

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning

and ending

B Check if applicable:

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

C Name of organization

MEALS ON WHEELS AMERICA

Doing business as

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

D Employer identification number

23-7447812

E Telephone number
(703) 548-5558

G Gross receipts \$ **16,417,453.**

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.MEALSONWHEELSAMERICA.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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 COMMUNITY PROGRAMS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE 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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	41
	6 Total number of volunteers (estimate if necessary)	6	11
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	614.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-886.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,026,739.	Current Year 9,625,423.
	9 Program service revenue (Part VIII, line 2g)	1,149,081.	1,166,700.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	91,367.	302,622.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,689.	6,032.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,268,876.	11,100,777.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,413,310.	5,834,006.
	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)	3,572,320.	3,916,651.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 603,006.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,081,268.	3,693,029.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,066,898.	13,443,686.
19 Revenue less expenses. Subtract line 18 from line 12	-2,798,022.	-2,342,909.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 14,485,979.	End of Year 12,178,615.
	21 Total liabilities (Part X, line 26)	2,578,642.	2,242,609.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,907,337.	9,936,006.

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 ▶ Ellie Hollander **7/16/18**
Signature of officer Date
▶ **ELLIE HOLLANDER, PRESIDENT AND CEO**
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name **FRANK H. SMITH** Preparer's signature Frank H. Smith Date **07/13/18** Check ☐ if self-employed PTIN **P00639053**
Firm's name ▶ **RAFFA, P.C.** Firm's EIN ▶ **52-1511275**
Firm's address ▶ **1899 L STREET, NW, SUITE 850**
WASHINGTON, DC 20036 Phone no. **(202) 822-5000**

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

COPY

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 ORGANIZATION) 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 \$ 6,522,620. including grants of \$ 5,731,711.) (Revenue \$)
 GRANT PROGRAMS - THE ORGANIZATION MANAGES GRANT PROGRAMS TO DELIVER COMMUNITY-BASED NUTRITION SERVICES AND WELLNESS PROGRAMS, PRIMARILY TO BENEFIT THE ELDERLY POPULATION.

4b (Code:) (Expenses \$ 3,776,286. including grants of \$ 62,295.) (Revenue \$ 1,087,308.)
 MEMBER SERVICES - AS A MEMBERSHIP ASSOCIATION, THE ORGANIZATION CONDUCTS ACTIVITIES TO BENEFIT ITS MEMBERSHIP INCLUDING HOLDING AN ANNUAL CONFERENCE, PROVIDING TRAINING AND ACADEMIC PROGRAMS, AND GIVING GRANTS TO MEMBER ORGANIZATIONS.

4c (Code:) (Expenses \$ 754,756. including grants of \$ 40,000.) (Revenue \$)
 FEDERAL GRANTS - THE ORGANIZATION MANAGES FEDERAL GRANTS TO DELIVER COMMUNITY-BASED NUTRITION SERVICES, WELLNESS PROGRAMS, AND EMERGENCY PREPAREDNESS TRAINING, PRIMARILY TO BENEFIT THE ELDERLY POPULATION.

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

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

4e Total program service expenses **11,053,662.**

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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? If "Yes," complete Schedule C, Part II	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I		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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? If "Yes," complete Schedule I, Parts I and II	X	
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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Form 990 (2017)

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 23		
b Enter the number of Forms W-2G included in 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	
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 41		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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 in Schedule O	3b		
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		X
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 in Schedule O	14b		

Form 990 (2017)

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 in 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	10			
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 in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		10		
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?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			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?			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?			X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?				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 in Schedule O				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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in 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?		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?		

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 (or 1024 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 in Schedule O)

19 Describe in 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: **DONALD MILLER - (703) 548-5558**
1550 CRYSTAL DRIVE, NO. 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) ASHLEY MCCUMBER CHAIR	2.00	X		X				0.	0.	0.
(2) JOHN WIDER VICE CHAIR	2.00	X		X				0.	0.	0.
(3) SANDRA NOE SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
(4) LIZ SEMAN IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(5) DEBBIE CASE DIRECTOR - UNTIL 08/2017	1.00	X						0.	0.	0.
(6) CASEY CHROUST DIRECTOR	1.00	X						0.	0.	0.
(7) VINSEN FARIS DIRECTOR	1.00	X						0.	0.	0.
(8) PATTI LYONS DIRECTOR	1.00	X						0.	0.	0.
(9) SASA OLESSI MONTANO DIRECTOR	1.00	X						0.	0.	0.
(10) DAN PRUETT DIRECTOR	1.00	X						0.	0.	0.
(11) LYNN SMITH DIRECTOR	1.00	X						0.	0.	0.
(12) ELLIE HOLLANDER PRESIDENT AND CEO	40.00			X				314,088.	0.	25,452.
(13) DONALD MILLER CHIEF FINANCIAL & ADMIN. OFFICER	40.00			X				163,824.	0.	5,869.
(14) ROBERT HERBOLSHEIMER EVP, HEALTHCARE INTEGRATION	40.00				X			190,259.	0.	21,068.
(15) SUSAN WALDMAN CHIEF MARKETING & COMM. OFFICER	40.00					X		168,151.	0.	12,422.
(16) KRISTINE TEMPLIN CHIEF DEVELOPMENT OFFICER	40.00					X		163,370.	0.	16,043.
(17) LUCY THEILHEIMER CHIEF STRATEGY & IMPACT OFFICER	40.00					X		154,959.	0.	19,057.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) TODD TURNER CHIEF MEMBERSHIP OFFICER	40.00				X			147,837.	0.	1,224.
(19) ERIKA KELLY CHIEF ADVOCACY & GOV. AFF. OFFICER	40.00				X			117,061.	0.	9,841.
1b Sub-total								1,419,549.	0.	110,976.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,419,549.	0.	110,976.

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 **9**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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	X	
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		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
THE ADVERTISING COUNCIL 815 SECOND AVENUE, NEW YORK, NY 10017	ADVERTISEMENT CAMPAIGN CONSULTANT	819,050.
SHERATON DENVER DOWNTOWN HOTEL 1550 COURT PLACE, DENVER, CO 80202	CONFERENCE SERVICES	313,420.
QUANTIFIED VENTURES, 1875 CONNECTICUT AVENUE, NW, 10TH FLOOR, WASHINGTON, DC	PROJECT CONSULTING	267,767.
SITUATION INTERACTIVE, 469 7TH AVENUE, SUITE 1300, NEW YORK, NY 10018	PROJECT CONSULTING	106,204.

