

**Return of Organization Exempt From Income Tax**

**2004**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2004 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>MEALS ON WHEELS OF ROWAN, INC.</b>	<b>D</b> Employer identification number <b>56-1152417</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1918 WEST INNES STREET, P O BOX 1914</b>	<b>E</b> Telephone number <b>704-633-0352</b>
		City or town, state or country, and ZIP + 4 <b>SALISBURY, NC 28145-1914</b>	<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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

G Website: **N/A**

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

K 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.

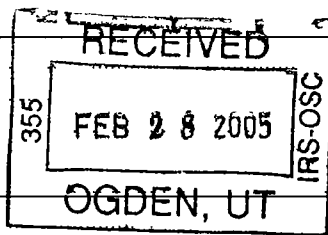
I Group Exemption Number

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **284,981.**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	107,444.	
	b	Indirect public support	1b	58,000.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ <b>165,444.</b> noncash \$ )	1d	165,444.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	80,197.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	895.	
	5	Dividends and interest from securities	5		
	6a	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			
8a	Gross amount from sales of assets other than inventory	(A) Securities	18,043.	8a	
b	Less: cost or other basis and sales expenses	15,589.	8b		
c	Gain or (loss) (attach schedule)	2,454.	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1		8d	2,454.
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	9a	20,402.		
b	Less: direct expenses other than fundraising expenses	9b	9,822.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 2		9c	10,580.
10a	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			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	259,570.		
Expenses	13	Program services (from line 44, column (B))	13	205,594.	
	14	Management and general (from line 44, column (C))	14	34,753.	
	15	Fundraising (from line 44, column (D))	15	1,967.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	242,314.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	17,256.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	153,346.	
	20	Other changes in net assets or fund balances (attach explanation)	20	464.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	171,066.	



SCANNED MAR 17 2005

**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.

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	0.	0.	0.
26 Other salaries and wages	26	60,906.	48,116.	10,963.
27 Pension plan contributions	27			
28 Other employee benefits	28	3,900.	3,315.	585.
29 Payroll taxes	29	4,659.	3,680.	839.
30 Professional fundraising fees	30			140.
31 Accounting fees	31	4,400.		4,400.
32 Legal fees	32			
33 Supplies	33	7,586.		7,586.
34 Telephone	34	1,598.	799.	799.
35 Postage and shipping	35	1,405.	703.	702.
36 Occupancy	36	5,040.		5,040.
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39	4,768.	4,768.	
40 Conferences, conventions, and meetings	40	2,118.		2,118.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	1,446.		1,446.
43 Other expenses not covered above (itemize):				
a <b>INSURANCE</b>	43a	2,641.	2,641.	
b <b>ORGANIZATION DUES</b>	43b	275.		275.
c <b>MISCELLANEOUS</b>	43c	175.	175.	
d <b>CATERING SERVICE</b>	43d	136,597.	136,597.	
e <b>FOOD CONTAINERS</b>	43e	4,800.	4,800.	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	242,314.	205,594.	34,753.
				1,967.

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 Accomplishments**

What is the organization's primary exempt purpose?

**PROVIDING MEALS FOR THE AGED AND INFIRMED**

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 4				
		(Grants and allocations \$ _____)		205,594.
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)				205,594.

**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
<b>Assets</b>	45 Cash - non-interest-bearing	18,009.	45	15,981.
	46 Savings and temporary cash investments	49,262.	46	49,948.
	47 a Accounts receivable	47a 13,148.		
	b Less: allowance for doubtful accounts	47b	11,818.	47c 13,148.
	48 a Pledges receivable	48a 15,000.		
	b Less: allowance for doubtful accounts	48b	13,000.	48c 15,000.
	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			52
	53 Prepaid expenses and deferred charges			53
	54 Investments - securities <b>STMT 5</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		60,992.	54 74,367.
	55 a Investments - land, buildings, and equipment: basis	55a 8,927.		
	b Less: accumulated depreciation	55b 3,952.	6,421.	55c 4,975.
56 Investments - other			56	
57 a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation	57b		57c	
58 Other assets (describe <input type="checkbox"/> )			58	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		159,502.	59 173,419.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	4,243.	60	319.
	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		64b	
	65 Other liabilities (describe <input type="checkbox"/> <b>ACCRUED PAYROLL TAXES</b> )		1,913.	65 2,034.
<b>66 Total liabilities</b> (add lines 60 through 65)		6,156.	66 2,353.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	151,973.	67	169,493.
	68 Temporarily restricted	1,373.	68	1,573.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> 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	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		153,346.	73 171,066.
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		159,502.	74 173,419.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows 76 through 91 with various organizational details and financial data.

Located at 1918 WEST INNES STREET, SALISBURY, NC ZIP + 4 28144

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

**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 <b>MEAL SERVICE</b>					80,197.
b _____					
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	895.	
96 Dividends and interest from securities					
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					2,454.
101 Net income or (loss) from special events					10,580.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		895.	93,231.
105 <b>Total</b> (add line 104, columns (B), (D), and (E))					94,126.

**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).
1	<b>MEAL SERVICE CUSTOMERS, IF FINANCIALLY ABLE, PAY FOR THEIR DAILY MEALS. THESE CHARGES OFFSET THE COSTS OF OTHER MEALS SERVED TO THOSE CUSTOMERS WHO CANNOT AFFORD THE MEALS AND HELP TO OFFSET ADMINISTRATIVE EXPENSES OF THE ORGANIZATION.</b>

**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

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

I, the preparer, 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. I am not a member of the preparer's firm, and I am not a partner, officer, or shareholder of the preparer's firm.

2-15-05 **Mildred B. Aull, Treasurer**  
 Date Type or print name and title.

Preparer's SSN or PTIN

**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

**2004**

Name of the organization

**MEALS ON WHEELS OF ROWAN, INC.**

Employer identification number

**56 1152417**

**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
<b>NONE</b> -----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶		<b>0</b>		

**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
<b>NONE</b> -----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶		<b>0</b>

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
<b>1</b>	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 <b>▶</b> \$ _____ \$ _____ (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.		<b>X</b>
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3 a</b>	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.)	<b>3a</b>	<b>X</b>
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>4 a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	<b>X</b>
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	<b>X</b>

**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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)		125,069.	91,041.	72,538.	288,648.
<b>16</b> Membership fees received					
<b>17</b> 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		55,261.	61,649.	78,133.	195,043.
<b>18</b> 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		1,126.	1,487.	835.	3,448.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	0.	181,456.	154,177.	151,506.	487,139.
<b>24</b> Line 23 minus line 17		126,195.	92,528.	73,373.	292,096.
<b>25</b> Enter 1% of line 23		1,815.	1,542.	1,515.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					26a 5,842.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 53,974.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 292,096.
d Add: Amounts from column (e) for lines: 18 3,448. 19 _____					26d 57,422.
22 _____ 26b 53,974.					26e 234,674.
e Public support (line 26c minus line 26d total)					26f 80.3414%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27 Organizations described on line 12:</b> 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					
(2003) (2002) (2001) (2000)					
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					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c N/A
17 _____ 20 _____ 21 _____					27d N/A
d Add: Line 27a total _____ and line 27b total _____					27e N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.					NONE

**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.)		
	_____		
	_____		
	_____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	
	_____		
	_____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
	_____		
	_____		
	_____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	





---



---

**FORM 990**                      **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES**                      **STATEMENT**      **1**


---

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
.757 SHARES LOWES LIQUIDATED	42.	34.	0.	8.
350 SHARES LOWES	18,001.	15,555.	0.	2,446.
TO FORM 990, PART I, LINE 8	18,043.	15,589.	0.	2,454.

---



---



---



---

**FORM 990**                                      **SPECIAL EVENTS AND ACTIVITIES**                                      **STATEMENT**      **2**


---

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS-VARIOUS	20,402.		20,402.	9,822.	10,580.
TO FM 990, PART I, LINE 9	20,402.		20,402.	9,822.	10,580.

---



---



---



---

**FORM 990**                                      **OTHER CHANGES IN NET ASSETS OR FUND BALANCES**                                      **STATEMENT**      **3**


---

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	464.
TOTAL TO FORM 990, PART I, LINE 20	464.

---



---

---



---

**FORM 990**                      **STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**                      **STATEMENT**                      **4**


---

**DESCRIPTION OF PROGRAM SERVICE ONE**

PROVIDING MEALS FOR THE AGED AND INFIRMED. THE NUMBER OF RECIPIENTS CONSTANTLY CHANGES. 43,374 MEALS WERE SERVED DURING THE YEAR. AT THE END OF THE YEAR THERE WERE APPROXIMATELY 320 DIFFERENT PERSONS RECEIVING THE DAILY MEALS

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		205,594.

---



---

**FORM 990**                                      **NON-GOVERNMENT SECURITIES**                                      **STATEMENT**                      **5**


---

		CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS-MARKETABLE EQUITY SECURITIES	FMV	74,367.			74,367.
TO FORM 990, LINE 54, COL B		74,367.			74,367.

---



---

**FORM 990**                                      **OTHER REVENUE NOT INCLUDED ON FORM 990**                                      **STATEMENT**                      **6**


---

DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSE	9,822.
TOTAL TO FORM 990, PART IV-A	9,822.

---



---

**FORM 990**                                      **OTHER EXPENSES NOT INCLUDED ON FORM 990**                                      **STATEMENT**                      **7**


---

DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSE	9,822.
TOTAL TO FORM 990, PART IV-B	9,822.

Meals on Wheel of Rowan, Inc.  
Board and Staff Members, 2004

Name	Term End	Address	City	State	Zip	Phone	E-Mail
Agner-Goss, Georgi	2004	650 Mahaley Avenue	Salisbury	NC	28144	636-9020	gaqoss@hotmail.com
Aull, Mickey ( Treasurer)	2005	301 Lake Drive	Salisbury	NC	28144	636-5073	francisaul@covad.net
Cockerel Jr., Robert	2005	130 N. Arlington St.	Salisbury	NC	28144	636-5283	
Eiler, Eleanor	2006	P.O. Box 577	Granite Quarry	NC	28072	279-4738	ere@webkormer.com
Eiler, Louise	2006	P.O. Box 908	Rockwell	NC	28138	279-1281	jeller@fmbnc.com
Everhart, Diane	2004	505 Newton St.	Spencer	NC	28159	633-2774	
Fahnestock, Clyde ( Pres)	2006	1120-A South Boundary	Salisbury	NC	28144	636-2344	fahnestock@co.rowan.nc.us
Mitchell, Rosalind	2006	418 South Craige St.	Salisbury	NC	28144	633-2424	mitfair@bellsouth.net
Misenheimer, June (Sec)	2004	430 Windy Hill Dr.	Salisbury	NC	28147	636-9238	june@salisbury.net
Mooney, Angie (VP)	2004	135 Ponderosa Dr.	Salisbury	NC	28144	633-4342	
Moore, Pat	2005	230 Camelot Dr.	Salisbury	NC	28144	633-5074	pat@velocenet.net
Schumacher, Donald	2006	106 Pinewood Dr.	Salisbury	NC	28147	637-1982	dschuma622@aol.com
Smith, Wanda	2004	423 Laurel Valley Way	Salisbury	NC	28144	630-9586	wandas@carolina.rr.com
Speaks-Sims, Faith	2005	117 E. Steele Street	Salisbury	NC	28144	636-1641	cell 704 202-9101
Thomas, Harold	2006	1840 Hollywood Dr.	Salisbury	NC	28144	636-8737	
Wear, Susan	2005	725 Lake Drive	Salisbury	NC	28144	637-2584	susan.wear@gentiva.com
Whicker, Chandra	2005	120 Copper Leaf Lane	Salisbury	NC	28146	633-5365	whick@peoplepc.com
Winters, Allen	2004	1404 E. Colonial	Salisbury	NC	28144	642-0628	
Bridges, Benjamin (atty)	legal adv	1809 Brenner Ave, #203	Salisbury	NC	28144	633-6693	attorney/legal advisor
MOW Office		P.O. Box 1914	Salisbury	NC	28145	633-0352	mealsonwheels@salisbury.net
		1914 W. Innes St.					
Carangelo, Joanna (ED)	staff	410 Baldwin Ave.	Spencer	NC	28159	637-3050	jobillcarangelo@earthlink.net
Freeman, Wendy	staff	10108 Old Beatty Ford Rd.	Rockwell	NC	28138	279-1325	wfreeman@salisbury.net
Rollins, Melissa	staff	3930 Long Ferry	Salisbury	NC	28146	636-0744	mpr@carolina.rr.com
Seaford, Anne Marie		420 Sapona Dr.	Salisbury	NC	28146	637-6678	JoSea637@aol.com
Fulcher, Eddie		620 Peacehaven Drive	Kannapolis	NC	28083	933-7201	South Rowan Coordinator (Vol)