

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)

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

OMB No. 1545-0047

2010

Open to Public Inspection

A For the 2010 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: **PICKENS COUNTY MEALS ON WHEELS**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 184
 City or town, state or country, and ZIP + 4
EASLEY SC 29641

D Employer identification number: **57-0708817**

E Telephone number: **864-855-3770**

F Name and address of principal officer:
META BOWERS
P.O. BOX 184
EASLEY SC 29641

G Gross receipts \$: **281,927**

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: ▶ **www.pcmow.org**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: _____

M State of legal domicile: **SC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO DELIVER HOT, NOONTIME MEALS TO SENIOR CITIZENS LIVING IN PICKENS COUNTY WHO CANNOT PROVIDE THIS FOR THEMSELVES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	14	
	4	0	
	5	4	
	6	450	
	7a		
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12		
	b Net unrelated business taxable income from Form 990-T, line 34	0	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 246,378	Current Year: 264,855
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,509	1,376
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,912	13,104
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	265,799	279,335	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	126,496	140,364
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	89,284	106,902
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,430	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	12,006	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	33,398	38,745
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	251,608	286,011
19 Revenue less expenses. Subtract line 18 from line 12	14,191	-6,676	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 119,757	End of Year: 113,516
	21 Total liabilities (Part X, line 26)	10,622	11,057
	22 Net assets or fund balances. Subtract line 21 from line 20	109,135	102,459

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: **META BOWERS** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **Donna K. Hendricks CPA** Preparer's signature: _____ Date: **05/10/11** Check if self-employed PTIN: **P00001723**

Firm's name ▶ **Cassell & Hendricks, CPA, PA** Firm's EIN ▶ **57-1040762**
 269 Ann St
 Firm's address ▶ **Pickens, SC 29671-2238** Phone no. **864-878-7735**

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

For Paperwork Reduction Act Notice, see the separate instructions.