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 **4**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	79,797.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	492,734.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,052,892.			
	g	Noncash contributions included in lines 1a-1f: \$		1,981,396.			
	h	Total. Add lines 1a-1f		9,625,423.			
Program Service Revenue	2 a	CONFERENCE	Business Code 900099	543,295.	462,445.		80,850.
	b	FEELGOODFOOD	900099	293,040.	293,040.		
	c	MEMBERSHIP DUES	900099	189,335.	189,335.		
	d	MEMBER DISCOUNT PROG.	900099	122,525.	122,525.		
	e	EDUCATION AND TRAINING	900099	18,505.	18,505.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,166,700.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		217,474.			217,474.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 5393911.				
	b	Less: cost or other basis and sales expenses	5308763.				
	c	Gain or (loss)	85,148.				
	d	Net gain or (loss)		85,148.			85,148.
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a	9,985.				
b	Less: cost of goods sold	b	7,913.				
c	Net income or (loss) from sales of inventory		2,072.	1,458.	614.		
Miscellaneous Revenue							
11 a	REBATES	Business Code 900099	3,960.			3,960.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		3,960.				
12	Total revenue. See instructions.		11100777.	1,087,308.	614.	387,432.	

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,834,006.	5,834,006.		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	720,560.	452,295.	211,052.	57,213.
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	2,625,375.	1,628,231.	791,148.	205,996.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,302.	30,947.	14,440.	3,915.
9 Other employee benefits	304,041.	190,847.	89,054.	24,140.
10 Payroll taxes	217,373.	136,445.	63,669.	17,259.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	42,455.		42,455.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	52,395.		52,395.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,865,981.	1,588,021.	59,914.	218,046.
12 Advertising and promotion	775.	775.		
13 Office expenses	104,118.	15,872.	83,357.	4,889.
14 Information technology	460,625.	145,381.	315,244.	
15 Royalties				
16 Occupancy	305,855.		305,855.	
17 Travel	229,232.	130,272.	82,206.	16,754.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	463,818.	463,818.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,611.		78,611.	
23 Insurance	12,936.		12,936.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBER SERVICES	43,564.	43,564.		
b DUES AND SUBSCRIPTIONS	18,982.	4,539.	9,074.	5,369.
c STATE REGISTRATION FEES	13,682.		13,682.	
d INDIRECT EXPENSES	0.	388,649.	-438,074.	49,425.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,443,686.	11,053,662.	1,787,018.	603,006.
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 ☐ 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	646,465.	1	959,812.
	2 Savings and temporary cash investments	167,474.	2	177,880.
	3 Pledges and grants receivable, net	2,820,099.	3	3,438,573.
	4 Accounts receivable, net	4,675.	4	9,400.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	35,512.	8	42,640.
	9 Prepaid expenses and deferred charges	110,559.	9	74,086.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 909,604.		
	b Less: accumulated depreciation	10b 225,198.		
	11 Investments - publicly traded securities	759,631.	10c	684,406.
	12 Investments - other securities. See Part IV, line 11	9,559,260.	11	6,720,376.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	382,304.	14	71,442.
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,485,979.	15	12,178,615.	
Liabilities	17 Accounts payable and accrued expenses	651,636.	16	620,866.
	18 Grants payable		17	
	19 Deferred revenue	412,177.	18	406,035.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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		24	
	26 Total liabilities. Add lines 17 through 25	1,514,829.	25	1,215,708.
	27 Total liabilities. Add lines 17 through 25	2,578,642.	26	2,242,609.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,560,332.	27	5,898,116.
	28 Temporarily restricted net assets	4,347,005.	28	4,037,890.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	11,907,337.	33	9,936,006.
	34 Total liabilities and net assets/fund balances	14,485,979.	34	12,178,615.

Form 990 (2017)

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	11,100,777.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,443,686.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,342,909.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,907,337.
5	Net unrealized gains (losses) on investments	5	371,578.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,936,006.

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 in 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 in 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 Single Audit Act and OMB Circular A-133? _____	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 in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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 or 990-EZ).)
- 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 in 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).

(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						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3910857.	4783790.	6864272.	7026739.	9625423.	32211081.
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	3910857.	4783790.	6864272.	7026739.	9625423.	32211081.
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)						9986558.
6 Public support. Subtract line 5 from line 4.						22224523.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	3910857.	4783790.	6864272.	7026739.	9625423.	32211081.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	101,235.	356,247.	302,716.	324,406.	217,474.	1302078.
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.)		24,657.	4,142.			28,799.
11 Total support. Add lines 7 through 10						33541958.
12 Gross receipts from related activities, etc. (see instructions)					12	5,311,098.
13 First five 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 2017 (line 6, column (f) divided by line 11, column (f))	14	66.26	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	62.17	%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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 or 990-EZ) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 in 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 five 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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
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? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

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).		

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?		
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).		
3 By reason of the relationship described in (2), 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.		

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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.	Yes	No
b Did the activities described in (a) 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.		
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI .		
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.		

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 (explain in detail in Part VI):		
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 1-1/2% 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 .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 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 or 990-EZ) 2017

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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**

2014 AMOUNT: \$ 24,657.

2015 AMOUNT: \$ 4,142.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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>1,804,677.</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>1,485,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>641,564.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>261,784.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>225,308.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>212,457.</u>	Person <input checked="" 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 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		\$ 211,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 200,000.	Person <input checked="" 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.)
		\$	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
1	VEHICLES	\$ 1,530,250.	10/18/17
2	GIFT CARDS	\$ 412,500.	05/18/17
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

COPY

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 or 990-EZ)

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

2017

**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 or 990-EZ) 2017

LHA

732041 11-09-17

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 (grass roots 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.			
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) 2014	(b) 2015	(c) 2016	(d) 2017	(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 or 990-EZ) 2017

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		31,427.
d Mailings to members, legislators, or the public?	X		5,513.
e Publications, or published or broadcast statements?	X		1,590.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		4,400.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			42,930.
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 expenditure 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:**

- MULTI-CHANNEL SOCIAL MEDIA ADVOCACY CAMPAIGN TO MOBILIZE MEMBERSHIP
AND GENERAL PUBLIC TO CALL FOR INCREASED FEDERAL FUNDING FOR SENIOR
NUTRITION PROGRAMS, INCLUDING THE VIDEO PRODUCTION

Part IV Supplemental Information (continued)

AND BOOSTED SOCIAL MEDIA POSTS.

