16	1436.			1436.	1436.		0.
26	35 CUBIC FOOT FREEZER	05 31 96	SL	7.00	16	2287.			2287.	2287.		0.
27	2 OVENS-RESTAURANT	10 14 97	SL	7.00	16	4600.			4600.	4600.		0.
28	STACKED OVENS	01 15 98	200DB	7.00	17	2594.			2594.	2594.		0.
29	STACKED OVENS	02 18 98	200DB	7.00	17	2594.			2594.	2594.		0.
30	HANDICAP OPERATOR	01 07 98	200DB	7.00	17	1990.			1990.	1990.		0.
31	BOXES	11 11 98	200DB	7.00	17	4065.			4065.	4065.		0.
33	(D)COPY MACHINE-TOSHIBA	03 11 99	SL	7.00	16	1124.			1124.	1070.		0.
34	(D)TABLE-RESTAURANT	04 19 99	SL	7.00	16	773.			773.	773.		0.
35	(D)TABLE WORK S/S TOP & CASTERS SET	08 20 99	SL	7.00	16	437.			437.	437.		0.
36	FREEZER	02 01 00	200DB	7.00	17	9254.			9254.	9254.		0.
38	WALKIN COOLER	02 22 01	200DB	7.00	17	7003.			7003.	7003.		0.
39	900 GALLON CONCRETE TANK	04 02 03	200DB	7.00	17	2250.		675.	1575.	1575.		0.
40	GREASE TRAP	04 02 03	200DB	7.00	17	850.		255.	595.	595.		0.
42	COOLERS	08 11 04	SL	5.00	16	4243.			4243.	4243.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

...AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

MEALS ON WHEELS OF SARASOTA, INC/FORMERLY COMMUNITY MOBILE MEALS OF SARASOTA CO.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
43	OVEN	07 09 04	SL	5.00	16	3253.			3253.	3253.		0.
	(D)TOSHIBA E-162											
46	DIGITAL COPIER	12 22 05	SL	5.00	16	1236.			1236.	1236.		0.
48	COMPAQ LAPTOP	12 21 06	SL	5.00	16	700.			700.	700.		0.
512	M2R STOVES	02 16 09	SL	5.00	16	3920.			3920.	2221.		784.
52	OVEN HOOD SYSTEM	02 16 09	SL	5.00	16	5000.			5000.	2833.		1000.
	TANKLESS WATER											
53	HEATER	01 16 09	SL	5.00	16	1825.			1825.	1096.		365.
	* 990 PAGE 10 TOTAL					75848.		930.	74918.	70269.	0.	2149.
	MACHINERY & EQUIPM											
	OTHER								1500.			
54	LENOVO DESK	06 30 12	SL	5.00	16	1500.						150.
	* 990 PAGE 10 TOTAL					1500.		0.	1500.	0.	0.	150.
	OTHER											
	* GRAND TOTAL 990					283990.		930.	283060.	207962.	0.	9649.
	PAGE 10 DEPR											

