

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form 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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2008

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

MEALS ON WHEELS OF CHEMUNG COUNTY, INC.

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

150 FOX STREET

City or town, state or country, and ZIP + 4

ELMIRA, NY 14901-3415

D Employer identification number

16 1353247

E Telephone number

(607) 734-9535

F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶

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

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **457,065**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1	Contributions, gifts, grants, and similar amounts received																												234,489	
	2	Program service revenue including government fees and contracts																											149,393		
	3	Membership dues and assessments																													
	4	Investment income																												4,566	
	5a	Gross amount from sale of assets other than inventory (Securities)																												48,874	
	b	Less: cost or other basis and sales expenses																													55,640
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)																													(6,766)
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																													
	a	Gross revenue (not including \$ 65,584 of contributions reported on line 1)																													19,743
	b	Less: direct expenses other than fundraising expenses																													1,947
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																													17,796	
7a	Gross sales of inventory, less returns and allowances																														
b	Less: cost of goods sold																														
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8	Other revenue (describe ▶)																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶																													399,478	
Expenses	10	Grants and similar amounts paid (attach schedule)																													
	11	Benefits paid to or for members																													
	12	Salaries, other compensation, and employee benefits																													175,337
	13	Professional fees and other payments to independent contractors																													4,504
	14	Occupancy, rent, utilities, and maintenance																													22,921
	15	Printing, publications, postage, and shipping																													8,379
	16	Other expenses (describe ▶ SEE ATTACHED)																													146,154
17	Total expenses. Add lines 10 through 16. ▶																													357,295	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																												42,183	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																													285,343
	20	Other changes in net assets or fund balances (attach explanation)																													(23,414)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. ▶																													304,112

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	151,163	171,359
23	Land and buildings	105,957	110,340
24	Other assets (describe ▶ RECEIVABLES, INVENTORY, PREPAID EXPENSES)	49,127	40,322
25	Total assets	306,247	322,021
26	Total liabilities (describe ▶ ACCTS PAYABLE, ACCD PAYROLL & WITHHOLDI)	20,904	17,909
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	285,343	304,112

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶ NEW YORK		
42a	The books are in care of ▶ DARLENE IKE Telephone no. ▶ (607) 734-9535 Located at ▶ 150 FOX STREET; ELMIRA, NY ZIP + 4 ▶ 14901-3415		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|-------------------------------------|
| 46 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 | | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | <input checked="" type="checkbox"/> |
| 49b If "Yes," was the related organization(s) a section 527 organization? | | |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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: *John Polczyn* Date: 8-5-09
 Type or print name and title: TRASURER JOHN POLCYN

Paid Preparer's Use Only

Preparer's signature: *Edward K. Hoffman Jr.* Date: 7/31/09
 Firm's name (or yours if self-employed), address, and ZIP + 4: EDWARD K. HOFFMAN JR., CPA
 PO BOX 404; ELMIRA, NY 14902
 Check if self-employed:
 Preparer's Identifying Number (See instructions): 084-36-3616
 EIN: Phone no.:

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

Meals on Wheels of Chemung County, Inc.
ID# 16-1353247
Form 990 EZ
12/31/2008

Page 1 - Part I - Line 16 - Other Expenses

Program:	
Groceries	\$ 100,710
Meal containers	18,526
Gas reimbursements	3,846
Supplies	1,170
Trash removal	808
General and Administrative:	
Business insurance/taxes	9,857
Depreciation	6,107
Conferences/travel	2,241
Investment management fees	1,093
Volunteer recognition	1,072
Employee recognition and other gifts	510
Miscellaneous expense	214
Total Other Expenses	\$ <u>146,154</u>

Meals on Wheels of Chemung County, Inc.
 BOARD OF DIRECTORS
 2009

E-Mail: mealsonwheels@stny.rr.com
 Website: www.mealsonwheelschemung.org

Name	Mail Address	Telephone	Occupation	E-Mail Address
Tammy Pabis	Elmira Savings Bank 333 E. Water Street Elmira, NY 14901	735-8655 731-5554 (cell)	Bank Executive	TPABIS@elmirasavingsbank.com
John Polcyn	918 Bridgman St. Elmira, NY 14901	734-9249	Retired Treasurer/Mgr. Credit Union	jpolcyn@stny.rr.com
Addie Kelley	115 Myers Drive Horseheads, NY 14845	739-9451	Volunteer	
Karen Peterson	116 Greenridge Drive Horseheads, NY 14845	739-3141	Volunteer	dpeterson1@stny.rr.com
Peter Wallin	1364 College Ave Elmira, NY 14901	796-0440 H 734-8799 W	Insurance Agent	peter@wallininsurance.com
Kathy Stein	23 Woodland Way Horseheads, NY 14845	329-1708 cell	Branch Manager	kstein@visionsfcu.org
Becky Bradley	554 W. Washington Ave. Elmira, NY 14901	733-1871 H 737-4757 W	Administrator	ELISBJB@omh.state.ny.us
Denice Hamm	523 W. Church St. Elmira, NY 14905	743-8854 H (c) 734-5004 W	Lawyer	denicehamm@yahoo.com
Tom Karski	100 Evergreen Avenue Elmira, NY 14905	734-8661	Retired Bank Executive	tkarski@stny.rr.com

