

Form **990**Department of the Treasury
Internal Revenue Service**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)

OMB No 1545-0047

2003Open to Public
Inspection

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

A For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004**

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

MOBILE MEALS OF TOLEDO, INC.

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

1946 N. 13TH STREET

Room/suite

348

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

TOLEDO, OH 43624

D Employer identification number

34-1019610

E Telephone number

419-255-7806F Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

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

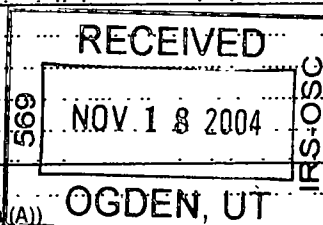
H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).G Website: ▶ **N/A**J Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,837,898.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support	1a	99,276.			
b Indirect public support	1b	130,393.			
c Government contributions (grants)	1c	102,376.			
d Total (add lines 1a through 1c) (cash \$ 332,045. noncash \$)	1d			332,045.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			1,338,017.	
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4			2,741.	
5 Dividends and interest from securities	5			2,487.	
6 a Gross rents	6a				
b Less: rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe ▶)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
b Less: cost or other basis and sales expenses	12,134.	8a			
c Gain or (loss) (attach schedule)	9,302.	8b	7,273.		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	2,832.	8c	<7,273.>		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	STMT 2	STMT 3			
a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	145,676.			
b Less: direct expenses other than fundraising expenses	9b	33,511.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	112,165.			
10 a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11			4,798.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1,787,812.	
13 Program services (from line 44, column (B))	13			1,404,928.	
14 Management and general (from line 44, column (C))	14			169,726.	
15 Fundraising (from line 44, column (D))	15			29,000.	
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17			1,603,654.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			184,158.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,949,921.	
20 Other changes in net assets or fund balances (attach explanation)	20			<1,363,237.>	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			770,842.	



SEE STATEMENT 5

MOBILE MEALS OF TOLEDO, INC.

34-1019610

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	64,231.	12,846.	51,385.
26	Other salaries and wages	26	256,194.	193,277.	36,115.
27	Pension plan contributions	27	14,059.	10,629.	3,430.
28	Other employee benefits	28	37,292.	28,834.	8,458.
29	Payroll taxes	29	26,293.	16,914.	7,181.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	5,418.	4,334.	1,084.
34	Telephone	34	8,448.	7,603.	845.
35	Postage and shipping	35	11,846.	10,661.	1,185.
36	Occupancy	36	48,386.	40,160.	8,226.
37	Equipment rental and maintenance	37	17,861.	10,717.	7,144.
38	Printing and publications	38	8,757.	6,130.	2,627.
39	Travel	39	996.	996.	
40	Conferences, conventions, and meetings	40	1,156.	1,040.	116.
41	Interest	41	397.		397.
42	Depreciation, depletion, etc. (attach schedule)	42	23,949.	16,764.	7,185.
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 6	43e	1,078,371.	1,044,023.	34,348.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,603,654.	1,404,928.	169,726.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ☐**PROVIDE FOOD FOR THOSE UNABLE TO DO SO THEMSELVES**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)

a	SEE STATEMENT 7	
	(Grants and allocations \$ _____)	1,404,928.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,404,928.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	3.	45
	46 Savings and temporary cash investments	351,642.	46 282,415.
	47 a Accounts receivable	47a 180,663.	
	b Less: allowance for doubtful accounts	47b	47c 180,663.
	48 a Pledges receivable	48a 132,001.	
	b Less: allowance for doubtful accounts	48b	48c 132,001.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	13,321.	52 13,100.
	53 Prepaid expenses and deferred charges	2,225.	53 2,225.
	54 Investments - securities \$TMT 8 \$TMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,315,307.	54 176,250.
	55 a Investments - land, buildings, and equipment; basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment; basis	57a 221,905.		
b Less: accumulated depreciation	57b 136,611.	57c 85,294.	
58 Other assets (describe ▶)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	2,043,843.	59 871,948.	
Liabilities	60 Accounts payable and accrued expenses	91,623.	60 93,111.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable \$TMT 10	2,299.	64b 7,995.
	65 Other liabilities (describe ▶)		65
66 Total liabilities (add lines 60 through 65)	93,922.	66 101,106.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,758,390.	67 647,950.
	68 Temporarily restricted	136,546.	68 122,892.
	69 Permanently restricted	54,985.	69 0.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,949,921.	73 770,842.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2,043,843.	74 871,948.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization MOBILE MEALS FOUNDATION and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(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," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed OHIO		
b	Number of employees employed in the pay period that includes March 12, 2003 90b 12		
91	The books are in care of MAUREEN STEVENS Telephone no. 419-255-7806		
	Located at 1946 N. 13TH ST STE 480 TOLEDO, OHIO ZIP + 4 43624		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a MOBILE MEALS					1,204,283.
b MOBILE MARKET					133,734.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,741.	
96 Dividends and interest from securities			14	2,487.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			01	<4,441.>	
101 Net income or (loss) from special events			01	112,165.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	4,798.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		117,750.	1,338,017.
105 Total (add line 104, columns (B), (D), and (E))					1,455,767.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

I, the preparer, have prepared this return, and to the best of my knowledge and belief, it is true, correct, and complete.

11-10-04

Date

Maureen Stevens, Exec. Dir.

Type or print name and title.

Check if

Preparer's signature

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2003

Name of the organization

MOBILE MEALS OF TOLEDO, INC.

Employer identification number

34 1019610

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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 \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	336,444.	576,962.	341,374.	312,493.	1,567,273.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,293,704.	1,605,015.	1,052,233.	1,033,388.	4,984,340.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	30,083.	53,349.	76,113.	67,995.	227,540.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	594.	1,793.	1,855.	2,450.	6,692.
23 Total of lines 15 through 22	1,660,825.	2,237,119.	1,471,575.	1,416,326.	6,785,845.
24 Line 23 minus line 17	367,121.	632,104.	419,342.	382,938.	1,801,505.
25 Enter 1% of line 23	16,608.	22,371.	14,716.	14,163.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					36,030.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					1,801,505.
d Add: Amounts from column (e) for lines: 18 227,540. 19 22 6,692. 26b					234,232.
e Public support (line 26c minus line 26d total)					1,567,273.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					86.9980%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2002) (2001) (2000) (1999)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

(a)
Affiliated group
totals(b)
To be completed for ALL
electing organizations

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)

36

N/A

37 Total lobbying expenditures to influence a legislative body (direct lobbying)

37

38 Total lobbying expenditures (add lines 36 and 37)

38

39 Other exempt purpose expenditures

39

40 Total exempt purpose expenditures (add lines 38 and 39)

40

41 Lobbying nontaxable amount. Enter the amount from the following table -

If the amount on line 40 is -

The lobbying nontaxable amount is -

Not over \$500,000

20% of the amount on line 40

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

41

42 Grassroots nontaxable amount (enter 25% of line 41)

42

43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36

43

44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

44

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

a Volunteers

b Paid staff or management (Include compensation in expenses reported on lines c through h.)

c Media advertisements

d Mailings to members, legislators, or the public

e Publications, or published or broadcast statements

f Grants to other organizations for lobbying purposes

g Direct contact with legislators, their staffs, government officials, or a legislative body

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
		0.

MOBILE MEALS

Net Book Value [Depreciation]

GAAP

For the Period July 1, 2003 to June 30, 2004

ASSET BALANCES

Class	Beginning	Additions	Deletions	Ending	Beg. Balance	Depr Exp & AFYD	Deletions	End. Balance	Net Book Value
AUTO	66,226	20,749	0	86,975	28,575	10,502	0	39,077	47,898
EQ	107,369	1,719	0	109,088	82,833	10,093	0	92,926	16,162
F/F	5,433	0	5,109	324	5,083	40	4,801	322	2
L/H	13,690	6,294	7,170	12,813	1,435	331	1,371	395	12,418
LSD	10,000	7,359	10,000	7,359	8,167	1,648	8,833	981	6,378
SOFTWARE	3,883	1,463	0	5,346	1,575	1,335	0	2,910	2,436
Grand Total	206,600	37,583	22,279	221,905	127,668	23,949	15,006	136,611	85,294

FOOTNOTES

STATEMENT 1

THE ORGANIZATION'S OPERATIONS ARE DEPENDENT ON VOLUNTEERS WHO HAVE CONTRIBUTED AN ESTIMATED 6,250 HOURS OF THEIR TIME PER MONTH TO ORGANIZE SPONSORED PROGRAMS.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
----------	---	-----------	---

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS INVESTMENTS	12,134.	9,302.	0.	2,832.
TO FORM 990, PART I, LINE 8	12,134.	9,302.	0.	2,832.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	3
----------	---------------------------------------	-----------	---

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VARIOUS FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	22,279.	0.	15,006.	<7,273.>
TO FM 990, PART I, LN 8		22,279.	0.	15,006.	<7,273.>

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	4
----------	-------------------------------	-----------	---

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
WINE AUCTION	120,302.		120,302.	22,486.	97,816.
CHILI COOK OFF	19,680.		19,680.	8,232.	11,448.
MARCH FOR MEALS	1,694.		1,694.	2,450.	<756.>
SPECIAL EVENTS - OTHER	4,000.		4,000.	343.	3,657.
TO FM 990, PART I, LINE 9	145,676.		145,676.	33,511.	112,165.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
----------	--	-----------	---

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	22,215.
UNRESTRICTED NET ASSETS TRANSFERRED TO MOBILE MEALS FOUNDATION	<1,330,552.>
PERMANENTLY RESTRICTED NET ASSETS TRANSFERRED TO MOBILE MEALS FOUNDATION	<54,900.>
TOTAL TO FORM 990, PART I, LINE 20	<1,363,237.>

FORM 990	OTHER EXPENSES			STATEMENT 6
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	9,668.	7,251.	2,417.	
COST OF MEALS	1,031,988.	1,031,988.		
MISCELLANEOUS	5,205.		5,205.	
BAD DEBT EXPENSE	4,831.		4,831.	
CHARITY	98.	98.		
LICENSES	239.	239.		
DUES	2,816.		2,816.	
PROFESSIONAL SERVICES	10,179.		10,179.	
DELIVERY	4,447.	4,447.		
CONTRACT LABOR	8,900.		8,900.	
TOTAL TO FM 990, LN 43	1,078,371.	1,044,023.	34,348.	

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT 7
----------	--	-------------

DESCRIPTION OF PROGRAM SERVICE ONE

MOBILE MEALS PROVIDES FOOD SERVICES TO INDIGENT PERSONS AND SUBSCRIBERS WITH HEALTH PROBLEMS WHO WOULD OTHERWISE HAVE DIFFICULTY MAINTAINING A BALANCED DIET. FROM JULY 1, 2003 THROUGH JUNE 30, 2004, THE MEAL PROGRAM SERVED 396,056 MEALS TO 1,052 CLIENTS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,404,928.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	8
----------	---------------------------	-----------	---

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITIES			142,292.		142,292.
MUTUAL FUNDS	33,958.				33,958.
CORPORATE BONDS		0.			
TO 990, LN 54 COL B	33,958.	0.	142,292.		176,250.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	9
----------	-----------------------	-----------	---

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US TREASURY NOTES AND BONDS	0.		
TOTAL TO FORM 990, LINE 54, COL B	0.		

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 10

LENDER'S NAME TERMS OF REPAYMENT

OFFICE PRODUCTS, INC. \$199/MONTH

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
-----------------	------------------	-------------------------	------------------

06/30/99	06/30/04	10,000.	7.25%
----------	----------	---------	-------

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

N/A OFFICE COPIER

RELATIONSHIP OF LENDER

N/A

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
N/A	0.	0.

LENDER'S NAME TERMS OF REPAYMENT

GE CAPITAL \$177/MONTH

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
-----------------	------------------	-------------------------	------------------

11/24/03	11/24/08	8,720.	8.05%
----------	----------	--------	-------

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

N/A OFFICE COPIER

RELATIONSHIP OF LENDER

N/A

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
N/A	0.	7,995.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

7,995.

STATEMENT 11

93B THE ORGANIZATION MAINTAINS A GROCERY STORE THAT DELIVERS GROCERIES AND OTHER NECESSITIES TO INDIVIDUALS AT VARIOUS LOCATIONS WHO HAVE DIFFICULTIES OBTAINING FOOD FROM NORMAL GROCERY STORES DUE TO HEALTH PROBLEMS. GROCERY SALES ARE AN ESSENTIAL PART OF PROVIDING DIETARY SERVICES RELATED TO THE TAX EXEMPT PURPOSE OF THE ORGANIZATION.

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS INCOME	594.	1,793.	1,855.	2,450.
TOTAL TO SCHEDULE A, LINE 22	594.	1,793.	1,855.	2,450.

MOBILE MEALS OF TOLEDO, INC
2003 FORM 990
34-1019610

PART II-STATEMENT OF FUNCTIONAL EXPENSES

COLUMN D-FUNDRAISING

DIRECT

Direct fundraising expenses are included in Part 1, line 9b for costs directly attributable to revenue shown on line 9a. The company has two major fundraising events each year.

MOBILE MEALS OF TOLEDO, INC. – 2004 BOARD OF DIRECTORS

EXECUTIVE COMMITTEE

President – Bil Homka
One Government Center
Ste 1620
Toledo, OH 43604
W: 419-936-2652
F: 419-936-3730

President Elect – Leslie Ansberg
Health Care REIT
One Seagate, Ste.1500
Toledo, OH 43603
H: 472-4003 W: 247-2876
F: 247-2826

Vice President/Meals
Kathie Maxwell
86 E. Back Bay Rd.
Bowling Green, OH 43402
H: 823-3272
F: 823-3276

Vice President/Market
Jeff Cole
Dana Corp. – Corp.Comm.
4500 Dorr Street
Toledo, OH 43697
W: 535-4704

Secretary – Mark Wagoner, Jr.
Shumaker, Loop & Kendrick
1000 Jackson St.
Toledo, OH 43624
W: 321-1412

Treasurer – Libby Boldt
6115 Glasgow Rd.
Sylvania, OH 43560
H: 882-4809 W: 842-6106
F: 843-6099

Past President
George Brymer
All Square Inc.
4211 Oak Tree Place
Toledo, OH 43623
H: 474-6166
W: 265-3467

Executive Director
Maureen Stevens
1946 N 13th St.
Toledo, OH 43624
H: 385-6766
W: 255-6710
F: 255-5427

COMMITTEE CHAIRS

By-Laws & Human Resource
Barbara Gant King
HCR Manor Care
Summit Center
P.O Box 10086
Toledo, OH 43699
W: 252-5856 F: 252-5510

Development – Chili
Kristina White
Springfield Local Schools
6900 Hall Street
Holland, OH 43528
W: 867-5720
F: 867-5700

Development – Wine
Kathy Zacharias
5644 Golf Creek Rd.
Toledo, OH 43623
H: 882-7443 F: 882-6543

Finance - Libby Boldt

Long-Range/Strategic Planning
George Brymer

Nominating & Recruiting
Ann Albert
Flower Hospital
5200 Harroun
Sylvania, OH 43560
W: 824-1444

Program Services
Jeff Cole

AT-LARGE MEMBERS
Tom Bedell
Grogan Chrysler Plymouth
6100 Telegraph Road
Toledo, OH 43612
W: 476-0761 F: 476-4877

Dr.Cynthia Beekley
Springfield Local Schools
6900 Hall Street
Holland, OH 43528
W: 867-5605 F: 867-5700

Elaine Canning
Bostwick Braun
1946 N. 13th Street
Toledo, OH 43624
W: 259-3903 F: 259-3924

AT-LARGE MEMBERS (cont'd)

Joe Clark
1944 Richmond Road
Toledo, OH 43607
H: 419-526-2811

Bill Garbe
Fifth Thrd Bank
606 Madison Ave. MD 292951
Toledo, OH 43604
W: 259-6978 F: 259-7883

Darrell Gill
GFS
1450 Holland Road
Maumee, OH 43537
W: 893-5031

Mark Holmes
Lake Erie Medical
7560 Lewis Ave.
Temperance, MI 48182
W: 800-284-2130 x225
F: 800-947-7921

Sharon Lange
901 Washington
Toledo, OH 43624
W: 419-725-2681

Lydia Lindsey-Gant
2907 Scottwood Ave.
Toledo, OH 43610
H: 419-244-83669

Patty Schlosser
Josina Lott Residential
P.O.Box 352049
Toledo, OH 43635
W: 866-9013 F: 866-8428

Rev. Dr. Steve Smith
Collingwood Presbyterian Church
2108 Collingwood Blvd.
Toledo, OH 43620
W: 243-3275

Dean Wilson
Dana Commercial Credit
P.O. Box 931
Toledo, OH 43697
W: 897-7499 F: 322-7222