(D) - Asset disposed

* ITC, Section 179

- NEXT YEAR FEDERAL - MEALS ON WHEELS OF SARASOTA,INC/FORMERLY COMMUNITY MOBILE MEALS OF SARASOTA CO.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
6	ARCHITECT FEES	03 01 92	SL	30.00	665.		665.	465.	22.
7	BUILDING IMPROVEMENTS	03 01 92	SL	30.00	57661.		57661.	40362.	1922.
8	BUILDING	03 01 92	SL	30.00	98064.		98064.	68646.	3269.
9	DRIVEWAY	03 01 92	SL	15.00	1080.		1080.	1080.	0.
10	HEATING AND A/C SYSTEM	03 01 92	SL	30.00	4750.		4750.	3323.	158.
22	CERAMIC TILE	12 10 94	SL	30.00	6095.		6095.	3673.	203.
24	CARRIER 5 TON ROOFTOP A/C SYSTEM	12 21 95	SL	30.00	4375.		4375.	2480.	146.
32	RE-ROOF	11 11 98	200DB	7.00	9067.		9067.	9067.	0.
37	CARRIER 4 TON	06 25 01	150DB	15.00	2050.		2050.	1642.	117.
41	ALPHALT INSTALLATION	07 31 03	150DB	15.00	845.		845.	577.	49.
44	AIR CONDITIONING SYSTEM	05 21 04	SL	5.00	1940.		1940.	1940.	0.
45	SIGN FOR BUILDING	10 15 04	SL	5.00	300.		300.	300.	0.
47	NORTH BUILDING ROOF	04 14 06	SL	10.00	8509.		8509.	5744.	851.
49	FENCE	05 03 07	SL	10.00	1745.		1745.	991.	175.
50	SOUTH BLDG. ROOF REPLACEMENT	09 10 08	SL	15.00	6500.		6500.	1876.	433.
	* 990 PAGE 10 TOTAL BUILDINGS				203646.		203646.	142166.	7345.
55	ADJUSTED PER AUDIT			.000				-104.	0.
	* 990 PAGE 10 TOTAL OTHER				203646.		203646.	142062.	7345.
	FURNITURE & FIXTURES								
12	6 5/S TABLE	09 04 87	SL	7.00	235.		235.	235.	0.
13	CHAIRS	03 19 92	SL	7.00	264.		264.	264.	0.
14	FURNITURE	10 01 91	SL	7.00	1284.		1284.	1284.	0.
15	FANS	09 30 81	SL	7.00	118.		118.	118.	0.
23	DESK/LITERATURE RACK	06 23 95	SL	7.00	714.		714.	714.	0.
25	MIRROR	06 23 95	SL	7.00	86.		86.	86.	0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				2701.		2701.	2701.	0.
	MACHINERY & EQUIPMENT								
1	AIR CONDITIONER	04 09 91	SL	7.00	399.		399.	399.	0.
2	KITCHEN EQUIPMENT	03 25 92	SL	7.00	8119.		8119.	8119.	0.
3	KITCHEN HOOD SYSTEM	04 17 92	SL	7.00	1225.		1225.	1225.	0.
4	FANS	06 30 92	SL	7.00	274.		274.	274.	0.
5	DOOR FREEZER	09 24 92	SL	7.00	3265.		3265.	3265.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - MEALS ON WHEELS OF SARASOTA,INC/FORMERLY COMMUNITY MOBILE MEALS OF SARASOTA CO.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
16	EQUIPMENT	10 09 91	SL	7.00	679.		679.	679.	0.
17	ANSWERING MACHINE	10 01 91	SL	7.00	102.		102.	102.	0.
20	SPRAYHOSE	01 01 87	SL	5.00	150.		150.	150.	0.
21	20 LITER MIXER	11 07 87	SL	5.00	1436.		1436.	1436.	0.
26	35 CUBIC FOOT FREEZER	05 31 96	SL	7.00	2287.		2287.	2287.	0.
27	2 OVENS-RESTAURANT	10 14 97	SL	7.00	4600.		4600.	4600.	0.
28	STACKED OVENS	01 15 98	200DB	7.00	2594.		2594.	2594.	0.
29	STACKED OVENS	02 18 98	200DB	7.00	2594.		2594.	2594.	0.
30	HANDICAP OPERATOR	01 07 98	200DB	7.00	1990.		1990.	1990.	0.
31	BOXES	11 11 98	200DB	7.00	4065.		4065.	4065.	0.
36	FREEZER	02 01 00	200DB	7.00	9254.		9254.	9254.	0.
38	WALKIN COOLER	02 22 01	200DB	7.00	7003.		7003.	7003.	0.
39	900 GALLON CONCRETE TANK	04 02 03	200DB	7.00	2250.	675.	1575.	1575.	0.
40	GREASE TRAP	04 02 03	200DB	7.00	850.	255.	595.	595.	0.
42	COOLERS	08 11 04	SL	5.00	4243.		4243.	4243.	0.
43	OVEN	07 09 04	SL	5.00	3253.		3253.	3253.	0.
48	COMPAQ LAPTOP	12 21 06	SL	5.00	700.		700.	700.	0.
51	2 M2R STOVES	02 16 09	SL	5.00	3920.		3920.	3005.	784.
52	OVEN HOOD SYSTEM	02 16 09	SL	5.00	5000.		5000.	3833.	1000.
53	TANKLESS WATER HEATER	01 16 09	SL	5.00	1825.		1825.	1461.	364.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				72077.	930.	71147.	68701.	2148.
	OTHER								
54	LENOVO DESK	06 30 12	SL	5.00	1500.		1500.	150.	300.
	* 990 PAGE 10 TOTAL OTHER				1500.		1500.	150.	300.
	* GRAND TOTAL 990 PAGE 10 DEPR				279924.	930.	278994.	213614.	9793.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone