

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public
Inspection

| | | | |
|--|---|--|--|
| A For the 2022 calendar year, or tax year beginning | | and ending | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization MEALS ON WHEELS AMERICA | | D Employer identification number 23-7447812 |
| | Doing business as | | E Telephone number (703) 548-5558 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1550 CRYSTAL DRIVE 1004 | | |
| | City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202 | | |
| | F Name and address of principal officer: ELLIE HOLLANDER SAME AS C ABOVE | | G Gross receipts \$ 45,063,575. |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| J Website: WWW.MEALSONWHEELSAMERICA.ORG | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1976 M State of legal domicile: DC | |

Part I Summary

| | | | | |
|------------------------------------|--|---|--|-------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: TO EMPOWER LOCAL PROGRAMS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF VULNERABLE SENIORS. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 15 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 15 |
| | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 62 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 15 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 6,972. |
| | b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 21,122,863. | 19,439,682. |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,662,267. | 2,405,558. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,044,284. | -564,577. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 720. | 18,338. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 23,830,134. | 21,299,001. |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 10,547,209. |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 5,199,620. | 6,332,771. |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | 2,038,798. | 2,269,344. |
| b | | Total fundraising expenses (Part IX, column (D), line 25) | 4,147,046. | |
| 17 | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 5,908,450. | 5,500,821. |
| 18 | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 23,694,077. | 20,830,752. |
| 19 | | Revenue less expenses. Subtract line 18 from line 12 | 136,057. | 468,249. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 38,084,716. | 36,789,535. |
| | 21 | Total liabilities (Part X, line 26) | 4,307,177. | 4,431,929. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 33,777,539. | 32,357,606. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|--------------------------|-----------------|---|------------------|
| Sign Here | Signature of officer | | Date | | |
| | ELLIE HOLLANDER, PRESIDENT AND CEO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | FRANK H. SMITH | FRANK H. SMITH | 08/07/23 | | P00639053 |
| | Firm's name | Firm's EIN | | | |
| | MARCUM LLP | 11-1986343 | | | |
| | Firm's address | Phone no. (202) 227-4000 | | | |
| | 1899 L STREET, NW, SUITE 850 | | | | |
| | WASHINGTON, DC 20036 | | | | |

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

MEALS ON WHEELS AMERICA (THE ASSOCIATION) EMPOWERS LOCAL COMMUNITY PROGRAMS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE SENIORS THEY SERVE SO THAT NO ONE IS LEFT HUNGRY OR ISOLATED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 9,176,974. including grants of \$ 5,296,351.) (Revenue \$ 809,347.)

STRATEGY AND IMPACT - THE MEALS ON WHEELS AMERICA STRATEGY AND IMPACT TEAM PROVIDES THOUGHT LEADERSHIP, RESEARCH AND DATA, INNOVATIVE PROGRAMMING AND TOOLS, AND GRANT OPPORTUNITIES TO AID LOCAL PROGRAMS IN EXTENDING THEIR REACH AND IMPACT. THE TEAM LEVERAGES BEST PRACTICES AND EVIDENCE-BASED INTERVENTIONS IN THE FOUNDATIONAL SUPPORT SYSTEMS THAT ENABLE SENIORS TO LIVE INDEPENDENTLY: NUTRITION, SOCIALIZATION, SAFETY AND COMMUNITY CONNECTIONS AT BOTH THE NATIONAL AND LOCAL LEVELS. EXAMPLES OF SUCH INITIATIVES INCLUDE THE WORK OF MEALS ON WHEELS HEALTH THAT BRINGS TOGETHER OUR NATIONWIDE NETWORK IN PARTNERSHIP WITH HEALTHCARE PROVIDERS AND PAYERS THAT IMPROVE HEALTH OUTCOMES AND THE QUALITY OF CARE, WHILE LOWERING COSTS OF HEALTHCARE'S HIGH-RISK, SPECIAL NEEDS POPULATION.

4b (Code:) (Expenses \$ 3,496,856. including grants of \$ 1,431,465.) (Revenue \$ 1,596,211.)

MEMBERSHIP AND ADVOCACY - THE MEALS ON WHEELS AMERICA MEMBERSHIP AND ADVOCACY TEAMS PROVIDE DIRECT MEMBER SUPPORT IN A VARIETY OF WAYS THAT INCLUDE ADVOCACY, EDUCATION AND TRAINING, PROGRAM AND CAPACITY-BUILDING SUPPORT AND NETWORKING OPPORTUNITIES.

THE MEMBERSHIP TEAM PROVIDES GRANTS AND REVENUE DISTRIBUTION SERVICES, PEER-TO-PEER LEARNING, AND A DISCOUNT PROGRAM THAT DELIVERS SAVINGS ON THE PRODUCTS AND SERVICES THAT LOCAL COMMUNITY-BASED NUTRITION ORGANIZATIONS RELY ON TO RUN THEIR OPERATIONS. THEY ALSO PRODUCE AND PROVIDE TRAINING PROGRAMS AND LEARNING OPPORTUNITIES FOR LOCAL MEALS ON WHEELS PROGRAM STAFF THROUGH A NATIONAL CONFERENCE, STATE ASSOCIATION MEETINGS, WEBINARS, INFORMATION SHARING THROUGH ONLINE PLATFORMS,

4c (Code:) (Expenses \$ 1,770,128. including grants of \$) (Revenue \$)

MARKETING AND COMMUNICATIONS - THE MEALS ON WHEELS AMERICA MARKETING AND COMMUNICATIONS TEAM RAISES VISIBILITY OF THE HIDDEN AND GROWING NATIONWIDE EPIDEMICS OF SENIOR HUNGER AND ISOLATION AND THE VALUE/IMPACT OF MEALS ON WHEELS. AS SUCH, THE TEAM WORKS TO STRENGTHEN AND LEVERAGE THE MEALS ON WHEELS BRAND ACROSS AMERICA THROUGH VARIOUS THOUGHT-LEADERSHIP EFFORTS, PAID AND DONATED MEDIA AND DIGITAL MARKETING INITIATIVES. THIS WORK IS DESIGNED TO GARNER MORE FINANCIAL AND VOLUNTEER SUPPORT FOR THIS CRITICAL, YET UNDER-RESOURCED WORK, BY ENGAGING KEY INFLUENCERS ACROSS MULTIPLE SECTORS, THROUGH MULTIPLE CHANNELS, WITH A SIMPLE CALL TO ACTION TO VOLUNTEER, ADVOCATE AND/OR DONATE SO THAT NO SENIOR IS FORGOTTEN.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 14,443,958.

Form 990 (2022)

Part IV Checklist of Required Schedules

| | Yes | No |
|---|--------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 11a X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i> | 17 X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 X | |

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | Yes | No |
|---|-----------|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 22 |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | Yes | No |
|--|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 62 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | X |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 Section 501(c)(12) organizations. Enter: | | |
| a Gross income from members or shareholders | 11a | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c Enter the amount of reserves on hand | 13c | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | X |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |
| 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

| | 1a | 1b | Yes | No |
|--|----|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | 15 | | | |
| b Enter the number of voting members included on line 1a, above, who are independent | | 15 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | 2 | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | 4 | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | 5 | X |
| 6 Did the organization have members or stockholders? | | | 6 | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | 7a | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | 7b | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | | | 8a | X |
| b Each committee with authority to act on behalf of the governing body? | | | 8b | X |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | X |

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

| | Yes | No |
|---|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X |
| b Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | 12c | X |
| 13 Did the organization have a written whistleblower policy? | 13 | X |
| 14 Did the organization have a written document retention and destruction policy? | 14 | X |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | X |
| b Other officers or key employees of the organization | 15b | X |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
KENNETH C. EUWEMA - (703) 548-5558
1550 CRYSTAL DRIVE, 1004, ARLINGTON, VA 22202

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ELLIE HOLLANDER PRESIDENT AND CEO | 40.00 | | | X | | | | 462,616. | 0. | 31,198. |
| (2) ROBERT HERBOLSHEIMER CHIEF LEGAL & COMPLIANCE OFFICER | 40.00 | | | | X | | | 241,961. | 0. | 21,453. |
| (3) LUCY THEILHEIMER CHIEF STRATEGY & IMPACT OFFICER | 40.00 | | | | X | | | 239,482. | 0. | 22,461. |
| (4) KRISTINE TEMPLIN CHIEF DEVELOPMENT OFFICER | 40.00 | | | | X | | | 216,324. | 0. | 15,499. |
| (5) KENNETH EUWEMA CHIEF FINANCIAL & OPERATING OFFICER | 40.00 | | | X | | | | 202,027. | 0. | 27,539. |
| (6) SUSAN WALDMAN CHIEF MARKETING & COMM. OFFICER | 40.00 | | | | X | | | 206,112. | 0. | 19,214. |
| (7) IPYANA SPENCER CHIEF HEALTH OFFICER | 40.00 | | | | X | | | 200,820. | 0. | 6,463. |
| (8) ERIKA KELLY CHIEF GOVT & EXT AFFAIRS OFFICER | 40.00 | | | | X | | | 188,617. | 0. | 11,898. |
| (9) JENNIFER YOUNG VP, COMMUNICATIONS | 40.00 | | | | | X | | 129,066. | 0. | 14,520. |
| (10) KATIE JANTZI VP, GOVERNMENT AFFAIRS | 40.00 | | | | | X | | 119,266. | 0. | 14,552. |
| (11) COLLEEN CLARK SR. DIR, STRATEGIC PARTNERSHIPS | 40.00 | | | | | X | | 121,438. | 0. | 9,842. |
| (12) L. CARTER FLORENCE VP, PROGRAMS | 40.00 | | | | | X | | 117,892. | 0. | 9,815. |
| (13) QINGXIN CAI SR. DIR, FINANCE | 40.00 | | | | | X | | 113,233. | 0. | 9,584. |
| (14) PATTI LYONS CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (15) CALVIN MOORE VICE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (16) JOHN MARICK SECRETARY/TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (17) NATALIE ADLER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) STEPHANIE ARCHER-SMITH DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) LISA DAVIS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) KEVIN DONNELLAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) RAQUEL "ROCKY" EGUSQUIZA DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) VINSEN FARIS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) HOLLY HAGLER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) MARVIN IRBY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) DERRICK MASHORE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) SANDY NOE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,558,854. | 0. | 214,038. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,558,854. | 0. | 214,038. |

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

20

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

| | Yes | No |
|---|-----|----|
| 3 | | X |
| 4 | X | |
| 5 | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|------------------------------------|---------------------|
| TRUESENSE MARKETING 502 KEYSTONE DRIVE, WARRENDALE, PA 15086 | FUNDRAISING CAMPAIGN MANAGEMENT | 2,269,344. |
| SITUATION INTERACTIVE, 469 7TH AVENUE, SUITE 1300, NEW YORK, NY 10018 | PROJECT CONSULTING | 1,033,838. |
| BALTIMORE MARRIOTT WATERFRONT 700 ALICEANNA STREET, BALTIMORE, MD 21202 | CONFERENCE SERVICES | 445,678. |
| THE GIGAWATT GROUP, LLC 2901 CHESTNUT AVENUE, BALTIMORE, MD 21211 | PROJECT CONSULTING | 221,047. |
| CRYSTAL SPOON 175 CLEARBROOK ROAD, ELMSFORD, NY 10523 | MEAL PURCHASE/SHIPMENT | 151,028. |

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

7

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

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

193100 1

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) | (B) | (C) | (D) |
|---|---|--|--|----------------|------------------------------------|----------------------------|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | 73,968. | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 846,850. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 18518864. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$1,272,934. | | | |
| | h | Total. Add lines 1a-1f | | 19439682. | | | |
| Program Service Revenue | 2 a | HEALTHCARE CONTRACTS | Business Code | 900099 | 809,347. | 809,347. | |
| | b | CONFERENCE | | 900099 | 657,956. | 609,806. | 48,150. |
| | c | MEMBERSHIP DUES | | 900099 | 498,042. | 498,042. | |
| | d | MEMBER DISCOUNT PROG. | | 900099 | 440,213. | 440,213. | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 2,405,558. | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 965,999. | | |
| 4 | | Income from investment of tax-exempt bond proceeds | | | | | |
| 5 | | Royalties | | | | | |
| 6 a | | Gross rents | 6a | (i) Real | (ii) Personal | | |
| b | | Less: rental expenses ... | 6b | | | | |
| c | | Rental income or (loss) | 6c | | | | |
| d | | Net rental income or (loss) | | | | | |
| 7 a | | Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | |
| b | | Less: cost or other basis and sales expenses | 7b | 22226643 | 23757219 | | |
| c | | Gain or (loss) | 7c | -1530576 | | | |
| d | | Net gain or (loss) | | -1530576. | | | -1530576. |
| 8 a | | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | |
| b | | Less: direct expenses | 8b | | | | |
| c | | Net income or (loss) from fundraising events | | | | | |
| 9 a | | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| b | Less: direct expenses | 9b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | 14,327. | | | | |
| b | Less: cost of goods sold | 10b | 7,355. | | | | |
| c | Net income or (loss) from sales of inventory | | 6,972. | | 6,972. | | |
| Miscellaneous Revenue | 11 a | MISCELLANEOUS REVENUE | Business Code | 900099 | 11,366. | | 11,366. |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 11,366. | | | |
| 12 | Total revenue. See instructions | | 21299001. | 2,357,408. | 6,972. | -505,061. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 6,704,149. | 6,704,149. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 23,667. | 23,667. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,113,678. | 1,703,624. | 139,503. | 270,551. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 3,453,308. | 1,818,803. | 1,143,213. | 491,292. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 52,569. | 23,751. | 21,138. | 7,680. |
| 9 Other employee benefits | 346,123. | 198,770. | 98,953. | 48,400. |
| 10 Payroll taxes | 367,093. | 230,442. | 86,321. | 50,330. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 113,028. | 38,254. | 74,774. | |
| c Accounting | 76,216. | | 76,216. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 2,269,344. | | | 2,269,344. |
| f Investment management fees | 107,960. | | 107,960. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 1,625,631. | 861,710. | 124,499. | 639,422. |
| 12 Advertising and promotion | 744,739. | 744,739. | | |
| 13 Office expenses | 635,454. | 341,858. | 82,499. | 211,097. |
| 14 Information technology | 149,592. | 61,253. | 88,339. | |
| 15 Royalties | | | | |
| 16 Occupancy | 299,400. | 174,706. | 80,508. | 44,186. |
| 17 Travel | 77,091. | 45,854. | 5,241. | 25,996. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 612,054. | 612,054. | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 84,559. | 49,342. | 22,738. | 12,479. |
| 23 Insurance | 27,867. | 16,261. | 7,493. | 4,113. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a MEMBER SERVICES | 772,835. | 772,835. | | |
| b MISCELLANEOUS | 92,806. | 4,531. | 43,275. | 45,000. |
| c DUES AND SUBSCRIPTIONS | 63,076. | 17,355. | 18,565. | 27,156. |
| d STATE REGISTRATION FEES | 18,513. | | 18,513. | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 20,830,752. | 14,443,958. | 2,239,748. | 4,147,046. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 3,584,130. | 1 | 2,640,760. |
| | 2 Savings and temporary cash investments | 303,823. | 2 | 63,624. |
| | 3 Pledges and grants receivable, net | 2,939,750. | 3 | 2,896,582. |
| | 4 Accounts receivable, net | 188,004. | 4 | 440,136. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 44,375. | 8 | 24,409. |
| | 9 Prepaid expenses and deferred charges | 246,564. | 9 | 200,519. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,023,884. | | |
| | b Less: accumulated depreciation | 10b 636,252. | | |
| | 11 Investments - publicly traded securities | 30,323,834. | 11 | 28,917,140. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 5,212. | 15 | 1,218,733. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 38,084,716. | 16 | 36,789,535. | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,540,079. | 17 | 1,885,696. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 942,902. | 19 | 609,949. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 824,196. | 25 | 1,936,284. |
| | 26 Total liabilities. Add lines 17 through 25 | 4,307,177. | 26 | 4,431,929. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 28,884,117. | 27 | 29,752,342. |
| | 28 Net assets with donor restrictions | 4,893,422. | 28 | 2,605,264. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 33,777,539. | 32 | 32,357,606. |
| | 33 Total liabilities and net assets/fund balances | 38,084,716. | 33 | 36,789,535. |

Form 990 (2022)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 21,299,001. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 20,830,752. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 468,249. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 33,777,539. |
| 5 | Net unrealized gains (losses) on investments | 5 | -1,888,182. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 32,357,606. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|---|-----------|----------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | 2c | X |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____ | 3a | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | 3b | |

Form 990 (2022)

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

| g Provide the following information about the supported organization(s). | | | | | | |
|--|----------|---|---|----|---|---|
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|-----------|----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 10934346. | 9879320. | 69392961. | 21122863. | 19439682. | 130769172 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 10934346. | 9879320. | 69392961. | 21122863. | 19439682. | 130769172 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 7503402. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 123265770 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-----------|----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 10934346. | 9879320. | 69392961. | 21122863. | 19439682. | 130769172 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 172,603. | 193,471. | 202,901. | 577,666. | 965,999. | 2112640. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | 15. | | 11,366. | 11,381. |
| 11 Total support. Add lines 7 through 10 | | | | | | 132893193 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 8,881,135. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 92.76 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 90.78 % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described on line 11a above? | | |
| 11b | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 1 | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 1 | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 2 | | |
| 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| 2a | | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 2b | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI . | | | |
| 3a | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 3b | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|--|-----------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 Amounts paid to acquire exempt-use assets | 4 | |
| 5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 | |
| 6 Other distributions (<i>describe in Part VI</i>). See instructions. | 6 | |
| 7 Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 | |
| 9 Distributable amount for 2022 from Section C, line 6 | 9 | |
| 10 Line 8 amount divided by line 9 amount | 10 | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022 | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | |
| c Excess from 2020 | | | |
| d Excess from 2021 | | | |
| e Excess from 2022 | | | |

Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**OTHER INCOME**

2020 AMOUNT: \$ 15.

2022 AMOUNT: \$ 11,366.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization

Employer identification number

MEALS ON WHEELS AMERICA**23-7447812****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| <u>1</u> | | \$ <u>2,340,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | | \$ <u>1,361,054.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | | \$ <u>840,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>5</u> | | \$ <u>610,512.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>6</u> | | \$ <u>514,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

MEALS ON WHEELS AMERICA**23-7447812****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | | \$ 389,725. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

MEALS ON WHEELS AMERICA**23-7447812****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| <u>1</u> | <u>GIFT CARDS</u> _____ _____ | \$ <u>613,000.</u> | <u>12/31/22</u> |
| <u>6</u> | <u>GIFT CARDS</u> _____ _____ | \$ <u>14,000.</u> | <u>12/31/22</u> |
| <u>8</u> | <u>PRODUCT VOUCHERS</u> _____ _____ | \$ <u>389,725.</u> | <u>12/31/22</u> |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

| | |
|--------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| MEALS ON WHEELS AMERICA | 23-7447812 |

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

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | 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. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

☐ Yes ☐ No
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 separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | X | | 5,956. |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 74,082. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 80,038. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|--|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures. See instructions | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:**THE ORGANIZATION'S LOBBYING ACTIVITIES INCLUDE:**

- MAILINGS VIA EMAIL AND SOCIAL MEDIA TO MEMBERSHIP AND SUPPORTERS

REQUESTING THEM TO CONTACT THEIR MEMBERS OF CONGRESS ON MATTERS

RELATING TO THE COVID-19 EMERGENCY RESPONSE, ANNUAL FEDERAL

Part IV Supplemental Information *(continued)*

APPROPRIATIONS PROCESS, FEDERAL NUTRITION PROGRAMS, CHARITABLE TAX
ISSUES, AND LEGISLATION IMPACTING SENIOR NUTRITION PROGRAMS NATIONWIDE.

- DIRECT CONTACT WITH MEMBERS OF CONGRESS, THEIR STAFF, AND
ADMINISTRATION OFFICIALS THROUGH MEETINGS, LETTERS, EMAILS, BRIEFINGS
AND PUBLIC POLICY EVENTS RELATED TO THE COVID-19 EMERGENCY RESPONSE,
OLDER AMERICANS ACT, ANNUAL FEDERAL APPROPRIATIONS PROCESS, FEDERAL
NUTRITION AND HEALTHCARE PROGRAMS, AND CHARITABLE TAX ISSUES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

Part I

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II

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

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

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

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

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

(i) Unrelated organizations

(ii) Related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 821,058. | 479,306. | 341,752. |
| d Equipment | | 202,826. | 156,946. | 45,880. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 387,632. |

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) ROU LEASE LIABILITY | 1,936,284. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 1,936,284. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2022

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 30,870,894. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -1,888,182. |
| b | Donated services and use of facilities | 2b | 11,560,680. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 7,355. |
| e | Add lines 2a through 2d | 2e | 9,679,853. |
| 3 | Subtract line 2e from line 1 | 3 | 21,191,041. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 107,960. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 107,960. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 21,299,001. |

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 32,290,827. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 11,560,680. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 7,355. |
| e | Add lines 2a through 2d | 2e | 11,568,035. |
| 3 | Subtract line 2e from line 1 | 3 | 20,722,792. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 107,960. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 107,960. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 20,830,752. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES

FOR THE YEAR ENDED DECEMBER 31, 2022, AND DETERMINED THAT THERE ARE NO

MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT

MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 7,355.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 7,355.

| | |
|------------------|--|
| Part XIII | Supplemental Information <i>(continued)</i> |
|------------------|--|

[illegible]

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

MEALS ON WHEELS AMERICA

23-7447812

Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|--|-------------------------------------|--|--|--|--|
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 0 | 0 | GRANTMAKING | | 23,667. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 0 | 0 | | | 23,667. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 23,667. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--|---------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | MEETING UNMET NEEDS GRANT | 23,667. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **0**

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2022

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ALL GRANTEES MUST COMPLETE GRANT REPORTING DURING AND AFTER THE GRANT PERIOD THAT DOCUMENTS HOW FUNDS WERE USED, NOTING ANY VARIANCE FROM USES THAT WERE DESCRIBED IN THEIR ORIGINAL GRANT PROPOSAL. THE ASSOCIATION GENERALLY RESERVES THE RIGHT TO DISQUALIFY ANY UNAPPROVED USE OF GRANT FUNDS AND, IF NECESSARY, REQUIRES REFUND OF UNAPPROVED AND/OR UNUSED GRANT FUNDS.

PART I, LINE 3:

THE ASSOCIATION REPORTED THE EXPENDITURES BASED ON THE ACCOUNTING METHOD USED IN ITS AUDITED FINANCIAL STATEMENTS WHICH IS ACCRUAL BASIS.

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☐ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ **No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| TRUESENSE MARKETING - 502 KEYSTONE DR, WARRENDALE, PA | DIRECT MAIL | | X | 2,887,565. | 2,269,344. | 618,221. |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total | | | | 2,887,565. | 2,269,344. | 618,221. |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| AL | AK | AZ | AR | CA | CO | CT | DE | FL | GA | HI | ID | IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO | MT | NE | NV | NH | NJ | NM | NY | NC | ND | OH | OK | OR | PA | RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

SEE PART IV FOR CONTINUATIONS

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|---|--|--------------|--------------|------------------|--|
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | | | | |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: TRUESENSE MARKETING

(I) ADDRESS OF FUNDRAISER: 502 KEYSTONE DR, WARRENDALE, PA 15086

PART I, LINE 2B, COLUMN (V):

ON AVERAGE, IT TAKES ABOUT THREE YEARS FOR A DIRECT MAIL PROGRAM TO COVER

ALL DONOR ACQUISITION COSTS AND BEGIN NETTING REVENUE. THE ORGANIZATION HAS A "PAY-AS-YOU-GROW" AGREEMENT WITH THE FUNDRAISER, WHEREBY THE COST

Part IV Supplemental Information (continued)

INCURRED BY THE FUNDRAISER ARE ONLY REIMBURSABLE TO THE EXTENT OF THE
REVENUE RAISED THROUGH THE APPEAL. THE FUNDRAISER COLLECTS, PROCESSES,
AND DEPOSITS THE FUNDS FROM THE DIRECT MAIL APPEALS INTO A BANK ACCOUNT
CONTROLLED BY THE ORGANIZATION.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|---|--|--|---|
| AEOA SENIOR SERVICES 702 3RD AVE S VIRGINIA, MN 55792-2776 | 41-6052144 | 501(C)(3) | 5,485. | 0. | | | PROJECT SUPPORT |
| AGENCY ON AGING - AREA 4 1401 EL CAMINO AVENUE SACRAMENTO, CA 95815 | 94-2897957 | 501(C)(3) | 5,976. | 0. | | | PROJECT SUPPORT |
| AGING & FAMILY SERVICES OF MINERAL COUNTY - 1 S MAIN ST - KEYSER, WV 26726-3127 | 23-7381456 | 501(C)(3) | 8,000. | 0. | | | PROJECT SUPPORT |
| AGING AHEAD 14535 MANCHESTER RD. MANCHESTER, MO 63011 | 43-1833987 | 501(C)(3) | 5,139. | 0. | | | PROJECT SUPPORT |
| AGING BEST 201 W. BROADWAY SUITE 1E COLUMBIA, MO 65203 | 43-1015163 | 501(C)(3) | 10,000. | 0. | | | PROJECT SUPPORT |
| ALBEMARLE COMMISSION SENIOR NUTRITION PROGRAM - 512 SOUTH CHURCH STREET - HERTFORD, NC 27944 | | GOVT | 42,983. | 500. | FMV | GIFT CARDS | PROJECT SUPPORT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **237.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| AMADOR COUNTY SENIOR CITIZENS, INC. - 229 NEW YORK RANCH ROAD - JACKSON, CA 95642 | 94-2761385 | 501(C)(3) | 35,000. | 0. | | | PROJECT SUPPORT |
| APPALACHIAN AGENCY FOR SENIOR CITIZENS - PO BOX 765 - CEDAR BLUFF, VA 24609 | 54-0990533 | 501(C)(3) | 16,374. | 0. | | | PROJECT SUPPORT |
| AREA AGENCY ON AGING, REGION ONE 1366 E THOMAS RD STE 108 PHOENIX, AZ 85014-5739 | 74-2371957 | 501(C)(3) | 8,667. | 0. | | | PROJECT SUPPORT |
| ASTER AGING, INC. 45 W. UNIVERSITY DRIVE MESA, AZ 85201 | 94-2596075 | 501(C)(3) | 37,002. | 113. | FMV | GIFT CARDS | PROJECT SUPPORT |
| ATHENS COMMUNITY COUNCIL ON AGING 135 HOYT ST. ATHENS, GA 30601 | 58-0977680 | 501(C)(3) | 23,313. | 0. | | | PROJECT SUPPORT |
| BAKERSFIELD SENIOR CENTER, INC. 530 4TH STREET BAKERSFIELD, CA 93304 | 77-0013149 | 501(C)(3) | 7,968. | 0. | | | PROJECT SUPPORT |
| BELOIT MEALS ON WHEELS 1534 SHORE DRIVE BELOIT, WI 53511 | 39-1375390 | 501(C)(3) | 13,052. | 0. | | | PROJECT SUPPORT |
| BENDER JCC OF GREATER WASHINGTON 6125 MONTROSE ROAD ROCKVILLE, MD 20852 | 53-0205921 | 501(C)(3) | 9,077. | 0. | | | PROJECT SUPPORT |
| BI-COUNTY NUTRITION 416 1/2 OHIO AVE NUTTER FORT, WV 26301-4510 | 55-0626656 | 501(C)(3) | 7,500. | 0. | | | PROJECT SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| BIG VALLEY 50 PLUS P.O. BOX 586 BIEBER, CA 96009 | 94-2654948 | 501(C)(3) | 7,968. | 0. | | | PROJECT SUPPORT |
| BRIGHAM CITY SENIOR CENTER MEALS ON WHEELS - 24 NORTH 300 WEST - BRIGHAM CITY, UT 84302 | | GOVT | 12,679. | 0. | | | PROJECT SUPPORT |
| CARSON CITY SENIOR CITIZEN CENTER 911 BEVERLY DRIVE CARSON CITY, NV 89706 | 88-0123061 | 501(C)(3) | 10,555. | 0. | | | PROJECT SUPPORT |
| CATHOLIC CHARITIES SENIOR DINING/MOWS - 157 ROOSEVELT ROAD - ST. CLOUD, MN 56301 | 41-0737799 | 501(C)(3) | 5,485. | 0. | | | PROJECT SUPPORT |
| CEAP MEALS ON WHEELS 7051 BROOKLYN BOULEVARD BROOKLYN CENTER, MN 55429 | 41-0990340 | 501(C)(3) | 5,485. | 0. | | | PROJECT SUPPORT |
| CENTRAL ILLINOIS AGENCY ON AGING, INC. - 700 HAMILTON BOULEVARD - PEORIA, IL 61603 | 37-0983168 | 501(C)(3) | 5,636. | 0. | | | PROJECT SUPPORT |
| CENTRAL VERMONT COUNCIL ON AGING 59 N. MAIN ST, SUITE 200 BARRE, VT 05641 | 03-0276104 | 501(C)(3) | 16,500. | 0. | | | PROJECT SUPPORT |
| CHARLOTTE COUNTY MEALS ON WHEELS P.O. BOX 486 KEYSVILLE, VA 23947 | 34-2025018 | 501(C)(3) | 11,270. | 0. | | | PROJECT SUPPORT |
| CHATHAM COUNTY COUNCIL ON AGING PO BOX 715 PITTSBORO, NC 27312 | 56-1084260 | 501(C)(3) | 94,920. | 18,000. | FMV | GIFT CARDS | PROJECT SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CHEROKEE COUNTY MEALS ON WHEELS P.O. BOX 1886 GAFFNEY, SC 29342 | 57-0773044 | 501(C)(3) | 41,000. | 500. | FMV | GIFT CARDS | PROJECT SUPPORT |
| CHESTNUT HILL MEALS ON WHEELS 1710 BETHLEHEM PIKE FLOURTOWN, PA 19031-1626 | 26-4192537 | 501(C)(3) | 8,000. | 1,600. | FMV | GIFT CARDS | PROJECT SUPPORT |
| CICOA FOUNDATION 8440 WOODFIELD CROSSING BLVD. INDIANAPOLIS, IN 46240 | 35-1859069 | 501(C)(3) | 20,000. | 0. | | | PROJECT SUPPORT |
| CITY OF LAS CRUCES P.O. BOX 20000 LAS CRUCES, NM 88004 | 85-6000147 | 501(C)(3) | 9,980. | 0. | | | PROJECT SUPPORT |
| CJE SENIORLIFE 3003 W. TOUHY AVE. CHICAGO, IL 60645 | 36-2727597 | 501(C)(3) | 17,818. | 0. | | | PROJECT SUPPORT |
| CLARION AREA AGENCY ON AGING 16 VENTURE LANE CLARION, PA 16214 | 45-0633593 | 501(C)(3) | 7,000. | 0. | | | PROJECT SUPPORT |
| CLEARFIELD COUNTY AREA AGENCY ON AGING - 600 COPPER ROAD - CURWENSVILLE, PA 16833 | 25-1336855 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| COMBINED COMMUNITY ACTION, INC. 165 W AUSTIN ST GIDDINGS, TX 78942-3205 | 74-1548511 | 501(C)(3) | 10,000. | 0. | | | PROJECT SUPPORT |
| COMMUNITY ACTION PARTNERSHIP OF CENTRAL ILLINOIS - 1800 FIFTH STREET - LINCOLN, IL 62656 | 37-0895679 | 501(C)(3) | 5,636. | 0. | | | PROJECT SUPPORT |

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| COMMUNITY COOPERATIVE, INC. 3429 DR MARTIN LUTHER KING BLVD FORT MEYERS, FL 22916-4403 | 59-2602772 | 501(C)(3) | 20,000. | 1,600. | FMV | GIFT CARDS | PROJECT SUPPORT |
| COMMUNITY EMERGENCY SERVICE 1900 11TH AVE S MINNEAPOLIS, MN 55404 | 41-1728341 | 501(C)(3) | 13,000. | 0. | | | PROJECT SUPPORT |
| COMMUNITY FOOD BANK OF EASTERN OKLAHOMA - 1304 N KENOSHA AVE - TULSA, OK 74106-5940 | 73-1184980 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| COMMUNITY RENEWAL TEAM, INC. 555 WINDSOR ST HARTFORD, CT 06120-2418 | 06-0795640 | 501(C)(3) | 10,566. | 1,250. | FMV | GIFT CARDS | PROJECT SUPPORT |
| COPPER COUNTRY SENIOR MEALS 821 W WATER ST HANCOCK, MI 49930-1953 | 38-3041729 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| COUNCIL ON AGING FOR HENDERSON COUNTY - 105 KING CREEK BLVD. - HENDERSONVILLE, NC 28792 | 56-0936674 | 501(C)(3) | 50,339. | 0. | | | PROJECT SUPPORT |
| COUNCIL ON AGING, INC. (WYOMING COUNTY) - 695 MOUNTAINEER HIGHWAY - MULLENS, WV 25882 | 55-0531508 | 501(C)(3) | 81,500. | 0. | | | PROJECT SUPPORT |
| DIETERT CENTER 451 GUADALUPE ST KERRVILLE, TX 78028-5162 | 74-2697204 | 501(C)(3) | 17,620. | 0. | | | PROJECT SUPPORT |
| DOC SERVICES, INC. PO BOX 848 MIAMI, OK 74355 | 73-1615506 | 501(C)(3) | 65,000. | 0. | | | PROJECT SUPPORT |

Schedule I (Form 990)

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| DUPAGE SENIOR CITIZENS COUNCIL DUPAGE SENIOR CITIZENS COUNCIL LOMBARD, IL 60148 | 36-2988023 | 501(C)(3) | 17,500. | 0. | | | PROJECT SUPPORT |
| EAST COOPER MEALS ON WHEELS PO BOX 583 MT. PLEASANT, SC 29465-0583 | 57-0804618 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| EASTERN AREA AGENCY ON AGING 240 STATE STREET BREWER, ME 04412 | 01-0328376 | 501(C)(3) | 31,698. | 0. | | | PROJECT SUPPORT |
| ELDER CARE SERVICES, INC. 2518 W TENNESSEE ST TALLAHASSEE, FL 32304-2506 | 59-1426079 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| ELDER SERVICES OF THE MERRIMACK VALLEY - 280 MERRIMACK STREET - LAWRENCE, MA 01843 | 04-2545136 | 501(C)(3) | 10,000. | 0. | | | PROJECT SUPPORT |
| ELDER SERVICES OF WORCESTER AREA, INC. - 67 MILLBROOK ST STE 117 - WORCESTER, MA 01606-2842 | 04-2545221 | 501(C)(3) | 13,431. | 0. | | | PROJECT SUPPORT |
| FAIRFIELD COUNTY COUNCIL ON AGING 210 E WASHINGTON ST WINNSBORO, SC 29180-1048 | 57-0778839 | 501(C)(3) | 40,983. | 0. | | | PROJECT SUPPORT |
| FAMILY SERVICE ROCHESTER 4600 18TH STREET NW ROCHESTER, MN 55901 | 41-0883453 | 501(C)(3) | 87,485. | 18,225. | FMV | GIFT CARDS | PROJECT SUPPORT |
| FEEDMORE - MEALS ON WHEELS 1415 RHOADMILLER STREET RICHMOND, VA 23220 | 54-1150923 | 501(C)(3) | 53,983. | 10,200. | FMV | GIFT CARDS | PROJECT SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| FEEDMORE WNY 100 JAMES E. CASEY DR., BUFFALO, NY 14206 | 22-2470820 | 501(C)(3) | 10,141. | 1,250. | FMV | GIFT CARDS | PROJECT SUPPORT |
| FIVE CITIES MEALS ON WHEELS P.O. BOX 156 PISMO BEACH, CA 93448 | 95-2932124 | 501(C)(3) | 7,968. | 0. | | | PROJECT SUPPORT |
| FOOD FOR LANE COUNTY 770 BAILEY HILL ROAD EUGENE, OR 97402 | 93-0888347 | 501(C)(3) | 10,985. | 2,500. | FMV | GIFT CARDS | PROJECT SUPPORT |
| FOOD FOR THOUGHT 6550 RAILROAD AVENUE FORESTVILLE, CA 95436 | 68-0181095 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| FORT BEND SENIORS MEALS ON WHEELS P.O. BOX 1488 ROSENBERG, TX 77471 | 74-1918313 | 501(C)(3) | 5,620. | 0. | | | PROJECT SUPPORT |
| FRANKLIN COUNTY COUNCIL ON AGING, INC - 202 MEDICAL HEIGHTS DR. - FRANKFORT, KY 40601 | 61-6041002 | 501(C)(3) | 5,398. | 0. | | | PROJECT SUPPORT |
| GENERATIONS UNLIMITED 10915 ELLENTON ST BARNWELL, SC 29812-7305 | 57-0825211 | 501(C)(3) | 22,980. | 0. | | | PROJECT SUPPORT |
| GOLD COUNTRY COMMUNITY SERVICES P.O. BOX 968 GRASS VALLEY, CA 95945-7884 | 94-2436273 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| GOLDEN CONNECTIONS COMMUNITY CENTER - 20-C GOTHAM PLACE - RED LION, PA 17356 | 23-2289794 | 501(C)(3) | 6,028. | 0. | | | PROJECT SUPPORT |

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| GRACE INITIATIVE OF SOUTH LIBERTY COUNTY - PO BOX 10397 - LIBERTY, TX 77575-7897 | 47-4823258 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| HEALY SENIOR CENTER PO BOX 1849 REDWAY, CA 95560 | 94-2762224 | 501(C)(3) | 8,000. | 0. | | | PROJECT SUPPORT |
| HOMAGE - SENIOR SERVICES 5026 196TH STREET, SW LYNNWOOD, WA 98036 | 91-0910680 | 501(C)(3) | 9,918. | 0. | | | PROJECT SUPPORT |
| HOOD RIVER VALLEY ADULT CENTER 2010 STERLING PL HOOD RIVER, OR 97031-9598 | 51-0154995 | 501(C)(3) | 10,000. | 0. | | | PROJECT SUPPORT |
| HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA ST. EUREKA, CA 95501 | 94-2261434 | 501(C)(3) | 23,984. | 0. | | | PROJECT SUPPORT |
| IONA SENIOR SERVICES 4125 ALBEMARLE STREET NW WASHINGTON, DC 20016 | 52-1039553 | 501(C)(3) | 5,000. | 1,600. | FMV | GIFT CARDS | PROJECT SUPPORT |
| JAS FOUNDATION PO BOX 4272 WEST WENDOVER, NV 89883 | 80-0452565 | 501(C)(3) | 5,278. | 0. | | | PROJECT SUPPORT |
| KEARNEY HOUSING DEVELOPMENT CORPORATION - 2715 AVENUE I - KEARNEY, NE 68847 | 47-0782317 | 501(C)(3) | 13,228. | 0. | | | PROJECT SUPPORT |
| KENNETH YOUNG CENTER MEALS ON WHEELS - 1001 ROHLWING RD. - ELK GROVE VILLAGE, IL 60007 | 23-7181444 | 501(C)(3) | 25,636. | 0. | | | PROJECT SUPPORT |

Schedule I (Form 990)

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| KLEINLIFE KLEINLIFE PHILADELPHIA, PA 19116 | 27-0840848 | 501(C)(3) | 9,521. | 1,550. | FMV | GIFT CARDS | PROJECT SUPPORT |
| KNOXVILLE-KNOX COUNTY COMMUNITY ACTION COMMITTEE - P.O. BOX 51650 - KNOXVILLE, TN 37950 | 23-7432847 | 501(C)(3) | 14,294. | 0. | | | PROJECT SUPPORT |
| LAKE COUNTY COUNCIL ON AGING 8520 EAST AVE MENTOR, OH 44060-4302 | 23-7266637 | 501(C)(3) | 13,438. | 1,250. | FMV | GIFT CARDS | PROJECT SUPPORT |
| LAKEWOOD MEALS ON WHEELS 5510 CLARK AVE. LAKEWOOD, CA 90712 | 95-2929207 | 501(C)(3) | 7,968. | 0. | | | PROJECT SUPPORT |
| LEAVENWORTH COUNTY COUNCIL ON AGING - 1830 S. BROADWAY ST. - LEAVENWORTH, KS 66048 | 48-6034067 | 501(C)(3) | 13,000. | 0. | | | PROJECT SUPPORT |
| LEWIS COUNTY SENIOR CITIZENS CENTER, INC. - 171 W 2ND ST - WESTON, WV 26452-1665 | 55-0524706 | 501(C)(3) | 25,000. | 0. | | | PROJECT SUPPORT |
| LEXINGTON COUNTY RECREATION AND AGING COMMISSION - 125 PARKER STREET - LEXINGTON, SC 29072 | | GOVT | 5,959. | 0. | | | PROJECT SUPPORT |
| LIFECARE ALLIANCE 1699 W. MOUND ST. COLUMBUS, OH 43223 | 31-4379494 | 501(C)(3) | 134,938. | 30,000. | FMV | GIFT CARDS | PROJECT SUPPORT |
| LOA AREA AGENCY ON AGING 4932 FRONTAGE RD NW ROANOKE, VA 24019-2922 | 54-0916248 | 501(C)(3) | 7,735. | 500. | FMV | GIFT CARDS | PROJECT SUPPORT |

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| LONGMONT MEALS ON WHEELS 910 LONGS PEAK AVE LONGMONT, CO 80501 | 84-0590979 | 501(C)(3) | 7,727. | 0. | | | PROJECT SUPPORT |
| LUTHERAN SOCIAL SERVICES OF MINNESOTA - 2485 COMO AVE - SAINT PAUL, MN 55108 | 41-0872993 | 501(C)(3) | 5,485. | 0. | | | PROJECT SUPPORT |
| LYON COUNTY HUMAN SERVICES 620 LAKE ST SILVER SPRINGS, NV 89429-9038 | | GOVT | 7,000. | 0. | | | PROJECT SUPPORT |
| MAC, INC. 909 PROGRESS CIRCLE, SUITE 100 SALISBURY, MD 21804 | 52-0992005 | 501(C)(3) | 40,051. | 7,100. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MAMA'S KITCHEN 3960 HOME AVENUE SAN DIEGO, CA 92105 | 33-0434246 | 501(C)(3) | 12,500. | 0. | | | PROJECT SUPPORT |
| MCDOWELL COUNTY COMMISSION ON AGING - 725 STEWART STREET - WELCH, WV 24801 | 55-0567694 | 501(C)(3) | 66,952. | 0. | | | PROJECT SUPPORT |
| MEALS FOR THE ELDERLY 310 E HOUSTON HARTE EXPY SAN ANGELO, TX 76903-4022 | 51-0159134 | 501(C)(3) | 15,000. | 225. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS - SANTA MARIA VALLEY - PO BOX 6526 - SANTA MARIA, CA 93456-6526 | 95-2757731 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS ATLANTA 1705 COMMERCE DR. NW ATLANTA, GA 30318 | 58-0960309 | 501(C)(3) | 16,500. | 5,400. | FMV | GIFT CARDS | PROJECT SUPPORT |

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| MEALS ON WHEELS BY ACC 7375 PARK CITY DRIVE SACRAMENTO, CA 95831 | 30-0610870 | 501(C)(3) | 28,976. | 500. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS CENTRAL TEXAS 3227 E. 5TH ST AUSTIN, TX 78702 | 23-7202594 | 501(C)(3) | 650,120. | 370,000. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS CHICAGO 314 WEST SUPERIOR STREET CHICAGO, IL 60654 | 36-3667584 | 501(C)(3) | 39,227. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS COLLIN COUNTY 600 NORTH TENNESSEE STREET MCKINNEY, TX 75069 | 75-1544507 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS DELAWARE, INC 100 W 10TH ST STE 207 WILMINGTON, DE 19801-1641 | 51-0355145 | 501(C)(3) | 9,683. | 6,600. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS DIABLO REGION 1300 CIVIC DRIVE WALNUT CREEK, CA 94596 | 68-0044205 | 501(C)(3) | 17,968. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS ERIE 4408 PEACH ST. ERIE, PA 16509 | 51-0200640 | 501(C)(3) | 14,028. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS FOR GREATER HOUSTON - 3303 MAIN STREET - HOUSTON, TX 77002 | 74-1488102 | 501(C)(3) | 11,715. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS GUERNSEY COUNTY 1022 CARLISLE AVE. CAMBRIDGE, OH 43725 | 31-0814891 | 501(C)(3) | 17,579. | 0. | | | PROJECT SUPPORT |

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| MEALS ON WHEELS IN HUNTERDON, INC. 5 WALTER FORAN BLVD., STE. 2006 FLEMINGTON, NJ 08822 | 22-3084358 | 501(C)(3) | 13,607. | 1,775. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS MASON & THURSTON COUNTIES - 222 COLUMBIA ST., NW - OLYMPIA, WA 98501 | 91-0907573 | 501(C)(3) | 26,612. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS MESA COUNTY - ST. MARY'S HOSPITAL - 551 CHIPETA AVENUE - GRAND JUNCTION, CO 81501 | 84-0425720 | 501(C)(3) | 7,727. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS MISSOULA COUNTY 337 STEPHENS AVE. MISSOULA, MT 59801 | 81-0379543 | 501(C)(3) | 5,456. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS MONTGOMERY COUNTY 111 SOUTH 2ND STREET CONROE, TX 77301 | 23-7310650 | 501(C)(3) | 10,000. | 1,600. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS NORTH CENTRAL TEXAS - 106 EAST KILPATRICK STREET - CLEBURNE, TX 76031 | 75-1555153 | 501(C)(3) | 5,620. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS NORTHWEST ARKANSAS 506 E SPRUCE ST. PO BOX 778 ROGERS, AR 72757-0778 | 71-0406286 | 501(C)(3) | 8,667. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF ALBUQUERQUE P.O. BOX 92614 ALBUQUERQUE, NM 87199 | 85-0307043 | 501(C)(3) | 46,352. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF ASHEVILLE-BUNCOMBE COUNTY - 146 VICTORIA ROAD - ASHEVILLE, NC 28801 | 56-1115597 | 501(C)(3) | 25,350. | 225. | FMV | GIFT CARDS | PROJECT SUPPORT |

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| MEALS ON WHEELS OF CENTRAL INDIANA 708 E MICHIGAN ST INDIANAPOLIS, IN 46202 | 35-1182075 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF CENTRAL MARYLAND - 515 SOUTH HAVEN STREET - BALTIMORE, MD 21224 | 52-6074723 | 501(C)(3) | 165,102. | 35,700. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS OF CHARLOTTESVILLE-ALBEMARLE - 704 ROSE HILL DRIVE - CHARLOTTESVILLE, VA 22903 | 54-1061454 | 501(C)(3) | 28,937. | 2,050. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS OF CHESAPEAKE PO BOX 15343 CHESAPEAKE, VA 23328 | 54-1080366 | 501(C)(3) | 40,000. | 2,050. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS OF CHEYENNE 2015 S GREELEY HWY CHEYENNE, WY 82007-3431 | 83-0211345 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF DENTON COUNTY 1800 MALONE ST. DENTON, TX 76201 | 75-1497010 | 501(C)(3) | 15,620. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF DURHAM, INC. 2522 ROSS RD. DURHAM, NC 27703 | 56-1729111 | 501(C)(3) | 54,460. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF GREATER LAFAYETTE - 2000 ELMWOOD AVE STE F - LAFAYETTE, IN 47904 | 35-1144026 | 501(C)(3) | 5,781. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF GREATER LYNCHBURG - P.O. BOX 1388 - LYNCHBURG, VA 24505 | 23-7399875 | 501(C)(3) | 7,874. | 500. | FMV | GIFT CARDS | PROJECT SUPPORT |

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| MEALS ON WHEELS OF LEE'S SUMMIT PO BOX 1393 LEES SUMMIT, MO 64063-7393 | 43-1886433 | 501(C)(3) | 5,139. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF LONG BEACH, INC. - P.O. BOX 15688 - LONG BEACH, CA 90815 | 95-2829715 | 501(C)(3) | 5,976. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF MERCER COUNTY 320 HOLLOWBROOK DRIVE EWING, NJ 08638 | 22-1990231 | 501(C)(3) | 25,206. | 1,825. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS OF METRO TULSA 12620 E. 31ST ST. TULSA, OK 74146 | 73-1125389 | 501(C)(3) | 15,821. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF NEPA 541 WYOMING AVENUE SCRANTON, PA 18509 | 23-1856098 | 501(C)(3) | 16,028. | 1,600. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS OF NORMAN 528 E MAIN ST NORMAN, OK 73071 | 73-0931924 | 501(C)(3) | 18,761. | 225. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS OF NORTHEAST OHIO 388 SOUTH MAIN STREET, SUITE 325 AKRON, OH 44311 | 51-0148544 | 501(C)(3) | 33,438. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF ROWAN P.O. BOX 1914 SALISBURY, NC 28145 | 56-1152417 | 501(C)(3) | 48,983. | 500. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS OF SALEM COUNTY 457 SHIRLEY ROAD ELMER, NJ 08318 | 22-2158433 | 501(C)(3) | 28,607. | 1,775. | FMV | GIFT CARDS | PROJECT SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| MEALS ON WHEELS OF SHEBOYGAN COUNTY - 1004 S. TAYLOR DRIVE - SHEBOYGAN, WI 53081 | 39-1238290 | 501(C)(3) | 5,847. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF SOLANO COUNTY 95 MARINA CENTER SUISUN CITY, CA 94585 | 94-2453452 | 501(C)(3) | 5,976. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF SOUTHWEST OH & NORTHERN KY - 2091 RADCLIFF DRIVE - CINCINNATI, OH 45204 | 31-0537097 | 501(C)(3) | 17,579. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF TAKOMA PARK 6909 LAUREL AVENUE TAKOMA PARK, MD 20915 | 52-0943628 | 501(C)(3) | 12,556. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF TAMPA 5320 NORTH BOULEVARD TAMPA, FL 33603 | 59-1679915 | 501(C)(3) | 18,531. | 1,600. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS OF THE MONTEREY PENINSULA INC. - 700 JEWELL AVENUE - PACIFIC GROVE, CA 93950 | 94-2157521 | 501(C)(3) | 11,000. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF THE PALM BEACHES, INC. - PO BOX 247 - WEST PALM BEACH, FL 33402-0247 | 27-2891297 | 501(C)(3) | 5,296. | 1,550. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS OF WAKE COUNTY 1001 BLAIR DRIVE, SUITE 100 RALEIGH, NC 27603 | 56-1061085 | 501(C)(3) | 39,390. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS OF WILLIAMSON & BURNET COUNTIES - 604 HIGH TECH DR - GEORGETOWN, TX 78626-8185 | 74-6075213 | 501(C)(3) | 7,500. | 0. | | | PROJECT SUPPORT |

Schedule I (Form 990)

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| MEALS ON WHEELS ORANGE COUNTY 1200 NORTH KNOLLWOOD CIRCLE ANAHEIM, CA 92801 | 95-2771715 | 501(C)(3) | 12,000. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS ORANGE COUNTY, NC PO BOX 2102 CHAPEL HILL, NC 27515 | 59-1721954 | 501(C)(3) | 44,140. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS PEOPLE 7710 SW 31ST AVENUE PORTLAND, OR 97219 | 93-0584318 | 501(C)(3) | 39,647. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS SAN ANTONIO 4306 NORTHWEST LOOP 410 SAN ANTONIO, TX 78229 | 74-1948646 | 501(C)(3) | 17,120. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS SAN DIEGO COUNTY 2254 SAN DIEGO AVE. #200 SAN DIEGO, CA 92110 | 95-2660509 | 501(C)(3) | 13,484. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS SAN FRANCISCO 1375 FAIRFAX AVENUE SAN FRANCISCO, CA 94124 | 94-1741155 | 501(C)(3) | 11,484. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS SOUTH FLORIDA 451 N. STATE ROAD 7 PLANTATION, FL 33317 | 59-2450043 | 501(C)(3) | 15,062. | 1,550. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS SPOKANE 1222 W. 2ND AVE. SPOKANE, WA 99201 | 91-0833015 | 501(C)(3) | 7,612. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS VICTORIA 603 EAST MURRAY STREET VICTORIA, TX 77901 | 74-2116391 | 501(C)(3) | 32,810. | 180. | FMV | GIFT CARDS | PROJECT SUPPORT |

Schedule I (Form 990)

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| MEALS ON WHEELS WACO 501 W. WACO DRIVE WACO, TX 76707 | 74-1776447 | 501(C)(3) | 12,810. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS WEST 1823 MICHIGAN AVE., STE A SANTA MONICA, CA 90404 | 95-4613280 | 501(C)(3) | 10,484. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS WESTERN CONNECTICUT - 232 NORTH ELM STREET - WATERBURY, CT 06702 | 06-1182488 | 501(C)(3) | 10,000. | 0. | | | PROJECT SUPPORT |
| MEALS ON WHEELS, ETC. 2801 S. FINANCIAL CT. SANFORD, FL 32773 | 59-2977907 | 501(C)(3) | 7,062. | 1,550. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MEALS ON WHEELS, INC. OF TARRANT COUNTY - 5740 AIRPORT FREEWAY - FORT WORTH, TX 76117 | 75-1568798 | 501(C)(3) | 20,620. | 225. | FMV | GIFT CARDS | PROJECT SUPPORT |
| METRO MEALS ON WHEELS-BOISE P.O. BOX 140334 BOISE, ID 83714 | 82-0302317 | 501(C)(3) | 8,835. | 0. | | | PROJECT SUPPORT |
| METRO MEALS ON WHEELS-MINNEAPOLIS 1200 WASHINGTON AVE S. MINNEAPOLIS, MN 55415 | 31-1501057 | 501(C)(3) | 5,485. | 0. | | | PROJECT SUPPORT |
| MIDDLE FLINT COUNCIL ON AGING, INC. - 140 HIGHWAY 27 EAST - AMERICUS, GA 31709 | 58-1124231 | 501(C)(3) | 20,000. | 0. | | | PROJECT SUPPORT |
| MIDDLETOWN SENIOR CENTER 21256 WASHINGTON STREET MIDDLETOWN, CA 95461 | 94-2832316 | 501(C)(3) | 7,968. | 0. | | | PROJECT SUPPORT |

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| MILESTONE SENIOR SERVICES 918 JASPER ST KALAMAZOO, MI 49001-2853 | 38-1747660 | 501(C)(3) | 22,000. | 0. | | | PROJECT SUPPORT |
| MILWAUKEE COUNTY DEPARTMENT ON AGING - 1220 W VLIET ST STE 302M - MILWAUKEE, WI 53205-2117 | 39-6005720 | 501(C)(3) | 8,667. | 0. | | | PROJECT SUPPORT |
| MOBILE MEALS OF SOUTHERN ARIZONA 4803 E 5TH ST., STE #209 TUCSON, AZ 85711 | 23-7157579 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| MONROE COUNTY MEALS ON WHEELS 901 POLK VALLEY ROAD STROUDSBURG, PA 18360 | 23-7201104 | 501(C)(3) | 12,528. | 1,600. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MONTGOMERY AREA COUNCIL ON AGING 115 E. JEFFERSON STREET MONTGOMERY, AL 36104 | 63-0634950 | 501(C)(3) | 5,562. | 0. | | | PROJECT SUPPORT |
| MONTPELIER SENIOR ACTIVITY CENTER 58 BARRE ST MONTPELLIER, VT 05602 | 03-6000579 | 501(C)(3) | 15,000. | 500. | FMV | GIFT CARDS | PROJECT SUPPORT |
| MOORESBURG COMMUNITY ASSOCIATION 318 MCNEIL CIRCLE MOORESBURG, TN 37811 | 94-3416521 | 501(C)(3) | 30,000. | 750. | FMV | GIFT CARDS | PROJECT SUPPORT |
| NORTH BOROUGH - SEWICKLEY AREA MEALS ON WHEELS - 28 PITTSBURGH ST - EMSWORTH, PA 15202-1730 | 27-0254773 | 501(C)(3) | 6,028. | 0. | | | PROJECT SUPPORT |
| NORTH STAR COUNCIL ON AGING 1424 MOORE STREET FAIRBANKS, AK 99701 | 92-0037749 | 501(C)(3) | 84,000. | 16,000. | FMV | GIFT CARDS | PROJECT SUPPORT |

Schedule I (Form 990)

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| NORTHEAST KANSAS AREA AGENCY ON AGING - 1803 OREGON AVENUE - HIAWATHA, KS 66434 | 48-0802891 | 501(C)(3) | 16,938. | 0. | | | PROJECT SUPPORT |
| NORTHWEST DANE SENIOR SERVICES 1837 BOURBON RD. CROSS PLAINS, WI 53528 | 39-1691930 | 501(C)(3) | 8,885. | 0. | | | PROJECT SUPPORT |
| NOURISH MEALS ON WHEELS 92 E ARAPAHOE ROAD LITTLETON, CO 80122 | 84-0617651 | 501(C)(3) | 7,727. | 225. | FMV | GIFT CARDS | PROJECT SUPPORT |
| OSCEOLA COUNCIL ON AGING 700 GENERATION POINT KISSIMMEE, FL 34744 | 59-1595398 | 501(C)(3) | 168,500. | 105,550. | FMV | GIFT CARDS | PROJECT SUPPORT |
| OTTAWA COUNTY SENIOR RESOURCES - HOME DELIVERED MEALS - 8180 W. STATE RT. 163 - OAK HARBOR, OH 43449 | | GOVT | 8,000. | 0. | | | PROJECT SUPPORT |
| PARKER COMMUNITY SENIOR CENTER 1115 W 12TH ST PARKER, AZ 85344-5711 | 86-6000255 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| PARTNERS IN PRIME 230 LUDLOW STREET HAMILTON, OH 45011 | 31-0569735 | 501(C)(3) | 5,579. | 0. | | | PROJECT SUPPORT |
| PENDER ADULT SERVICES, INC. PO BOX 1251 BURGAW, NC 28425 | 58-1482588 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD. STE 1006 NEWPORT NEWS, VA 23606 | 51-0151069 | 501(C)(3) | 7,874. | 2,050. | FMV | GIFT CARDS | PROJECT SUPPORT |

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| PENINSULA VOLUNTEERS, INC. 800 MIDDLE AVE. MENLO PARK, CA 94025 | 94-1294939 | 501(C)(3) | 7,968. | 0. | | | PROJECT SUPPORT |
| PEOPLE FOR PEOPLE MEALS ON WHEELS 1008 W. AHTANUM ROAD, STE. 3 UNION GAP, WA 98903 | 91-0783225 | 501(C)(3) | 28,225. | 0. | | | PROJECT SUPPORT |
| PIEDMONT SENIOR RESOURCES AREA AGENCY IN AGING - 1413 SOUTH MAIN STREET - FARMVILLE, VA 23901 | 54-1025127 | 501(C)(3) | 15,374. | 0. | | | PROJECT SUPPORT |
| PIKE COUNTY AREA AGENCY ON AGING 150 PIKE COUNTY BLVD HAWLEY, PA 18428-9107 | 24-6000744 | 501(C)(3) | 6,028. | 0. | | | PROJECT SUPPORT |
| PITT COUNTY COUNCIL ON AGING 4551 COUNTY HOME ROAD GREENVILLE, NC 27858 | 52-1042008 | 501(C)(3) | 4,920. | 500. | FMV | GIFT CARDS | PROJECT SUPPORT |
| PLATTE SENIOR SERVICES, INC. 11724 N.W. PLAZA CIRCLE KANSAS CITY, MO 64153 | 43-1255220 | 501(C)(3) | 10,000. | 0. | | | PROJECT SUPPORT |
| PRESCOTT MEALS ON WHEELS 1280 E. ROSSER STREET PRESCOTT, AZ 86301 | 86-0417621 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| PRESTON COUNTY SENIOR CITIZENS, INC. - P.O. BOX 10 108 SENIOR CENTER DRIVE - KINGWOOD, WV 26537 | 55-0546659 | 501(C)(3) | 25,000. | 0. | | | PROJECT SUPPORT |
| PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038 | 95-4115863 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |

Schedule I (Form 990)

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| PUTNAM COUNTY SENIOR CITIZENS ORGANIZATION - 116 S 17TH ST - UNIONVILLE, MO 63565-1631 | 43-1063546 | 501(C)(3) | 5,139. | 0. | | | PROJECT SUPPORT |
| RAINBOW SENIOR CENTER 17 OLD SAN ANTONIO RD BOERNE, TX 78006-3414 | 74-2323883 | 501(C)(3) | 19,215. | 0. | | | PROJECT SUPPORT |
| RALEIGH COUNTY COMMISSION ON AGING 1614 S. KANAWHA ST. BECKLEY, WV 25801 | 55-0612785 | 501(C)(3) | 14,976. | 0. | | | PROJECT SUPPORT |
| REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD SANTA ROSA, CA 95403 | 68-0121855 | 501(C)(3) | 5,976. | 0. | | | PROJECT SUPPORT |
| RODERICK HAYFORK SENIOR NUTRITION CENTER - P.O. BOX 723 - HAYFORK, CA 96041 | 68-0112349 | 501(C)(3) | 7,968. | 0. | | | PROJECT SUPPORT |
| SAGE ELDERCARE 290 BROAD STREET SUMMIT, NJ 07901 | 22-1657929 | 501(C)(3) | 10,206. | 0. | | | PROJECT SUPPORT |
| SALINE COUNTY DEPARTMENT OF SENIOR SERVICES - 245 N. NINTH STREET - SALINA, KS 67401 | 48-6017251 | 501(C)(3) | 5,000. | 59. | FMV | GIFT CARDS | PROJECT SUPPORT |
| SEICAA MEALS ON WHEELS 641 N 8TH AVE POCATELLO, ID 83201-5787 | 82-0290341 | 501(C)(3) | 5,890. | 0. | | | PROJECT SUPPORT |
| SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY - 536 GEORGE STREET - NORRISTOWN, PA 19401 | 23-1659451 | 501(C)(3) | 6,028. | 1,550. | FMV | GIFT CARDS | PROJECT SUPPORT |

Schedule I (Form 990)

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| SENIOR CITIZENS, INC. 3025 BULL STREET SAVANNAH, GA 31405 | 58-0864009 | 501(C)(3) | 38,763. | 500. | FMV | GIFT CARDS | PROJECT SUPPORT |
| SENIOR COASTSIDERS 925 MAIN STREET HALF MOON BAY, CA 94019 | 94-3119310 | 501(C)(3) | 20,000. | 0. | | | PROJECT SUPPORT |
| SENIOR HUB MEALS ON WHEELS 10190 BANNOCK STREET NORTH GLENN, CO 80260 | 74-2412032 | 501(C)(3) | 6,500. | 0. | | | PROJECT SUPPORT |
| SENIOR LIFE RESOURCES, MEALS ON WHEELS - 1824 FOWLER STREET - RICHLAND, WA 99352 | 91-0909913 | 501(C)(3) | 6,612. | 0. | | | PROJECT SUPPORT |
| SENIOR NEIGHBORS, INC. 678 FRONT AVE NW, STE. 205 GRAND RAPIDS, MI 49504 | 23-7195491 | 501(C)(3) | 150,072. | 32,000. | FMV | GIFT CARDS | PROJECT SUPPORT |
| SENIOR RESOURCE CONNECTION 105 S. WILKINSON STREET DAYTON, OH 45402 | 31-0592759 | 501(C)(3) | 10,000. | 0. | | | PROJECT SUPPORT |
| SENIOR RESOURCES, INC. 2817 MILLWOOD AVE. COLUMBIA, SC 29205 | 57-0484965 | 501(C)(3) | 8,000. | 0. | | | PROJECT SUPPORT |
| SENIOR SERVICES OF ALEXANDRIA 206 N. WASHINGTON STREET, #301 ALEXANDRIA, VA 22314 | 54-0842806 | 501(C)(3) | 5,906. | 225. | FMV | GIFT CARDS | PROJECT SUPPORT |
| SENIOR SERVICES OF SOUTHEASTERN VIRGINIA - 6350 CENTER DR., BLDG. 5, STE. 101 - NORFOLK, VA 23502 | 54-6069786 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |

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| SENIOR SERVICES PLUS 2603 N. RODGERS AVE. ALTON, IL 62002 | 37-0975762 | 501(C)(3) | 17,000. | 0. | | | PROJECT SUPPORT |
| SENIOR SERVICES, INC. OF WICHITA 200 SOUTH WALNUT WICHITA, KS 67213 | 48-0757988 | 501(C)(3) | 8,918. | 225. | FMV | GIFT CARDS | PROJECT SUPPORT |
| SENIOR SOLUTIONS 38 PLEASANT STREET SPRINGFIELD, VT 05156 | 22-2738766 | 501(C)(3) | 20,000. | 0. | | | PROJECT SUPPORT |
| SENIORS FIRST 12183 LOCKSLEY LN STE 205 AUBURN, CA 95602-2052 | 68-0430154 | 501(C)(3) | 15,000. | 5,200. | FMV | GIFT CARDS | PROJECT SUPPORT |
| SENIORS FIRST, INC. 5395 L.B. MCLEOD RD. ORLANDO, FL 32811 | 59-2759603 | 501(C)(3) | 5,296. | 0. | | | PROJECT SUPPORT |
| SERVICE OPPORTUNITY FOR SENIORS 2235 POLVOROSA DR. STE 260 SAN LEANDRO, CA 94577 | 94-1725204 | 501(C)(3) | 20,976. | 0. | | | PROJECT SUPPORT |
| SEWA-AIFW 6645 JAMES AVE N BROOKLYN CENTER, MN 55430 | 05-0608392 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| SHENANGO VALLEY MEALS ON WHEELS, INC. - 396 BUHL BLVD - SHARON, PA 16146-3712 | 26-4065859 | 501(C)(3) | 6,028. | 0. | | | PROJECT SUPPORT |
| SILVER KEY SENIOR SERVICES 1625 S. MURRAY BLVD. COLORADO SPRINGS, CO 80916 | 23-7109922 | 501(C)(3) | 10,795. | 0. | | | PROJECT SUPPORT |

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| SMOKY MOUNTAIN MEALS ON WHEELS 3509 TUCKALEECHIE PIKE MARYVILLE, TN 37803 | 62-1561673 | 501(C)(3) | 19,294. | 500. | FMV | GIFT CARDS | PROJECT SUPPORT |
| SOURCEPOINT 800 CHESHIRE RD. DELAWARE, OH 43015 | 31-1354284 | 501(C)(3) | 8,000. | 0. | | | PROJECT SUPPORT |
| SOUTHEAST CLERGY MEALS ON WHEELS 415 NORTHFIELD RD BEDFORD, OH 44146-2202 | 34-1475654 | 501(C)(3) | 10,000. | 0. | | | PROJECT SUPPORT |
| ST. JOHNS COUNTY COUNCIL ON AGING, INC. - 180 MARINE STREET - ST. AUGUSTINE, FL 32084 | 59-1525829 | 501(C)(3) | 7,062. | 1,550. | FMV | GIFT CARDS | PROJECT SUPPORT |
| STERLING SENIOR CENTER 34453 STERLING HWY STERLING, AK 99672-9510 | 94-3100045 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| TAMPA BAY NETWORK TO END HUNGER 4532 WEST KENNEDY BOULEVARD TAMPA, FL 33609 | 36-4758155 | 501(C)(3) | 7,062. | 0. | | | PROJECT SUPPORT |
| TEMPE COMMUNITY ACTION AGENCY 2146 E. APACHE BLVD. TEMPE, AZ 85281 | 86-0254820 | 501(C)(3) | 15,000. | 0. | | | PROJECT SUPPORT |
| THE COUNCIL OF SENIOR CITIZENS OF GILMER COUNTY - 720 N LEWIS ST - GLENVILLE, WV 26531-1319 | 55-0537612 | 501(C)(3) | 25,000. | 0. | | | PROJECT SUPPORT |
| THE FRIENDLY KITCHEN 1140 UMPQUA COLLEGE RD ROSEBURG, OR 97470 | 93-0779289 | 501(C)(3) | 7,323. | 0. | | | PROJECT SUPPORT |

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| THE HEALTH TRUST 3180 NEWBERRY DRIVE SAN JOSE, CA 95118 | 94-6050231 | 501(C)(3) | 20,976. | 0. | | | PROJECT SUPPORT |
| THE HERITAGE AREA AGENCY ON AGING 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404 | 83-0545648 | 501(C)(3) | 18,212. | 0. | | | PROJECT SUPPORT |
| VALLEY PROGRAM FOR AGING SERVICES, INC. - P.O. BOX 817 - WAYNESBORO, VA 22980 | 54-0958526 | 501(C)(3) | 7,874. | 500. | FMV | GIFT CARDS | PROJECT SUPPORT |
| VAN BUREN COUNTY AGING PROGRAM 311 YELLOWJACKET LANE, SUITE 2 CLINTON, AR 72031 | 71-0693353 | 501(C)(3) | 20,000. | 0. | | | PROJECT SUPPORT |
| VIVALON 930 TAMALPAIS AVENUE SAN RAFAEL, CA 94901 | 94-1422463 | 501(C)(3) | 23,984. | 0. | | | PROJECT SUPPORT |
| VNA MEALS ON WHEELS 1440 WEST MOCKINGBIRD LANE DALLAS, TX 75247 | 75-0800692 | 501(C)(3) | 55,810. | 0. | | | PROJECT SUPPORT |
| VNA OF NORTHWEST INDIANA MEALS ON WHEELS - 501 MARQUETTE STREET - VALPARAISO, IN 46383 | 31-1168281 | 501(C)(3) | 7,000. | 0. | | | PROJECT SUPPORT |
| WASHBURN COUNTY UNIT ON AGING 304 2ND STREET SHELL LAKE, WI 54871 | 39-6005753 | 501(C)(3) | 9,923. | 0. | | | PROJECT SUPPORT |
| WASHINGTON COUNTY COMMISSION ON AGING, INC. - 535 E FRANKLIN ST - HAGERSTOWN, MD 21740-5056 | 52-0899001 | 501(C)(3) | 10,000. | 0. | | | PROJECT SUPPORT |

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| WASHINGTON-MORGAN COMMUNITY ACTION 218 PUTNAM ST MARIETTA, OH 45750-3014 | 31-0738285 | 501(C)(3) | 10,000. | 0. | | | PROJECT SUPPORT |
| WESLEYLIFE MEALS ON WHEELS 5508 NW 88TH ST. JOHNSTON, IA 50131 | 20-3970256 | 501(C)(3) | 11,500. | 0. | | | PROJECT SUPPORT |
| WHATCOM COUNTY COUNCIL ON AGING - MEALS ON WHEELS AND MORE - 315 HALLECK ST. - BELLINGHAM, WA 98225 | 91-0784024 | 501(C)(3) | 21,612. | 0. | | | PROJECT SUPPORT |
| WILLIAMSBURG AREA MEALS ON WHEELS 1769 JAMESTOWN ROAD WILLIAMSBURG, VA 23185 | 54-0952118 | 501(C)(3) | 20,000. | 1,550. | FMV | GIFT CARDS | PROJECT SUPPORT |
| YADKIN VALLEY ECONOMIC DEVELOPMENT DISTRICT, INC. (YVEDDI) - PO BOX 309 533 N. CAROLINA AVE., HWY 601 N. - BOONVILLE, NC 27011-0309 | 56-0851147 | 501(C)(3) | 4,920. | 500. | FMV | GIFT CARDS | PROJECT SUPPORT |
| YARNELL REGIONAL COMMUNITY CENTER PO BOX 641 YARNELL, AZ 85362 | 74-2467916 | 501(C)(3) | 11,500. | 0. | | | PROJECT SUPPORT |
| YPSILANTI MEALS ON WHEELS 1110 W. CROSS ST. YPSILANTI, MI 48197 | 38-2038528 | 501(C)(3) | 13,000. | 500. | FMV | GIFT CARDS | PROJECT SUPPORT |
| YWCA METROPOLITAN PHOENIX 8561 N 61ST AVE GLENDALE, AZ 85302 | 86-0098936 | 501(C)(3) | 14,003. | 0. | | | PROJECT SUPPORT |
| | | | | | | | |

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL GRANTEES MUST COMPLETE GRANT REPORTING DURING AND AFTER THE GRANT

PERIOD THAT DOCUMENTS HOW FUNDS WERE USED, NOTING ANY VARIANCE FROM USES

THAT WERE DESCRIBED IN THEIR ORIGINAL GRANT PROPOSAL. THE ASSOCIATION

GENERALLY RESERVES THE RIGHT TO DISQUALIFY ANY UNAPPROVED USE OF GRANT

FUNDS AND, IF NECESSARY, REQUIRES REFUND OF UNAPPROVED AND/OR UNUSED GRANT

FUNDS. THE EXCEPTION TO THIS PROCEDURE IS THE SUBARU SHARE THE LOVE GRANT

PROGRAM (WHERE GRANTS ARE FOR UNRESTRICTED GENERAL OPERATING PURPOSES);

THIS GRANT IS AWARDED DURING THE CAMPAIGN AND IS MONITORED AFTER

Part IV Supplemental Information

DISTRIBUTION BY THE MEMBERSHIP AND DEVELOPMENT TEAMS FOR APPROPRIATE USAGE.

Blank lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

| | | |
|-----------|----------|----------|
| | | |
| 1b | | |
| 2 | | |
| | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| | | |
| 5a | | X |
| 5b | | X |
| | | |
| 6a | | X |
| 6b | | X |
| | | |
| 7 | X | |
| 8 | | X |
| 9 | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) ELLIE HOLLANDER PRESIDENT AND CEO | (i) | 401,416. | 60,000. | 1,200. | 12,924. | 18,274. | 493,814. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) ROBERT HERBOLSHEIMER CHIEF LEGAL & COMPLIANCE OFFICER | (i) | 233,761. | 7,000. | 1,200. | 6,165. | 15,288. | 263,414. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) LUCY THEILHEIMER CHIEF STRATEGY & IMPACT OFFICER | (i) | 231,282. | 7,000. | 1,200. | 7,173. | 15,288. | 261,943. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) KRISTINE TEMPLIN CHIEF DEVELOPMENT OFFICER | (i) | 208,124. | 7,000. | 1,200. | 6,489. | 9,010. | 231,823. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) KENNETH EUWEMA CHIEF FINANCIAL & OPERATING OFFICER | (i) | 193,827. | 7,000. | 1,200. | 6,345. | 21,194. | 229,566. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) SUSAN WALDMAN CHIEF MARKETING & COMM. OFFICER | (i) | 201,412. | 3,500. | 1,200. | 6,471. | 12,743. | 225,326. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) IPYANA SPENCER CHIEF HEALTH OFFICER | (i) | 196,620. | 3,000. | 1,200. | 692. | 5,771. | 207,283. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) ERIKA KELLY CHIEF GOVT & EXT AFFAIRS OFFICER | (i) | 180,417. | 7,000. | 1,200. | 5,626. | 6,272. | 200,515. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

DURING THE YEAR ENDED DECEMBER 31, 2022, THE PRESIDENT/CEO RECEIVED A
DISCRETIONARY BONUS AS APPROVED BY THE BOARD OF DIRECTORS. ALL OTHER
OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES RECEIVED A
DISCRETIONARY BONUS AS APPROVED BY THE PRESIDENT/CEO, AND ENDORSED BY THE
BOARD OF DIRECTORS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 14 | 47,509. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other ... | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (GIFT CARDS) | X | 11 | 1,225,425. | FMV |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |
| 33 | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

SCHEDULE M, PART I, COLUMN (B): THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE TRUST MEALS ON WHEELS HAS BUILT OVER DECADES OF SUPPORTING SENIORS
IN THEIR COMMUNITIES MEANS OUR PROGRAMS ARE INVITED INTO THE HOMES OF
THEIR CLIENTS DAILY, AND THEREFORE ARE ABLE TO IDENTIFY ANY THREATENING
CHANGES IN THEIR CONDITION OR HOME SAFETY HAZARDS THAT NEED ATTENTION.
AS SUCH, MEALS ON WHEELS IS ALSO GROWING ITS ROLE IN THE HEALTHCARE
CONTINUUM, PROVIDING PREVENTATIVE SUPPORT TO OUR MOST VULNERABLE OLDER
AMERICANS THAT HELPS AVERT HEALTH CRISES BEFORE THEY HAPPEN AND TO
SUPPORT TRANSITIONS OUT OF HOSPITALS, NURSING HOMES AND REHAB CENTERS
BACK INTO THEIR HOMES.

IN 2020, AS A RESULT OF THE COVID-19 PANDEMIC AND A DOUBLING OF DEMAND
FOR HOME DELIVERED MEALS THAT WAS EXPECTED TO TAKE 40 YEARS TO
MATERIALIZE, MEALS ON WHEELS AMERICA WENT INTO OVERDRIVE, ESTABLISHING
TWO FUNDS, ONE IN 2020 EARMARKED FOR IMMEDIATE "RESPONSE" AND AS THE
PANDEMIC CONTINUED FULL THROTTLE IN 2021, A FUND EARMARKED FOR
"RECOVERY" TO SUPPORT OF THE ASSOCIATION'S NATIONAL AND LOCAL MEMBER
PROGRAMS. THE ASSOCIATION WAS THEREBY ABLE TO INCREASE ITS MEMBER
GRANTMAKING ACTIVITIES TO UNPRECEDENTED LEVELS IN ALL THREE YEARS,
2020-2022. IN ADDITION, THE ASSOCIATION CONTINUED IN 2022 IMPLEMENTING
SEVERAL OTHER MEMBER SUPPORT PROGRAMS, BEGUN IN 2020, AND AIMED AT
MEETING THE CURRENT AND FUTURE CHALLENGES OF THE NEW PARADIGM WE FIND
OURSELVES IN.

IN ADDITION, THE STRATEGY AND IMPACT TEAM:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

-ENGAGES IN RESEARCH TO DEMONSTRATE THE IMPACT AND VALUE THAT MEALS ON WHEELS HAS IN ADDRESSING HUNGER, MALNUTRITION, ISOLATION AND LONELINESS AMONG MILLIONS OF SENIORS EACH YEAR.

-SUPPORTED THE 2021-2022 HEALTH RESOURCES AND SERVICES ADMINISTRATION'S EFFORTS TO BOOST COVID-19 VACCINATION RATES AMONG OLDER AMERICANS BY LEVERAGING OUR NETWORK IN AN EFFORT TO INCREASE VACCINE AWARENESS AMONG THIS HIGH-RISK POPULATION.

-DEEPENED OUR INVESTMENT IN A RANGE OF SUPPORTIVE SERVICES THAT AUGMENT THE CORE NUTRITION COMPONENT OF THE MEALS ON WHEELS SERVICE MODEL THROUGH STRATEGIC PARTNERSHIPS WITH ORGANIZATIONS LIKE:

-THE HOME DEPOT FOUNDATION IN AN INITIATIVE THAT ENABLED HOME REPAIRS AND SAFETY MODIFICATIONS (SUCH AS INSTALLING RAMPS AND GRAB BARS) TO BE MADE BY LOCAL PROGRAMS TO KEEP SENIORS SAFE AND REDUCE FALL RISKS. TOGETHER, WE COMPLETED THE 2,000TH CRITICAL HOME REPAIR FOR VETERANS AND THEIR FAMILIES SERVED BY MEALS ON WHEELS MEMBER PROGRAMS IN EIGHT STATES.

-PETSMART CHARITIES WHICH UNDERWROTE OUR NATIONAL STRATEGY AND LOCAL GRANTMAKING TO HELP SENIORS KEEP AND CARE FOR THEIR BELOVED PETS. TOGETHER, WE FUNDED MORE THAN 100,000 POUNDS OF EMERGENCY PET FOOD, ACCELERATED ACCESS TO VETERINARY CARE IN 25 STATES AND SERVED THOUSANDS OF THE FURRY COMPANIONS OF MEALS ON WHEELS CLIENTS.

-CAESARS FOUNDATION WHICH INVESTED IN ESSENTIAL INFRASTRUCTURE TO ACCELERATE THE DEVELOPMENT OF SOCIAL CONNECTION PROGRAMS TO REDUCE SENIOR ISOLATION AND LONELINESS. THIS INCLUDED LAUNCHING SOCIALIZATION PILOTS IN MULTIPLE MARKETS, WITH PLANS TO REFINE AND SCALE EFFECTIVE SOCIALIZATION PROGRAMMING ACROSS THE MEALS ON WHEELS NETWORK IN THE COMING YEARS.

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

AS MORE THAN 12,000 AMERICANS TURN 60 EVERY DAY, THIS WORK SUPPORTS OUR COMMITMENT TO ENSURING THAT LOCAL MEALS ON WHEELS PROGRAMS HAVE THE TOOLS AND RESOURCES THEY NEED TO MEET THE GROWING DEMAND FOR SERVICES IN THEIR COMMUNITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROFESSIONAL DEVELOPMENT AND CRISIS RESPONSE TOOLS AND RESOURCES.

THE ADVOCACY TEAM IS ALSO ENGAGED IN ONGOING INITIATIVES AND ACTIVITIES AIMED AT DRIVING SUBSTANTIAL REVENUE FOR LOCAL PROGRAMS TO SUPPORT THEIR EFFORTS TO COMBAT THE GROWING PROBLEMS OF SENIOR HUNGER AND ISOLATION. TO THAT END, WE WORK TO BUILD SUPPORT ON CAPITOL HILL AND WITHIN THE FEDERAL ADMINISTRATION TO ADVANCE LEGISLATION AND POLICIES THAT STRENGTHEN HOME-DELIVERED AND GROUP SETTING (CONGREGATE) PROGRAMS, THE VOLUNTEERS WHO MAKE THEM HAPPEN AND THE SENIORS THEY SERVE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

IN ADDITION, THIS TEAM SUPPORTS THE COMMUNICATIONS NEEDS OF OUR HEALTHCARE INITIATIVES, MEMBERSHIP, AND ADVOCACY TEAMS TO ENSURE THAT THE NATIONAL NETWORK IS INFORMED, ENGAGED, AND BUILDING A SUSTAINABLE AND EFFECTIVE FUTURE ON BEHALF OF AMERICA'S OLDER ADULTS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION IS A MEMBERSHIP ORGANIZATION CONSISTING OF GENERAL MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS' OFFICERS OF THE ASSOCIATION ARE ELECTED BY ITS

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

GENERAL MEMBERSHIP EVERY TWO YEARS.

FORM 990, PART VI, SECTION A, LINE 7B:

GENERAL MEMBERS OF THE ASSOCIATION HAVE AUTHORITY TO AMEND OR REPEAL THE BYLAWS, AND APPOINT OR REMOVE MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ASSOCIATION'S DRAFT OF IRS FORM 990 UNDERGOES A NUMBER OF INTERNAL AND EXTERNAL REVIEWS BEFORE IT IS FILED WITH THE IRS. IT IS PREPARED BY THE SENIOR DIRECTOR OF FINANCE AND THE ORGANIZATION'S INDEPENDENT AUDITORS AND THEN REVIEWED BY THE CHIEF FINANCIAL AND OPERATING OFFICER AND THE PRESIDENT/CEO BEFORE PRESENTATION TO THE AUDIT COMMITTEE. THE FINAL DRAFT OF THE FORM 990 IS THEN PROVIDED TO THE AUDIT COMMITTEE AT LEAST THREE BUSINESS DAYS PRIOR TO AN AUDIT COMMITTEE MEETING WHERE IT IS PRESENTED BY MANAGEMENT AND THE ORGANIZATION'S INDEPENDENT AUDITORS FOR ACCEPTANCE BY THE COMMITTEE. ONCE ACCEPTED BY THE AUDIT COMMITTEE, IT IS THEN SENT TO THE BOARD OF DIRECTORS WITH A RECOMMENDATION THAT IT BE ACCEPTED AS FINAL. COPIES OF THE FULL FORM 990 ARE MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR A REVIEW AND COMMENT PERIOD OF NO LESS THAN THREE BUSINESS DAYS PRIOR TO A VOTE OF UNANIMOUS CONSENT WITH THE AUDIT COMMITTEE'S RECOMMENDATIONS. AFTER UNANIMOUS CONSENT IS ACHIEVED, IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD DIRECTORS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND SUBMIT A DISCLOSURE STATEMENT ANNUALLY. IT IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS TO BRING ANY CONFLICTS UP AS THEY ARISE. THE ASSOCIATION REGULARLY AND CONSISTENTLY REQUIRES BOARD MEMBERS TO RECUSE THEMSELVES FROM

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

PARTICIPATING IN ANY MATTER IN WHICH THEY HAVE A PERSONAL INTEREST. THIS IS REQUIRED IN THE ASSOCIATION'S BYLAWS. FURTHER, THE ASSOCIATION'S CHIEF LEGAL AND COMPLIANCE OFFICER OVERSEES COMPLIANCE WITH CONFLICT OF INTEREST AND OTHER ORGANIZATIONAL POLICIES.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT/CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS, DURING EXECUTIVE SESSION OF A REGULARLY SCHEDULED MEETING, USING BENCHMARKING COMPENSATION DATA FROM INDEPENDENT STUDIES AND INFORMAL SURVEYS OF SIMILAR ORGANIZATIONS. COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT/CEO BASED ON PERIODIC INDEPENDENTLY PREPARED COMPENSATION STUDIES AND GUIDED BY AN OVERALL COMPENSATION PHILOSOPHY APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,AZ,CA,CO,CT,DC,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MN,MO
MS,MT,NC,ND,NE,NH,NJ,NM,NV,NY,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WA,WI,WV,
WY

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE ASSOCIATION'S WEBSITE, THE BBB WISE GIVING ALLIANCE WEBSITE, OR UPON REQUEST.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

| | | | | | |
|--|--|---|--|---|--|
| A <input type="checkbox"/> Check box if address changed. | | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) | | D Employer identification number | |
| B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | | Print or Type MEALS ON WHEELS AMERICA Number, street, and room or suite no. If a P.O. box, see instructions. 1550 CRYSTAL DRIVE, 1004 City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202 | | E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return. | |
| | | C Book value of all assets at end of year 36,789,535. | | | |
| G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university | | | | | |
| H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439 | | | | | |
| I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/> | | | | | |
| J Enter the number of attached Schedules A (Form 990-T) 1 | | | | | |
| K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. | | | | | |
| L The books are in care of KENNETH C. EUWEMA Telephone number (703) 548-5558 | | | | | |

Part I Total Unrelated Business Taxable Income

| | | | |
|----|--|----|--------|
| 1 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | 1,753. |
| 2 | Reserved | 2 | |
| 3 | Add lines 1 and 2 | 3 | 1,753. |
| 4 | Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2 | 4 | 0. |
| 5 | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 1,753. |
| 6 | Deduction for net operating loss. See instructions STATEMENT 3 | 6 | 886. |
| 7 | Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | 867. |
| 8 | Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 | 1,000. |
| 9 | Trusts. Section 199A deduction. See instructions | 9 | |
| 10 | Total deductions. Add lines 8 and 9 | 10 | 1,000. |
| 11 | Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 0. |

Part II Tax Computation

| | | | |
|---|--|---|----|
| 1 | Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 0. |
| 2 | Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 2 | |
| 3 | Proxy tax. See instructions | 3 | |
| 4 | Other tax amounts. See instructions | 4 | |
| 5 | Alternative minimum tax (trusts only) | 5 | |
| 6 | Tax on noncompliant facility income. See instructions | 6 | |
| 7 | Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 0. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022)

Part III Tax and Payments

| | | | | |
|-----------|--|-----------|--|----|
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | |
| b | Other credits (see instructions) | 1b | | |
| c | General business credit. Attach Form 3800 (see instructions) | 1c | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | | |
| e | Total credits. Add lines 1a through 1d | 1e | | |
| 2 | Subtract line 1e from Part II, line 7 | 2 | | 0. |
| 3 | Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) | 3 | | |
| 4 | Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 | | 0. |
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | | 0. |
| 6a | Payments: A 2021 overpayment credited to 2022 | 6a | | |
| b | 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | | |
| c | Tax deposited with Form 8868 | 6c | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | |
| e | Backup withholding (see instructions) | 6e | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | | |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total | 6g | | |
| 7 | Total payments. Add lines 6a through 6g | 7 | | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 | | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | | |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | | |
| 11 | Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded | 11 | | |

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

| | | | |
|-----------|--|-----------------------------------|----|
| 1 | At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| | | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |
| 4 | Enter available pre-2018 NOL carryovers here \$ 886. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | |
| | Business Activity Code | Available post-2017 NOL carryover | |
| | 459900 | \$ 4,426. | |
| 6a | Did the organization change its method of accounting? (see instructions) | | X |
| b | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V | | |

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| | | | | |
|-------------------------------|--|-----------------------|-----------------|---|
| Sign Here | 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 taxpayer) is based on all information of which preparer has any knowledge. | | | |
| | Signature of officer | Date | Title | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed |
| | FRANK H. SMITH | FRANK H. SMITH | 08/07/23 | |
| | Firm's name | Firm's EIN | | PTIN |
| | MARCUM LLP | 11-1986343 | | P00639053 |
| | Firm's address | Phone no. | | |
| | 1899 L STREET, NW, SUITE 850 | (202) 227-4000 | | |
| | WASHINGTON, DC 20036 | | | |

| | | |
|---|---|-----------------------------|
| May the IRS discuss this return with the preparer shown below (see instructions)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|---|-----------------------------|

| FORM 990-T | CONTRIBUTIONS | STATEMENT 1 |
|--|------------------------------|-------------|
| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT |
| MEALS ON WHEELS CENTRAL TEXAS | N/A | 650,120. |
| OSCEOLA COUNCIL ON AGING | N/A | 168,500. |
| MEALS ON WHEELS OF CENTRAL MARYLAND | N/A | 165,102. |
| SENIOR NEIGHBORS, INC. | N/A | 150,072. |
| LIFECARE ALLIANCE | N/A | 134,938. |
| CHATHAM COUNTY COUNCIL ON AGING | N/A | 94,920. |
| FAMILY SERVICE ROCHESTER | N/A | 87,485. |
| NORTH STAR COUNCIL ON AGING | N/A | 84,000. |
| COUNCIL ON AGING, INC. (WYOMING COUNTY) | N/A | 81,500. |
| MCDOWELL COUNTY COMMISSION ON AGING | N/A | 66,952. |
| DOC SERVICES, INC. | N/A | 65,000. |
| VNA MEALS ON WHEELS | N/A | 55,810. |
| MEALS ON WHEELS OF DURHAM, INC. | N/A | 54,460. |
| FEEDMORE - MEALS ON WHEELS | N/A | 53,983. |
| COUNCIL ON AGING FOR HENDERSON COUNTY | N/A | 50,339. |
| MEALS ON WHEELS OF ROWAN | N/A | 48,983. |
| MEALS ON WHEELS OF ALBUQUERQUE | N/A | 46,352. |
| MEALS ON WHEELS ORANGE COUNTY, NC | N/A | 44,140. |
| CHEROKEE COUNTY MEALS ON WHEELS | N/A | 41,000. |
| FAIRFIELD COUNTY COUNCIL ON AGING | N/A | 40,983. |
| MAC, INC. | N/A | 40,051. |
| MEALS ON WHEELS OF CHESAPEAKE | N/A | 40,000. |
| MEALS ON WHEELS PEOPLE | N/A | 39,647. |
| MEALS ON WHEELS OF WAKE COUNTY | N/A | 39,390. |
| MEALS ON WHEELS CHICAGO | N/A | 39,227. |
| SENIOR CITIZENS, INC. | N/A | 38,763. |
| ASTER AGING, INC. | N/A | 37,002. |
| AMADOR COUNTY SENIOR CITIZENS, INC. | N/A | 35,000. |
| MEALS ON WHEELS OF NORTHEAST OHIO | N/A | 33,438. |
| MEALS ON WHEELS VICTORIA | N/A | 32,810. |
| EASTERN AREA AGENCY ON AGING | N/A | 31,698. |
| MOORESBURG COMMUNITY ASSOCIATION | N/A | 30,000. |
| MEALS ON WHEELS BY ACC | N/A | 28,976. |
| MEALS ON WHEELS OF CHARLOTTESVILLE-ALBEMARLE | N/A | 28,937. |
| MEALS ON WHEELS OF SALEM COUNTY | N/A | 28,607. |
| PEOPLE FOR PEOPLE MEALS ON WHEELS | N/A | 28,225. |
| MEALS ON WHEELS MASON & THURSTON COUNTIES | N/A | 26,612. |

MEALS ON WHEELS AMERICA23-7447812

| | | |
|--|-----|---------|
| KENNETH YOUNG CENTER MEALS ON WHEELS | N/A | 25,636. |
| MEALS ON WHEELS OF ASHEVILLE-BUNCOMBE COUNTY | N/A | 25,350. |
| MEALS ON WHEELS OF MERCER COUNTY | N/A | 25,206. |
| LEWIS COUNTY SENIOR CITIZENS CENTER, INC. | N/A | 25,000. |
| PRESTON COUNTY SENIOR CITIZENS, INC. | N/A | 25,000. |
| THE COUNCIL OF SENIOR CITIZENS OF GILMER COUNTY | N/A | 25,000. |
| HUMBOLDT SENIOR RESOURCE CENTER | N/A | 23,984. |
| VIVALON | N/A | 23,984. |
| ATHENS COMMUNITY COUNCIL ON AGING | N/A | 23,313. |
| GENERATIONS UNLIMITED | N/A | 22,980. |
| MILESTONE SENIOR SERVICES | N/A | 22,000. |
| WHATCOM COUNTY COUNCIL ON AGING - MEALS ON WHEELS AND MORE | N/A | 21,612. |
| SERVICE OPPORTUNITY FOR SENIORS | N/A | 20,976. |
| THE HEALTH TRUST | N/A | 20,976. |
| MEALS ON WHEELS, INC. OF TARRANT COUNTY | N/A | 20,620. |
| COMMUNITY COOPERATIVE, INC. | N/A | 20,000. |
| WILLIAMSBURG AREA MEALS ON WHEELS | N/A | 20,000. |
| CICOA FOUNDATION | N/A | 20,000. |
| MIDDLE FLINT COUNCIL ON AGING, INC. | N/A | 20,000. |
| SENIOR COASTSIDERS | N/A | 20,000. |
| SENIOR SOLUTIONS | N/A | 20,000. |
| VAN BUREN COUNTY AGING PROGRAM | N/A | 20,000. |
| SMOKY MOUNTAIN MEALS ON WHEELS | N/A | 19,294. |
| RAINBOW SENIOR CENTER | N/A | 19,215. |
| MEALS ON WHEELS OF NORMAN | N/A | 18,761. |
| MEALS ON WHEELS OF TAMPA | N/A | 18,531. |
| THE HERITAGE AREA AGENCY ON AGING | N/A | 18,212. |
| MEALS ON WHEELS DIABLO REGION | N/A | 17,968. |
| CJE SENIORLIFE | N/A | 17,818. |
| DIETERT CENTER | N/A | 17,620. |
| MEALS ON WHEELS GUERNSEY COUNTY | N/A | 17,579. |
| MEALS ON WHEELS OF SOUTHWEST OH & NORTHERN KY | N/A | 17,579. |
| DUPAGE SENIOR CITIZENS COUNCIL | N/A | 17,500. |
| MEALS ON WHEELS SAN ANTONIO | N/A | 17,120. |
| SENIOR SERVICES PLUS | N/A | 17,000. |
| NORTHEAST KANSAS AREA AGENCY ON AGING | N/A | 16,938. |
| MEALS ON WHEELS ATLANTA | N/A | 16,500. |
| CENTRAL VERMONT COUNCIL ON AGING | N/A | 16,500. |

MEALS ON WHEELS AMERICA

23-7447812

| | | |
|--|-----|---------|
| APPALACHIAN AGENCY FOR SENIOR CITIZENS | N/A | 16,374. |
| MEALS ON WHEELS OF NEPA | N/A | 16,028. |
| MEALS ON WHEELS OF METRO TULSA | N/A | 15,821. |
| MEALS ON WHEELS OF DENTON COUNTY | N/A | 15,620. |
| PIEDMONT SENIOR RESOURCES AREA AGENCY IN AGING | N/A | 15,374. |
| MEALS ON WHEELS SOUTH FLORIDA SENIORS FIRST | N/A | 15,062. |
| MONTPELIER SENIOR ACTIVITY CENTER | N/A | 15,000. |
| MEALS FOR THE ELDERLY | N/A | 15,000. |
| CLEARFIELD COUNTY AREA AGENCY ON AGING | N/A | 15,000. |
| COMMUNITY FOOD BANK OF EASTERN OKLAHOMA | N/A | 15,000. |
| COPPER COUNTRY SENIOR MEALS | N/A | 15,000. |
| EAST COOPER MEALS ON WHEELS | N/A | 15,000. |
| ELDER CARE SERVICES, INC. | N/A | 15,000. |
| FOOD FOR THOUGHT | N/A | 15,000. |
| GOLD COUNTRY COMMUNITY SERVICES | N/A | 15,000. |
| GRACE INITIATIVE OF SOUTH LIBERTY COUNTY | N/A | 15,000. |
| MEALS ON WHEELS - SANTA MARIA VALLEY | N/A | 15,000. |
| MEALS ON WHEELS COLLIN COUNTY | N/A | 15,000. |
| MEALS ON WHEELS OF CENTRAL INDIANA | N/A | 15,000. |
| MEALS ON WHEELS OF CHEYENNE | N/A | 15,000. |
| MOBILE MEALS OF SOUTHERN ARIZONA | N/A | 15,000. |
| PARKER COMMUNITY SENIOR CENTER | N/A | 15,000. |
| PENDER ADULT SERVICES, INC. | N/A | 15,000. |
| PRESCOTT MEALS ON WHEELS | N/A | 15,000. |
| PROJECT ANGEL FOOD | N/A | 15,000. |
| SENIOR SERVICES OF SOUTHEASTERN VIRGINIA | N/A | 15,000. |
| SEWA-AIFW | N/A | 15,000. |
| STERLING SENIOR CENTER | N/A | 15,000. |
| TEMPE COMMUNITY ACTION AGENCY | N/A | 15,000. |
| RALEIGH COUNTY COMMISSION ON AGING | N/A | 14,976. |
| KNOXVILLE-KNOX COUNTY COMMUNITY ACTION COMMITTEE | N/A | 14,294. |
| MEALS ON WHEELS ERIE | N/A | 14,028. |
| YWCA METROPOLITAN PHOENIX | N/A | 14,003. |
| MEALS ON WHEELS IN HUNTERDON, INC. | N/A | 13,607. |
| MEALS ON WHEELS SAN DIEGO COUNTY | N/A | 13,484. |
| LAKE COUNTY COUNCIL ON AGING | N/A | 13,438. |
| ELDER SERVICES OF WORCESTER AREA, INC. | N/A | 13,431. |
| KEARNEY HOUSING DEVELOPMENT CORPORATION | N/A | 13,228. |
| BELOIT MEALS ON WHEELS | N/A | 13,052. |

MEALS ON WHEELS AMERICA

23-7447812

| | | |
|--|-----|---------|
| YPSILANTI MEALS ON WHEELS | N/A | 13,000. |
| COMMUNITY EMERGENCY SERVICE | N/A | 13,000. |
| LEAVENWORTH COUNTY COUNCIL ON AGING | N/A | 13,000. |
| MEALS ON WHEELS WACO | N/A | 12,810. |
| MEALS ON WHEELS OF TAKOMA PARK | N/A | 12,556. |
| MONROE COUNTY MEALS ON WHEELS | N/A | 12,528. |
| MAMA'S KITCHEN | N/A | 12,500. |
| MEALS ON WHEELS ORANGE COUNTY | N/A | 12,000. |
| MEALS ON WHEELS FOR GREATER HOUSTON | N/A | 11,715. |
| WESLEYLIFE MEALS ON WHEELS | N/A | 11,500. |
| YARNELL REGIONAL COMMUNITY CENTER | N/A | 11,500. |
| MEALS ON WHEELS SAN FRANCISCO | N/A | 11,484. |
| CHARLOTTE COUNTY MEALS ON WHEELS | N/A | 11,270. |
| MEALS ON WHEELS OF THE MONTEREY PENINSULA INC. | N/A | 11,000. |
| FOOD FOR LANE COUNTY | N/A | 10,985. |
| SILVER KEY SENIOR SERVICES | N/A | 10,795. |
| COMMUNITY RENEWAL TEAM, INC. | N/A | 10,566. |
| CARSON CITY SENIOR CITIZEN CENTER | N/A | 10,555. |
| MEALS ON WHEELS WEST | N/A | 10,484. |
| SAGE ELDERCARE | N/A | 10,206. |
| FEEDMORE WNY | N/A | 10,141. |
| MEALS ON WHEELS MONTGOMERY COUNTY | N/A | 10,000. |
| AGING BEST | N/A | 10,000. |
| COMBINED COMMUNITY ACTION, INC. | N/A | 10,000. |
| ELDER SERVICES OF THE MERRIMACK VALLEY | N/A | 10,000. |
| HOOD RIVER VALLEY ADULT CENTER | N/A | 10,000. |
| MEALS ON WHEELS WESTERN CONNECTICUT | N/A | 10,000. |
| PLATTE SENIOR SERVICES, INC. | N/A | 10,000. |
| SENIOR RESOURCE CONNECTION | N/A | 10,000. |
| SOUTHEAST CLERGY MEALS ON WHEELS | N/A | 10,000. |
| WASHINGTON COUNTY COMMISSION ON AGING, INC. | N/A | 10,000. |
| WASHINGTON-MORGAN COMMUNITY ACTION | N/A | 10,000. |
| CITY OF LAS CRUCES | N/A | 9,980. |
| WASHBURN COUNTY UNIT ON AGING | N/A | 9,923. |
| HOMAGE - SENIOR SERVICES | N/A | 9,918. |
| MEALS ON WHEELS DELAWARE, INC | N/A | 9,683. |
| KLEINLIFE | N/A | 9,521. |
| BENDER JCC OF GREATER WASHINGTON | N/A | 9,077. |
| SENIOR SERVICES, INC. OF WICHITA | N/A | 8,918. |
| NORTHWEST DANE SENIOR SERVICES | N/A | 8,885. |
| METRO MEALS ON WHEELS-BOISE | N/A | 8,835. |
| AREA AGENCY ON AGING, REGION ONE | N/A | 8,667. |

MEALS ON WHEELS AMERICA

23-7447812

| | | |
|--------------------------------|-----|--------|
| MEALS ON WHEELS NORTHWEST | N/A | |
| ARKANSAS | | 8,667. |
| MILWAUKEE COUNTY DEPARTMENT ON | N/A | |
| AGING | | 8,667. |
| CHESTNUT HILL MEALS ON WHEELS | N/A | 8,000. |
| AGING & FAMILY SERVICES OF | N/A | |
| MINERAL COUNTY | | 8,000. |
| HEALY SENIOR CENTER | N/A | 8,000. |
| SENIOR RESOURCES, INC. | N/A | 8,000. |
| SOURCEPOINT | N/A | 8,000. |
| BAKERSFIELD SENIOR CENTER, | N/A | |
| INC. | | 7,968. |
| BIG VALLEY 50 PLUS | N/A | 7,968. |
| FIVE CITIES MEALS ON WHEELS | N/A | 7,968. |
| LAKEWOOD MEALS ON WHEELS | N/A | 7,968. |
| MIDDLETOWN SENIOR CENTER | N/A | 7,968. |
| PENINSULA VOLUNTEERS, INC. | N/A | 7,968. |
| RODERICK HAYFORK SENIOR | N/A | |
| NUTRITION CENTER | | 7,968. |
| PENINSULA AGENCY ON AGING | N/A | 7,874. |
| MEALS ON WHEELS OF GREATER | N/A | |
| LYNCHBURG | | 7,874. |
| VALLEY PROGRAM FOR AGING | N/A | |
| SERVICES, INC. | | 7,874. |
| LOA AREA AGENCY ON AGING | N/A | 7,735. |
| NOURISH MEALS ON WHEELS | N/A | 7,727. |
| LONGMONT MEALS ON WHEELS | N/A | 7,727. |
| MEALS ON WHEELS MESA COUNTY - | N/A | |
| ST. MARY'S HOSPITAL | | 7,727. |
| MEALS ON WHEELS SPOKANE | N/A | 7,612. |
| BI-COUNTY NUTRITION | N/A | 7,500. |
| MEALS ON WHEELS OF WILLIAMSON | N/A | |
| & BURNET COUNTIES | | 7,500. |
| THE FRIENDLY KITCHEN | N/A | 7,323. |
| MEALS ON WHEELS, ETC. | N/A | 7,062. |
| ST. JOHNS COUNTY COUNCIL ON | N/A | |
| AGING, INC. | | 7,062. |
| TAMPA BAY NETWORK TO END | N/A | |
| HUNGER | | 7,062. |
| CLARION AREA AGENCY ON AGING | N/A | 7,000. |
| VNA OF NORTHWEST INDIANA MEALS | N/A | |
| ON WHEELS | | 7,000. |
| SENIOR LIFE RESOURCES, MEALS | N/A | |
| ON WHEELS | | 6,612. |
| SENIOR HUB MEALS ON WHEELS | N/A | 6,500. |
| SENIOR ADULT ACTIVITIES CENTER | N/A | |
| OF MONTGOMERY COUNTY | | 6,028. |
| GOLDEN CONNECTIONS COMMUNITY | N/A | |
| CENTER | | 6,028. |
| NORTH BOROUGH - SEWICKLEY | N/A | |
| AREA MEALS ON WHEELS | | 6,028. |
| PIKE COUNTY AREA AGENCY ON | N/A | |
| AGING | | 6,028. |
| SHENANGO VALLEY MEALS ON | N/A | |
| WHEELS, INC. | | 6,028. |
| MEALS ON WHEELS OF LONG BEACH, | N/A | |
| INC. | | 5,976. |

MEALS ON WHEELS AMERICA23-7447812

| | | |
|---|-----|--------|
| MEALS ON WHEELS OF SOLANO COUNTY | N/A | 5,976. |
| REDWOOD EMPIRE FOOD BANK | N/A | 5,976. |
| SENIOR SERVICES OF ALEXANDRIA | N/A | 5,906. |
| SEICAA MEALS ON WHEELS | N/A | 5,890. |
| MEALS ON WHEELS OF SHEBOYGAN COUNTY | N/A | 5,847. |
| MEALS ON WHEELS OF GREATER LAFAYETTE | N/A | 5,781. |
| CENTRAL ILLINOIS AGENCY ON AGING, INC. | N/A | 5,636. |
| COMMUNITY ACTION PARTNERSHIP OF CENTRAL ILLINOIS | N/A | 5,636. |
| FORT BEND SENIORS MEALS ON WHEELS | N/A | 5,620. |
| MEALS ON WHEELS NORTH CENTRAL TEXAS | N/A | 5,620. |
| PARTNERS IN PRIME | N/A | 5,579. |
| MONTGOMERY AREA COUNCIL ON AGING | N/A | 5,562. |
| AEOA SENIOR SERVICES | N/A | 5,485. |
| CATHOLIC CHARITIES SENIOR DINING/MOWS | N/A | 5,485. |
| CEAP MEALS ON WHEELS | N/A | 5,485. |
| LUTHERAN SOCIAL SERVICES OF MINNESOTA | N/A | 5,485. |
| METRO MEALS ON WHEELS-MINNEAPOLIS | N/A | 5,485. |
| MEALS ON WHEELS MISSOULA COUNTY | N/A | 5,456. |
| FRANKLIN COUNTY COUNCIL ON AGING, INC | N/A | 5,398. |
| MEALS ON WHEELS OF THE PALM BEACHES, INC. | N/A | 5,296. |
| SENIORS FIRST, INC. | N/A | 5,296. |
| JAS FOUNDATION | N/A | 5,278. |
| AGING AHEAD | N/A | 5,139. |
| MEALS ON WHEELS OF LEE'S SUMMIT | N/A | 5,139. |
| PUTNAM COUNTY SENIOR CITIZENS ORGANIZATION | N/A | 5,139. |
| IONA SENIOR SERVICES | N/A | 5,000. |
| SALINE COUNTY DEPARTMENT OF SENIOR SERVICES | N/A | 5,000. |
| COMMUNITY ACTION PROGRAM BELKNAP-MERRIMACK COUNTIES, INC. | N/A | 5,000. |
| MEALS ON WHEELS OF ARLINGTON | N/A | 5,000. |
| MOLALLA ADULT COMMUNITY CENTER | N/A | 5,000. |
| PAYSON MULTIPURPOSE SENIOR CENTER | N/A | 5,000. |
| PUTNAM COUNTY AGING PROGRAM, INC. | N/A | 5,000. |
| ROUTT COUNTY COUNCIL ON AGING | N/A | 5,000. |
| THE CENTER | N/A | 5,000. |
| PITT COUNTY COUNCIL ON AGING | N/A | 4,920. |

MEALS ON WHEELS AMERICA

23-7447812

YADKIN VALLEY ECONOMIC N/A
DEVELOPMENT DISTRICT, INC.
(YVEDDI)

4,920.

TOTAL TO FORM 990-T, PART I, LINE 4

5,053,048.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2017

FOR TAX YEAR 2018 3,692,539

FOR TAX YEAR 2019 3,265,456

FOR TAX YEAR 2020 34,724,954

FOR TAX YEAR 2021 9,344,762

TOTAL CARRYOVER

51,027,711

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

5,053,048

TOTAL CONTRIBUTIONS AVAILABLE

56,080,759

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS CONTRIBUTIONS

56,080,759

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

56,080,759

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 3

| | |
|---|------|
| PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR | 886. |
| PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 | 886. |

| | |
|---|------------------|
| SCHEDULE A PORTION OF PRE-2018 NOL SCHEDULE A ENTITY | SCHEDULE A SHARE |
|---|------------------|

1

0.

| | |
|--|------|
| TOTAL SCHEDULE A SHARE OF PRE-2018 NOL | 0. |
| NET OPERATING DEDUCTION | 886. |
| BALANCE AFTER PRE-2018 NOL DEDUCTION | 867. |
| EXPIRING NET OPERATING LOSSES | 0. |
| CARRY FORWARD OF NET OPERATING LOSS | 0. |

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 4

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------------|-------------------|------------------------|
| 12/31/17 | 886. | 0. | 886. | 886. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 886. | 886. |

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2022

Open to Public Inspection for
501(c)(3) Organizations Only

| | |
|--|--|
| A Name of the organization MEALS ON WHEELS AMERICA | B Employer identification number 23-7447812 |
| C Unrelated business activity code (see instructions) 459900 | D Sequence: 1 of 1 |

E Describe the unrelated trade or business **MERCHANDISE SALES**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|----------------|----------------|--------------|---------------|
| 1 a Gross receipts or sales | 14,327. | | | |
| b Less returns and allowances | | 14,327. | | |
| c Balance | | | | |
| 2 Cost of goods sold (Part III, line 8) | | 7,355. | | |
| 3 Gross profit. Subtract line 2 from line 1c | | 6,972. | | 6,972. |
| 4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | | | | |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions | | | | |
| c Capital loss deduction for trusts | | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | | | | |
| 6 Rent income (Part IV) | | | | |
| 7 Unrelated debt-financed income (Part V) | | | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | | | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | | | | |
| 10 Exploited exempt activity income (Part VIII) | | | | |
| 11 Advertising income (Part IX) | | | | |
| 12 Other income (see instructions; attach statement) | | | | |
| 13 Total. Combine lines 3 through 12 | | 6,972. | | 6,972. |

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | | |
|--|-----------|---------------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | |
| 2 Salaries and wages | 2 | |
| 3 Repairs and maintenance | 3 | |
| 4 Bad debts | 4 | |
| 5 Interest (attach statement). See instructions | 5 | |
| 6 Taxes and licenses | 6 | |
| 7 Depreciation (attach Form 4562). See instructions | 7 | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | |
| 9 Depletion | 9 | |
| 10 Contributions to deferred compensation plans | 10 | |
| 11 Employee benefit programs | 11 | |
| 12 Excess exempt expenses (Part VIII) | 12 | |
| 13 Excess readership costs (Part IX) | 13 | |
| 14 Other deductions (attach statement) | 14 | 1,750. |
| 15 Total deductions. Add lines 1 through 14 | 15 | 1,750. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | 5,222. |
| 17 Deduction for net operating loss. See instructions | 17 | 3,469. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | 1,753. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

N/A

| | | | |
|---|--|---|--------|
| 1 | Inventory at beginning of year | 1 | 0. |
| 2 | Purchases | 2 | 0. |
| 3 | Cost of labor | 3 | 0. |
| 4 | Additional section 263A costs (attach statement) | 4 | 0. |
| 5 | Other costs (attach statement) STATEMENT 9 | 5 | 7,355. |
| 6 | Total. Add lines 1 through 5 | 6 | 7,355. |
| 7 | Inventory at end of year | 7 | 0. |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | 7,355. |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

| | | | | | |
|---|---|----|---|---|---|
| 1 | Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | <input type="checkbox"/> | | | | |
| B | <input type="checkbox"/> | | | | |
| C | <input type="checkbox"/> | | | | |
| D | <input type="checkbox"/> | | | | |
| 2 | Rent received or accrued | A | B | C | D |
| a | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 | Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) | 0. | | | |
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 | Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | 0. | | | |

Part V Unrelated Debt-Financed Income (see instructions)

| | | | | | |
|----|--|----|---|---|---|
| 1 | Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | <input type="checkbox"/> | | | | |
| B | <input type="checkbox"/> | | | | |
| C | <input type="checkbox"/> | | | | |
| D | <input type="checkbox"/> | | | | |
| 2 | Gross income from or allocable to debt-financed property | A | B | C | D |
| 3 | Deductions directly connected with or allocable to debt-financed property | | | | |
| a | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 | Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | 0. | | | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 0. | | | |
| 11 | Total dividends-received deductions included in line 10 | 0. | | | |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1. Name of controlled organization | | 2. Employer identification number | Exempt Controlled Organizations | | | 6. Deductions directly connected with income in column 5 |
|------------------------------------|--|---|---|--|---|--|
| | | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Nonexempt Controlled Organizations | | | | | | |
| 7. Taxable Income | | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) | |
| Totals | | | | 0. | 0. | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | 0. | | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|--|---|--|
| 1 | Description of exploited activity: | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

Schedule A (Form 990-T) 2022

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

| | |
|---|--|
| A | |
| B | |
| C | |
| D | |

Enter amounts for each periodical listed above in the corresponding column.

| A | B | C | D |
|---|---|---|---|
| | | | |

| | | | | |
|--|----|--|--|--|
| 2 Gross advertising income | | | | |
| Add columns A through D. Enter here and on Part I, line 11, column (A) | 0. | | | |

a

| | | | | | |
|----------|--|--|--|--|--|
| 3 | Direct advertising costs by periodical | | | | |
|----------|--|--|--|--|--|

a

a Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

[illegible]

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on

Part II, line 13 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---------|----------|---|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |

| | |
|---|----|
| Total. Enter here and on Part II, line 1 | 0. |
|---|----|

| | |
|----------------|--|
| Part XI | Supplemental Information (see instructions) |
|----------------|--|

| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT 5 |
|---------------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| TAX PREPARATION FEES | | 1,750. |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | | 1,750. |

| FORM 990-T (A) | POST 2017 NOL SCHEDULE | STATEMENT 6 |
|-----------------------------|------------------------|----------------------------------|
| PRIOR YEAR POST 2017 NOL | NOL DEDUCTION | CARRYFORWARD OF POST 2017 NOL |
| 4,426. | 3,469. | 957. |

| 990-T SCH A | | POST-2017 NET OPERATING LOSS DEDUCTION | | STATEMENT 7 |
|-----------------------------------|----------------|--|----------------|---------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/19 | 1,590. | 0. | 1,590. | 1,590. |
| 12/31/20 | 1,806. | 0. | 1,806. | 1,806. |
| 12/31/21 | 1,030. | 0. | 1,030. | 1,030. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 4,426. | 4,426. |

| SCH A (990-T) | SCHEDULE A NOL DETAIL | STATEMENT 8 |
|--|-----------------------|-------------|
| TAXABLE INCOME FROM ALL ENTITIES | | 5,222. |
| THIS ENTITIES PORTION OF TAXABLE INCOME | | 5,222. |
| THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS | | 100.00% |
| THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS | | 886. |
| TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS | | 4,336. |
| 80% INCOME LIMITATION | | 3,469. |
| POST-2017 AVAILABLE | | 4,426. |
| LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION | | 3,469. |

FORM 990-T (A)

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 9

| DESCRIPTION | AMOUNT |
|---|--------|
| COSTS OF GOODS SOLD | 7,355. |
| TOTAL TO FORM 990-T, SCHEDULE A, LINE 5 | 7,355. |

Form 8879-TE

IRS e-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

MEALS ON WHEELS AMERICA

EIN or SSN

23-7447812

Name and title of officer or person subject to tax

ELLIE HOLLANDER
PRESIDENT AND CEO**Part I** Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | |
|-----------------------------|-------------------------------------|--|----------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b 21,299,001. |
| 2a Form 990-EZ check here | | b Total revenue, if any (Form 990-EZ, line 9) | 2b |
| 3a Form 1120-POL check here | | b Total tax (Form 1120-POL, line 22) | 3b |
| 4a Form 990-PF check here | | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b |
| 5a Form 8868 check here | | b Balance due (Form 8868, line 3c) | 5b |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b |
| 7a Form 4720 check here | | b Total tax (Form 4720, Part III, line 1) | 7b |
| 8a Form 5227 check here | | b FMV of assets at end of tax year (Form 5227, Item D) | 8b |
| 9a Form 5330 check here | | b Tax due (Form 5330, Part II, line 19) | 9b |
| 10a Form 8038-CP check here | | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize MARCUM LLPto enter my PIN 18990

ERO firm name

Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

SIGN HERE

Date 8/7/23**Part III** Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

24002574660

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature MARCUM LLPDate 08/07/23

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

202521 12-16-22

14100807 150872 193100

2022.04010 MEALS ON WHEELS AMERICA 193100_1

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

MEALS ON WHEELS AMERICA**23-7447812**Name and title of officer or person subject to tax **ELLIE HOLLANDER
PRESIDENT AND CEO****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | |
|--|--|-------------|
| 1a Form 990 check here | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b |
| 2a Form 990-EZ check here | b Total revenue, if any (Form 990-EZ, line 9) | 2b |
| 3a Form 1120-POL check here | b Total tax (Form 1120-POL, line 22) | 3b |
| 4a Form 990-PF check here | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b |
| 5a Form 8868 check here | b Balance due (Form 8868, line 3c) | 5b |
| 6a Form 990-T check here <input checked="" type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b 0. |
| 7a Form 4720 check here | b Total tax (Form 4720, Part III, line 1) | 7b |
| 8a Form 5227 check here | b FMV of assets at end of tax year (Form 5227, Item D) | 8b |
| 9a Form 5330 check here | b Tax due (Form 5330, Part II, line 19) | 9b |
| 10a Form 8038-CP check here | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **MARCUM LLP**to enter my PIN **18990**

ERO firm name

Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax *Ellie Hollander*

SIGN HERE

Date **8/7/23****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

24002574660

Do not enter all zeros

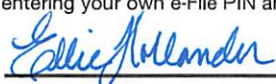
I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MARCUM LLP**Date **08/07/23****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

**DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

| | |
|---|--------------------------|
| Corporation Name | Federal ID Number |
| MEALS ON WHEELS AMERICA | 23-7447812 |
| Part I Tax Return Information | |
| 1. Federal Taxable Income (Form 500, Page 2, Line 1) | 1. |
| 2. Virginia Taxable Income (Form 500, Page 2, Line 7) | 2. |
| 3. Income tax (Form 500, Page 2, Line 9) | 3. |
| 4. Total payments and credits (Form 500, Page 2, Line 16) | 4. |
| 5. Total due (Form 500, Page 2, Line 21) | 5. |
| 6. Amount to be refunded (Form 500, Page 2, Line 24) | 6. |
| Part II Declaration and Signature Authorization of Officer | |
| <p>Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2022 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2022 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.</p> | |
| <p>Officer's e-File PIN: check one box only</p> <p><input checked="" type="checkbox"/> I authorize the ERO named below to enter my e-File PIN <u>18990</u> as my signature on the corporation's 2022 electronic Virginia corporation income tax return. <small>Do not enter all zeros</small></p> <p><u>MARCUM LLP</u></p> <p style="text-align: center;">ERO Firm Name</p> <p><input type="checkbox"/> I will enter my e-File PIN as my signature on the corporation's 2022 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.</p> <p>Your Signature <u></u> Date <u>8/17/23</u></p> | |
| Part III Certification and Authentication | |
| <p>ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. <u>24002574660</u> <small>Do not enter all zeros</small></p> <p>I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p> <p>ERO's Signature <u>MARCUM LLP</u> Date <u>08/07/23</u></p> | |

Form VA-8879C (REV 9/22)