- MAILINGS VIA EMAIL TO MEMBERSHIP AND SUPPORTERS REQUESTING THEM TO CONTACT THEIR MEMBERS OF CONGRESS ON MATTERS RELATING TO THE ANNUAL FEDERAL APPROPRIATIONS PROCESS, FEDERAL NUTRITION PROGRAMS, CHARITABLE TAX ISSUES, AND LEGISLATION IMPACTING SENIOR NUTRITION PROGRAMS NATIONWIDE.

- PRESS RELEASE TO PROMOTE THE ADVOCACY CAMPAIGN AND DRAW ATTENTION TO GROWING UNMET NEED AND IMPACT OF FEDERAL FUNDING CUTS.

- DIRECT CONTACT WITH MEMBERS OF CONGRESS, THEIR STAFF, AND ADMINISTRATION OFFICIALS THROUGH MEETINGS, LETTERS, EMAILS, BRIEFINGS AND PUBLIC POLICY EVENTS RELATED TO THE 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

2017

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 7/25/06, 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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) 2017

732051 10-09-17

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 are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 Temporarily restricted 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		786,942.	136,936.	650,006.
d Equipment		122,662.	88,262.	34,400.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				684,406.

Schedule D (Form 990) 2017

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) DEFERRED RENT AND LEASE INCENTIVES	1,196,670.
(3) LEASE OBLIGATION	19,038.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

1,215,708.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2017

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	43,075,061.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	371,578.
b	Donated services and use of facilities	2b	31,594,793.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	7,913.
e	Add lines 2a through 2d	2e	31,974,284.
3	Subtract line 2e from line 1	3	11,100,777.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,100,777.

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	45,046,392.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	31,594,793.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	7,913.
e	Add lines 2a through 2d	2e	31,602,706.
3	Subtract line 2e from line 1	3	13,443,686.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,443,686.

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, 2017, 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 7,913.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 7,913.

Part XIII	Supplemental Information (continued)
------------------	---

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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

2017

Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Part I General Information on Grants and Assistance

Employer identification number
23-7447812

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 non-cash 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 CENTRAL TEXAS 3227 E. 5TH STREET AUSTIN, TX 78702	23-7202594	501(C)(3)	825,422.	196,500. FMV		GIFT CARDS	HOME REPAIR PROJECT
MEALS ON WHEELS OF SAN FRANCISCO 1375 FAIRFAX AVENUE SAN FRANCISCO, CA 94124	94-1741155	501(C)(3)	152,456.	20,000. FMV		GIFT CARDS	HOME REPAIR PROJECT
OSCEOLA COUNCIL ON AGING 700 GENERATION POINT KISSIMMEE, FL 34744	59-1595398	501(C)(3)	105,000.	100,000. FMV		GIFT CARDS	HOME REPAIR PROJECT
ST. VINCENT MEALS ON WHEELS 2303 MIRAMAR STREET LOS ANGELES, CA 90057	95-3696693	501(C)(3)	102,016.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR NEIGHBORS, INC. 678 FRONT AVENUE NW, SUITE 205 GRAND RAPIDS, MI 49504	23-7195491	501(C)(3)	86,166.	32,000. FMV		GIFT CARDS	HOME REPAIR PROJECT
COUNCIL ON AGING SERVICES FOR SENIORS - SANTA ROSA - 30 KAWANA SPRINGS ROAD - SANTA ROSA, CA 95404	94-6138714	501(C)(3)	79,800.	0.			PROJECT SUPPORT AND OTHER SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **172.**

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) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAC, INC. 909 PROGRESS CIRCLE, SUITE 100 SALISBURY, MD 21804	52-0992005	501(C)(3)	76,666.	32,000.	FMV	GIFT CARDS	HOME REPAIR PROJECT
LIFECARE ALLIANCE 1699 W. MOUND STREET COLUMBUS, OH 43223	31-4379494	501(C)(3)	69,166.	32,000.	FMV	GIFT CARDS	HOME REPAIR PROJECT
MEALS ON WHEELS PEOPLE 7710 SW 31ST AVENUE PORTLAND, OR 97219	93-0584318	501(C)(3)	47,336.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SOUTH FLORIDA 451 N. STATE ROAD 7 PLANTATION, FL 33317	59-2450043	501(C)(3)	43,365.	0.			PROJECT SUPPORT AND OTHER SERVICES
SERVICE OPPORTUNITY FOR SENIORS 2235 POLVOROSA DRIVE, SUITE 260 SAN LEANDRO, CA 94577	94-1725204	501(C)(3)	42,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF DURHAM, INC. 2522 ROSS ROAD DURHAM, NC 27703	56-1729111	501(C)(3)	27,380.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF TAKOMA PARK 7410 NEW HAMPSHIRE AVENUE TAKOMA PARK, MD 20912	52-0943628	501(C)(3)	26,694.	0.			PROJECT SUPPORT AND OTHER SERVICES
CATHOLIC CHARITIES WEST MICHIGAN, GOD'S KITCHEN - 360 DIVISION AVENUE SOUTH - GRAND RAPIDS, MI 49503	38-3012473	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CINCINNATI AREA SENIOR SERVICES 2368 VICTORY PARKWAY, SUITE 300 CINCINNATI, OH 45206	31-0825754	501(C)(3)	23,500.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN INTER-FAITH ASSOCIATION - 910 VANCE AVENUE - MEMPHIS, TN 38126	62-0803601	501(C)(3)	23,411.	0.			PROJECT SUPPORT AND OTHER SERVICES
LITCHFIELD HILLS NW ELDERLY NUTRITION PROGRAM - 88 E. ALBERT STREET - TORRINGTON, CT 06790	06-6001898	501(C)(3)	22,174.	0.			PROJECT SUPPORT AND OTHER SERVICES
DUPAGE SENIOR CITIZENS COUNCIL 1990 SPRINGER DRIVE LOMBARD, IL 60148	36-2988023	501(C)(3)	21,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
GOLDEN CONNECTIONS COMMUNITY CARE 20 GOTHAM PLACE RED LION, PA 17356	23-2289794	501(C)(3)	21,396.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREATER LAFAYETTE - 1915 SCOTT STREET - LAFAYETTE, IN 47904	35-1607101	501(C)(3)	21,313.	0.			PROJECT SUPPORT AND OTHER SERVICES
GRAND RIVER MEALS ON WHEELS 501 AIRPORT ROAD RIFLE, CO 81650	84-0736594	501(C)(3)	20,587.	0.			PROJECT SUPPORT AND OTHER SERVICES
LONGMONT MEALS ON WHEELS 910 LONGS PEAK AVENUE LONGMONT, CO 80501	84-0590979	501(C)(3)	20,587.	0.			PROJECT SUPPORT AND OTHER SERVICES
BLUE LEDGE, INC. P.O. BOX 1332 AMHERST, VA 24521	71-1020696	501(C)(3)	20,036.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF LEHIGH COUNTY 4234 DORNEY PARK ROAD ALLENTOWN, PA 18104	23-7172270	501(C)(3)	18,396.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VNA MEALS ON WHEELS 1600 VICEROY DRIVE, SUITE 400 DALLAS, TX 75235	75-0800692	501(C)(3)	17,922.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SAN ANTONIO 4306 NW LOOP 410 SAN ANTONIO, TX 78229	74-1948646	501(C)(3)	17,922.	0.			PROJECT SUPPORT AND OTHER SERVICES
BENDER JCC OF GREATER WASHINGTON 6125 MONTROSE ROAD ROCKVILLE, MD 20852	53-0205921	501(C)(3)	17,796.	0.			PROJECT SUPPORT AND OTHER SERVICES
RIVERSIDE MEALS ON WHEELS, INC. 4845 BROCKTON AVENUE RIVERSIDE, CA 92506	23-7262925	501(C)(3)	17,456.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGENCY ON AGING - AREA 4 1401 EL CAMINO AVENUE SACRAMENTO, CA 95815	94-2897957	501(C)(3)	17,456.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF LANCASTER 1085 MANHEIM PIKE LANCASTER, PA 17601	23-1705557	501(C)(3)	17,448.	0.			PROJECT SUPPORT AND OTHER SERVICES
MAPLE KNOLL OUTREACH SERVICES FOR SENIORS - 11275 SPRINGFIELD PIKE - CINCINNATI, OH 45246	31-0544277	501(C)(3)	17,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
GRAY GOURMET - ST. MARY'S HOSPITAL 551 CHIPETA AVENUE GRAND JUNCTION, CO 81501	84-0425720	501(C)(3)	16,940.	0.			PROJECT SUPPORT AND OTHER SERVICES
PEOPLE FOR PEOPLE MEALS ON WHEELS 1008 W. AHTANUM ROAD, SUITE 3 UNION GAP, WA 98903	91-0783225	501(C)(3)	16,914.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINUTEMAN SENIOR SERVICES 26 CROSBY DRIVE BEDFORD, MA 01730	04-2587212	501(C)(3)	16,905.	0.			PROJECT SUPPORT AND OTHER SERVICES
KLEINLIFE 10100 JAMISON AVENUE PHILADELPHIA, PA 19116	27-0840848	501(C)(3)	16,896.	0.			PROJECT SUPPORT AND OTHER SERVICES
BERKS ENCORE 40 N. 9TH STREET READING, PA 19601	23-1656050	501(C)(3)	16,896.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS FOR FRIENDS 1229 JEFFERSON HEIGHTS ROAD PITTSBURGH, PA 15235	47-1344227	501(C)(3)	16,896.	0.			PROJECT SUPPORT AND OTHER SERVICES
SAGE ELDERCARE 290 BROAD STREET SUMMIT, NJ 07901	22-1657929	501(C)(3)	16,665.	0.			PROJECT SUPPORT AND OTHER SERVICES
PIEDMONT SENIOR RESOURCES AREA AGENCY ON AGING - 5339 E. COLONIAL TRAIL HIGHWAY - BURKEVILLE, VA 23922	54-1025127	501(C)(3)	16,527.	0.			PROJECT SUPPORT AND OTHER SERVICES
SPECTRUM COMMUNITY SERVICES 2621 BARRINGTON COURT HAYWARD, CA 94545	94-1748275	501(C)(3)	15,956.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGE WELL SENIOR SERVICES, INC. 24461 RIDGE ROUTE DRIVE, SUITE 220 LAGUNA WOODS, CA 92653	93-1163563	501(C)(3)	15,956.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SAN DIEGO COUNTY 2254 SAN DIEGO AVENUE, SUITE 200 SAN DIEGO, CA 92110	95-2660509	501(C)(3)	15,739.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TLC MEALS ON WHEELS 7300 S. CLERMONT DRIVE CENTENNIAL, CO 80122	84-0617651	501(C)(3)	15,440.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF SNOHOMISH COUNTY - 11627 AIRPORT ROAD, SUITE B - EVERETT, WA 98204	91-0910680	501(C)(3)	15,414.	0.			PROJECT SUPPORT AND OTHER SERVICES
GREATER SPOKANE COUNTY MEALS ON WHEELS - P.O. BOX 14278 - SPOKANE VALLEY, WA 99214	91-1042546	501(C)(3)	15,414.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGING TRUE COMMUNITY SENIOR SERVICES - 4250 LAKESIDE DRIVE, SUITE 116 - JACKSONVILLE, FL 32210	23-7301688	501(C)(3)	15,199.	0.			PROJECT SUPPORT AND OTHER SERVICES
MID-EAST AREA AGENCY ON AGING 14535 MANCHESTER ROAD MANCHESTER, MO 63011	43-1833987	501(C)(3)	15,055.	0.			PROJECT SUPPORT AND OTHER SERVICES
FRIENDSHIP CENTERS OF EMMET COUNTY 1322 ANDERSON ROAD PETOSKEY, MI 49770	23-7000317	501(C)(3)	15,010.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY RENEWAL TEAM, INC. 555 WINDSOR STREET HARTFORD, CT 06120	06-0795640	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CENTRAL MARYLAND - 515 S. HAVEN STREET - BALTIMORE, MD 21224	52-6074723	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
EPISCOPAL RETIREMENT HOMES FOUNDATION - 3870 VIRGINIA AVENUE - CINCINNATI, OH 45227	31-1570272	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR CITIZENS UNITED COMMUNITY SERVICES, INC - 537 NICHOLSON ROAD - AUDUBON, NJ 08106	22-2283793	501(C)(3)	14,999.	0.			PROJECT SUPPORT AND OTHER SERVICES
CHATHAM COUNTY COUNCIL ON AGING P.O. BOX 715 PITTSBORO, NC 27312	56-1084260	501(C)(3)	14,880.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NORTH JERSEY 100 MADISON AVENUE, SUITE 3 WESTWOOD, NJ 07675	22-2340025	501(C)(3)	14,749.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS CHAPEL HILL - CARRBORO - P.O. BOX 2102 - CHAPEL HILL, NC 27515	59-1721954	501(C)(3)	14,380.	0.			PROJECT SUPPORT AND OTHER SERVICES
WEST HILLS - MEALS ON WHEELS 1205 RIDGE AVENUE CORAOPOLIS, PA 15108	81-2355167	501(C)(3)	14,172.	0.			PROJECT SUPPORT AND OTHER SERVICES
MONROE COUNTY MEALS ON WHEELS 9 N. 9TH STREET STROUDSBURG, PA 18360	23-7201104	501(C)(3)	14,172.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NORTHAMPTON COUNTY - 4240 FRITCH DRIVE - BETHLEHEM, PA 18020	23-1861779	501(C)(3)	14,172.	0.			PROJECT SUPPORT AND OTHER SERVICES
CLAYTON COUNTY SENIOR SERVICES 877 BATTLECREEK ROAD JONESBORO, GA 30236	58-2177297	501(C)(3)	14,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS GUERNSEY COUNTY 1022 CARLISLE AVENUE CAMBRIDGE, OH 43725	31-0814891	501(C)(3)	13,800.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS MECOSTA COUNTY 12954 80TH AVENUE MECOSTA, MI 49332	38-2902050	501(C)(3)	13,510.	0.			PROJECT SUPPORT AND OTHER SERVICES
DAVIDSON COUNTY DEPARTMENT OF SENIOR SERVICES - 555-B W. CENTER STREET - LEXINGTON, NC 27295	56-6000294	501(C)(3)	13,380.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF C.E.F.S. 1805 S. BANKER STREET EFFINGHAM, IL 62401	37-6053117	501(C)(3)	13,064.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY ACTION PARTNERSHIP OF CENTRAL ILLINOIS - 1800 FIFTH STREET - LINCOLN, IL 62656	37-0895679	501(C)(3)	13,064.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR CITIZENS, INC. 3025 BULL STREET SAVANNAH, GA 31405	58-0864009	501(C)(3)	13,025.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WESTERN MICHIGAN - 2900 WILSON AVENUE, SW, SUITE 500 - GRANDVILLE, MI 49418	38-2535537	501(C)(3)	13,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
PLUM SENIOR COMMUNITY CENTER 499 CENTER NEW TEXAS ROAD PITTSBURGH, PA 15239	25-1413004	501(C)(3)	12,672.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. JOSEPH COMMUNITY SERVICES P.O. BOX 910 MERRIMACK, NH 03054	02-0335003	501(C)(3)	12,516.	0.			PROJECT SUPPORT AND OTHER SERVICES
YPSILANTI MEALS ON WHEELS 1110 W. CROSS STREET YPSILANTI, MI 48197	38-2038528	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS IN HUNTERDON, INC. 5 WALTER FORAN BLVD, SUITE 2006 FLEMINGTON, NJ 08822	22-3084358	501(C)(3)	12,499.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CHEMUNG COUNTY 409 WILLIAM STREET ELMIRA, NY 14901	16-1353247	501(C)(3)	12,187.	0.			PROJECT SUPPORT AND OTHER SERVICES
CORNING MEALS ON WHEELS 144 CEDAR STREET CORNING, NY 14830	16-0912403	501(C)(3)	12,187.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREATER HYDE PARK, INC. - 1 CHURCH STREET - HYDE PARK, NY 12538	14-1585991	501(C)(3)	12,187.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SYRACUSE 300 BURT STREET SYRACUSE, NY 13202	16-0970999	501(C)(3)	12,187.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS YOLO COUNTY 40 N. EAST STREET, SUITE C WOODLAND, CA 95776	94-1599229	501(C)(3)	11,967.	0.			PROJECT SUPPORT AND OTHER SERVICES
FIVE CITIES MEALS ON WHEELS P.O. BOX 156 PISMO BEACH, CA 93448	95-2932124	501(C)(3)	11,967.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF JOHNSON & ELLIS COUNTIES - 106 E. KILPATRICK STREET - CLEBURNE, TX 76031	75-1555153	501(C)(3)	11,922.	0.			PROJECT SUPPORT AND OTHER SERVICES
HIGHLAND VALLEY ELDER SERVICES 320 RIVERSIDE DRIVE, SUITE B FLORENCE, MA 01062	04-2563340	501(C)(3)	11,905.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIORS FIRST, INC. 5395 L.B. MCLEOD ROAD ORLANDO, FL 32811	59-2759603	501(C)(3)	11,633.	0.			PROJECT SUPPORT AND OTHER SERVICES
CARSON CITY SENIOR CITIZEN CENTER 911 BEVERLY DRIVE CARSON CITY, NV 89706	88-0123061	501(C)(3)	11,519.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MISSOULA COUNTY 337 STEPHENS AVENUE MISSOULA, MT 59801	81-0379543	501(C)(3)	11,498.	0.			PROJECT SUPPORT AND OTHER SERVICES
PENINSULA VOLUNTEERS, INC. 800 MIDDLE AVENUE MENLO PARK, CA 94025	94-1294939	501(C)(3)	10,978.	0.			PROJECT SUPPORT AND OTHER SERVICES
MID-EAST COMMUNITY ACTION AGENCY P.O. BOX 790 KINGSTON, TN 37763	62-0725458	501(C)(3)	10,600.	0.			PROJECT SUPPORT AND OTHER SERVICES
KNOXVILLE-KNOX COUNTY COMMUNITY ACTION COMMITTEE - P.O. BOX 51650 - KNOXVILLE, TN 37950	23-7432847	501(C)(3)	10,600.	0.			PROJECT SUPPORT AND OTHER SERVICES
LA JOLLA MEALS ON WHEELS 9888 GENESEE AVENUE LA JOLLA, CA 92037	95-2880653	501(C)(3)	10,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS WEST 1823 MICHIGAN AVENUE, SUITE A SANTA MONICA, CA 90404	95-4613280	501(C)(3)	10,489.	0.			PROJECT SUPPORT AND OTHER SERVICES
DOC SERVICES, INC. P.O. BOX 848 MIAMI, OK 74355	73-1615506	501(C)(3)	10,482.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMOKY MOUNTAIN MEALS ON WHEELS 3509 TUCKALEECHIE PIKE MARYVILLE, TN 37803	62-1561673	501(C)(3)	10,450.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF PALESTINE, INC. P.O. BOX 1365 PALESTINE, TX 75802	75-1525201	501(C)(3)	10,422.	0.			PROJECT SUPPORT AND OTHER SERVICES
MILWAUKEE COUNTY DEPARTMENT ON AGING - 1220 W. VLIET STREET, SUITE 302 - MILWAUKEE, WI 53205	39-6005720	501(C)(3)	10,301.	0.			PROJECT SUPPORT AND OTHER SERVICES
VOLUNTEERS OF AMERICA - SENIOR COMMUNITY MEALS - 350 STAFFORD LANE, SUITE 3511 - DELTA, CO 81416	13-1692595	501(C)(3)	10,294.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS, ETC. 2801 S. FINANCIAL COURT SANFORD, FL 32773	59-2977907	501(C)(3)	10,133.	0.			PROJECT SUPPORT AND OTHER SERVICES
DETROIT AREA AGENCY ON AGING 1333 BREWERY PARK BLVD, SUITE 200 DETROIT, MI 48207	38-2320421	501(C)(3)	10,133.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREATER LYNCHBURG - P.O. BOX 1388 - LYNCHBURG, VA 24505	23-7399875	501(C)(3)	10,018.	0.			PROJECT SUPPORT AND OTHER SERVICES
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BOULEVARD, SUITE 1006 - NEWPORT NEWS, VA 23606	51-0151069	501(C)(3)	10,018.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS CHICAGO 1111 N. WELLS STREET CHICAGO, IL 60610	36-3667584	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALGER-MARQUETTE COMMUNITY ACTION BOARD - 1125 COMMERCE DRIVE - MARQUETTE, MI 49855	38-1797320	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
FREDERICK COUNTY DEPARTMENT OF AGING - 1440 TANEY AVENUE - FREDERICK, MD 21702		N/A	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
GARRETT COUNTY COMMUNITY ACTION COMMITTEE, INC. - 104 E. CENTER STREET - OAKLAND, MD 21550	52-0820662	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ATLANTA 1705 COMMERCE DRIVE NW ATLANTA, GA 30318	58-0960309	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES MIDLAND COUNTY COUNCIL ON AGING - 4700 DUBLIN AVENUE - MIDLAND, MI 48642	38-6107383	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SHEBOYGAN COUNTY - 1004 S. TAYLOR DRIVE - SHEBOYGAN, WI 53081	39-1238290	501(C)(3)	9,976.	0.			PROJECT SUPPORT AND OTHER SERVICES
METRO MEALS ON WHEELS-MINNEAPOLIS 1200 WASHINGTON AVENUE SOUTH MINNEAPOLIS, MN 55415	31-1501057	501(C)(3)	9,963.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF MERCER COUNTY 320 HOLLOWBROOK ROAD EWING, NJ 08638	22-1990231	501(C)(3)	9,832.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUTHERN MAINE AGENCY ON AGING 136 US ROUTE ONE SCARBOROUGH, ME 04074	01-0360259	501(C)(3)	9,772.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN ARIZONA AIDS FOUNDATION 375 S. EUCLID AVENUE TUCSON, AZ 85719	86-0864100	501(C)(3)	9,678.	0.			PROJECT SUPPORT AND OTHER SERVICES
RALEIGH COUNTY COMMISSION ON AGING 1614 SOUTH KANAWHA STREET BECKLEY, WV 25801	55-0612785	501(C)(3)	9,568.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF EASTERN KANSAS 2701 SW EAST CIRCLE DRIVE S., #2 TOPEKA, KS 66606	48-0792685	501(C)(3)	9,559.	0.			PROJECT SUPPORT AND OTHER SERVICES
FAYETTE SENIOR SERVICES, INC. 4 CENTER DRIVE FAYETTEVILLE, GA 30214	58-1364158	501(C)(3)	9,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
AIDS SERVICES FOUNDATION ORANGE COUNTY - 17982 SKY PARK CIRCLE, SUITE J - IRVINE, CA 92614	33-0126481	501(C)(3)	9,478.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR RESOURCE CENTER 15856 E. FIFTH STREET HAYWARD, WI 54843	39-1519694	501(C)(3)	9,226.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MASON & THURSTON COUNTIES - 222 COLUMBIA STREET, NW - OLYMPIA, WA 98501	91-0907573	501(C)(3)	9,207.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR LIFE RESOURCES, MEALS ON WHEELS - 1824 FOWLER STREET - RICHLAND, WA 99352	91-0909913	501(C)(3)	9,207.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WESTERN BROOME 705 W. MAIN STREET ENDICOTT, NY 13760	16-0975652	501(C)(3)	9,140.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash 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 STATEN ISLAND, INC. - 304 PORT RICHMOND AVENUE - STATEN ISLAND, NY 10302	13-2894978	501(C)(3)	9,140.	0.			PROJECT SUPPORT AND OTHER SERVICES
CJE SENIORLIFE 3003 W. TOUCHY AVENUE CHICAGO, IL 60645	36-2727597	501(C)(3)	9,032.	0.			PROJECT SUPPORT AND OTHER SERVICES
ATHENS COMMUNITY COUNCIL ON AGING 135 HOYT STREET ATHENS, GA 30601	58-0977680	501(C)(3)	9,013.	0.			PROJECT SUPPORT AND OTHER SERVICES
MID-AMERICA REGIONAL COUNCIL 600 BROADWAY BOULEVARD, SUITE 200 KANSAS CITY, MO 64105	20-1824454	501(C)(3)	9,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
OPEN HAND 181 ARMOUR DRIVE NE ATLANTA, GA 30324	58-1816778	501(C)(3)	9,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF DELAWARE 100 W. 10TH STREET, SUITE 207 WILMINGTON, DE 19801	51-0355145	501(C)(3)	8,576.	0.			PROJECT SUPPORT AND OTHER SERVICES
PARTNERS IN PRIME 230 LUDLOW STREET HAMILTON, OH 45011	31-0569735	501(C)(3)	8,550.	0.			PROJECT SUPPORT AND OTHER SERVICES
WESLEY COMMUNITY SERVICES 2091 RADCLIFF DRIVE CINCINNATI, OH 45204	31-0537097	501(C)(3)	8,537.	0.			PROJECT SUPPORT AND OTHER SERVICES
BIG VALLEY 50 PLUS P.O. BOX 586 BIEBER, CA 96009	94-2654948	501(C)(3)	8,478.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY - 536 GEORGE STREET - NORRISTOWN, PA 19401	23-1659451	501(C)(3)	8,448.	0.			PROJECT SUPPORT AND OTHER SERVICES
RAINBOW SENIOR CENTER 17 OLD SAN ANTONIO ROAD BOERNE, TX 78006	74-2323883	501(C)(3)	8,317.	0.			PROJECT SUPPORT AND OTHER SERVICES
JEWISH COMMUNITY CENTER OF LOUISVILLE - 3600 DUTCHMANS LANE - LOUISVILLE, KY 40205	61-0444704	501(C)(3)	8,276.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NORMAN P.O. BOX 1371 NORMAN, OK 73070	73-0931924	501(C)(3)	8,155.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. JOSEPH COUNTY COMMISSION ON AGING - 103 S. DOUGLAS AVENUE - THREE RIVERS, MI 49093		N/A	8,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CASS COUNTY COA P.O. BOX 5 CASSOPOLIS, MI 49031	38-1964011	501(C)(3)	8,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY ACTION - BATTLE CREEK 175 MAIN STREET BATTLE CREEK, MI 49014	38-1794361	501(C)(3)	8,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WYANDOTTE/LEAVENWORTH AREA AGENCY ON AGING - 849 N. 47TH STREET, SUITE C - KANSAS CITY, KS 66102		N/A	8,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
BAKERSFIELD SENIOR CENTER, INC. 530 4TH STREET BAKERSFIELD, CA 93304	77-0013149	501(C)(3)	7,978.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RODERICK HAYFORK SENIOR NUTRITION CENTER - P.O. BOX 723 - HAYFORK, CA 96041	68-0112469	501(C)(3)	7,978.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUTHEAST TENNESSEE AREA AGENCY ON AGING AND DISABILITY - P.O. BOX 4757 - CHATTANOOGA, TN 37405	62-1849582	501(C)(3)	7,950.	0.			PROJECT SUPPORT AND OTHER SERVICES
AIDS SERVICES OF AUSTIN 7215 CAMERON ROAD AUSTIN, TX 78752	74-2440845	501(C)(3)	7,817.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS FOR GREATER HOUSTON - 3303 MAIN STREET - HOUSTON, TX 77002	74-1488102	501(C)(3)	7,711.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SPOKANE 1222 W. 2ND AVENUE SPOKANE, WA 99201	91-0833015	501(C)(3)	7,707.	0.			PROJECT SUPPORT AND OTHER SERVICES
WHATCOM COUNTY COUNCIL ON AGING - MEALS ON WHEELS AND MORE - 315 HALLECK STREET - BELLINGHAM, WA 98225	91-0784024	501(C)(3)	7,707.	0.			PROJECT SUPPORT AND OTHER SERVICES
MATURE SERVICES, INC. 415 S. PORTAGE PATH AKRON, OH 44320	51-0148544	501(C)(3)	7,550.	0.			PROJECT SUPPORT AND OTHER SERVICES
PUTNAM COUNTY SENIOR CITIZENS ORGANIZATION - 116 S. 17TH STREET - UNIONVILLE, MO 63565	43-1063546	501(C)(3)	7,527.	0.			PROJECT SUPPORT AND OTHER SERVICES
FEEDMORE - MEALS ON WHEELS 1415 RHOADMILLER STREET RICHMOND, VA 23220	54-1150923	501(C)(3)	7,509.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY EMERGENCY SERVICE 1900 11TH AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1728341	501(C)(3)	7,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
CITYMEALS ON WHEELS 355 LEXINGTON AVENUE NEW YORK, NY 10017	13-3634381	501(C)(3)	7,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
FAMILY SERVICE ROCHESTER 4600 18TH STREET NW ROCHESTER, MN 55901	41-0883453	501(C)(3)	7,472.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS, INC. OF TARRANT COUNTY - 5740 AIRPORT FREEWAY - FORT WORTH, TX 76117	75-1568798	501(C)(3)	7,461.	0.			PROJECT SUPPORT AND OTHER SERVICES
TRI-VALLEY, INC. 10 MILL STREET DUDLEY, MA 01571	04-2594201	501(C)(3)	7,453.	0.			PROJECT SUPPORT AND OTHER SERVICES
EASTERN AREA AGENCY ON AGING 450 ESSEX STREET BANGOR, MA 04401	01-0328376	501(C)(3)	7,409.	0.			PROJECT SUPPORT AND OTHER SERVICES
TVCCA SENIOR NUTRITION MEALS ON WHEELS - 1 SYLVANDALE ROAD - JEWETT CITY, CT 06351	06-0806128	501(C)(3)	7,391.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF STARK & WAYNE COUNTIES - 2363 NAVE STREET SE - MASSILLON, OH 44646	34-1681952	501(C)(3)	7,037.	0.			PROJECT SUPPORT AND OTHER SERVICES
WILLIAMSON - BURNET COUNTY OPPORTUNITIES - 604 HIGH TECH DRIVE - GEORGETOWN, TX 78626	74-6075213	501(C)(3)	6,711.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELOIT MEALS ON WHEELS P.O. BOX 326 BELOIT, WI 53512	39-1375390	501(C)(3)	6,651.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIORSPLUS 8 FALCON ROAD LEWISTON, ME 04240	01-0317103	501(C)(3)	6,545.	0.			PROJECT SUPPORT AND OTHER SERVICES
BOND COUNTY SENIOR CENTER 1001 E. HARRIS AVENUE GREENVILLE, IL 62246	37-1013068	501(C)(3)	6,532.	0.			PROJECT SUPPORT AND OTHER SERVICES
WASHINGTON COUNTY SENIOR SERVICES, INC. - 305 N. NASHVILLE STREET - OKAWVILLE, IL 62271	37-1092072	501(C)(3)	6,532.	0.			PROJECT SUPPORT AND OTHER SERVICES
MASCOUTAH SENIOR SERVICES PROGRAM 227 N. MARKET STREET MASCOUTAH, IL 62258	37-1009479	501(C)(3)	6,532.	0.			PROJECT SUPPORT AND OTHER SERVICES
ILLINOIS VALLEY ECONOMIC DEVELOPMENT CORPORATION - P.O. BOX 88 - GILLESPIE, IL 62033	37-6059503	501(C)(3)	6,532.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF CENTRAL ILLINOIS - 701 W. MASON STREET - SPRINGFIELD, IL 62702	37-0895193	501(C)(3)	6,532.	0.			PROJECT SUPPORT AND OTHER SERVICES
DIRECT SERVICES 1500 2ND AVENUE COLUMBUS, GA 31901	58-1410781	501(C)(3)	6,513.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF ALEXANDRIA 700 PRINCESS ST., MEZZANINE LEVEL ALEXANDRIA, VA 22314	54-0842806	501(C)(3)	6,509.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-EAST COMMISSION AREA AGENCY ON AGING - 1385 JOHN SMALL AVENUE - WASHINGTON, NC 27889		N/A	6,440.	0.			PROJECT SUPPORT AND OTHER SERVICES
CATTARAUGUS COUNTY DEPARTMENT OF THE AGING - 1 LEO MOSS DRIVE - OLEAN, NY 14760		N/A	6,094.	0.			PROJECT SUPPORT AND OTHER SERVICES
OCO - NUTRITION SERVICES 239 ONEIDA STREET FULTON, NY 13069	16-0979876	501(C)(3)	6,094.	0.			PROJECT SUPPORT AND OTHER SERVICES
FAMILY & COMMUNITY SERVICES, INC. 1357 HOME AVENUE, SUITE 1 AKRON, OH 44310	34-1109890	501(C)(3)	6,050.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF MAHONING COUNTY, INC. - 1840 MARKET STREET - YOUNGSTOWN, OH 44507	34-1281564	501(C)(3)	6,050.	0.			PROJECT SUPPORT AND OTHER SERVICES
WARREN COUNTY COMMUNITY SERVICES, INC. - 570 N. STATE ROUTE 741 - LEBANON, OH 45036	31-0872922	501(C)(3)	6,037.	0.			PROJECT SUPPORT AND OTHER SERVICES
MAYERSON JCC 8485 RIDGE ROAD CINCINNATI, OH 45236	31-0536986	501(C)(3)	6,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
GREATER LYNN SENIOR SERVICES 8 SILSBEE STREET LYNN, MA 01901	04-2581129	501(C)(3)	5,953.	0.			PROJECT SUPPORT AND OTHER SERVICES
SPRINGWELL, INC. 307 WAVERLY OAKS ROAD, SUITE 205 WALTHAM, MA 02452	04-2616064	501(C)(3)	5,953.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES - P.O. BOX 564 - KEENE, NH 03431	02-0464932	501(C)(3)	5,511.	0.			PROJECT SUPPORT AND OTHER SERVICES
UNITED METHODIST COMMUNITY HOUSE, INC. - 904 SHELDON AVENUE SE - GRAND RAPIDS, MI 49507	38-1360555	501(C)(3)	5,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF NORTH FULTON, INC - 3060 ROYAL BOULEVARD SOUTH, SUITE 130 - ALPHARETTA, GA 30022	58-1948370	501(C)(3)	5,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
FORT BEND SENIORS MEALS ON WHEELS P.O. BOX 1488 ROSENBERG, TX 77471	74-1918313	501(C)(3)	5,211.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

**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

2017

Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) </div> </div>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>3 Indicate which, if any, of the following the filing 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.</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	X
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	X
<p>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:</p>		
<p>a The organization?</p>	6a	X
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	X
<p>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</p>	7	X
<p>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</p>	8	X
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Schedule J (Form 990) 2017

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:

THE ORGANIZATION MAY PROVIDE EXECUTIVES WITH LUMP-SUM BONUSES BASED ON AN EXECUTIVE'S PERFORMANCE AGAINST PRE-ESTABLISHED GOALS AND THE RESULTS OF THE ORGANIZATION. BONUSES ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MAINTAINS ULTIMATE DISCRETION FOR AWARDING BONUSES.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public
Inspection

- ▶ 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 the latest information.

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	X	1	1,530,250.FMV	
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	38,646.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	1	412,500.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 IV, Donee Acknowledgement

29

	Yes	No
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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) 2017

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):

THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF
ITEMS CONTRIBUTED.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number
23-7447812

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

THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION CONSISTING OF GENERAL
MEMBERSHIP AND NON-VOTING MEMBERSHIP CATEGORIES.

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

THE BOARD OF DIRECTORS' OFFICERS OF THE ORGANIZATION ARE ELECTED BY ITS
GENERAL MEMBERS EVERY TWO YEARS.

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

GENERAL MEMBERS OF THE ORGANIZATION HAVE VOTING RIGHTS IN ALL
ORGANIZATIONAL MATTERS.

FORM 990, PART VI, SECTION A, LINE 8B:

STANDING COMMITTEES, TO THE EXTENT PROVIDED IN THE RESOLUTION OF THE BOARD
OF DIRECTORS, SHALL HAVE AND MAY EXERCISE ANY OF THE POWERS AND AUTHORITY
OF THE BOARD OF DIRECTORS, EXCEPT THAT NO COMMITTEE ACTING BY ITSELF SHALL
HAVE CERTAIN POWERS OR AUTHORITIES.

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

A DRAFT OF FEDERAL FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL AND
ADMINISTRATIVE OFFICER AND THE FULL BOARD OF DIRECTORS PRIOR TO BEING FILED
WITH THE INTERNAL REVENUE SERVICE.

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

ALL BOARD OF DIRECTORS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST
POLICY AND SUBMIT A DISCLOSURE STATEMENT AT THE BOARD OF DIRECTORS MEETING

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

HELD IN CONJUNCTION WITH THE ANNUAL CONFERENCE. IT IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS TO BRING ANY CONFLICTS UP AS THEY ARISE BUT PROCEDURES FOR REGULAR AND CONSISTENT MONITORING ARE NOT IN PLACE.

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

THE PRESIDENT AND CEO'S COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS USING BENCHMARKING DATA. COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT AND CEO AND BOARD OF DIRECTORS USING COMPENSATION SURVEYS.

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 FINANCIALS STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE, THE BBB WISE GIVING ALLIANCE, GUIDESTAR, AND UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

ADCOUNCIL CONSULTING:

PROGRAM SERVICE EXPENSES	819,050.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	819,050.

SOCIAL IMPACT BONDS CONSULTING:

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

PROGRAM SERVICE EXPENSES	487,402.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	487,402.

MEMBER SERVICES CONSULTING:

PROGRAM SERVICE EXPENSES	154,760.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	154,760.

MORE THAN A MEAL CONSULTING:

PROGRAM SERVICE EXPENSES	30,490.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	30,490.

OTHER PROJECTS CONSULTING:

PROGRAM SERVICE EXPENSES	96,319.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	96,319.

SYSTEM AND GENERAL CONSULTING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	59,914.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	59,914.

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

DONOR RESEARCH AND DEVELOPMENT CONSULTING:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 218,046.

TOTAL EXPENSES 218,046.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,865,981.