

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending																																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization MEALS ON WHEELS AMERICA</td> <td rowspan="4">D Employer identification number 23-7447812</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>1550 CRYSTAL DRIVE</td> <td>1004</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202</td> <td>E Telephone number (703) 548-5558</td> </tr> <tr> <td colspan="2" rowspan="2">F Name and address of principal officer: ELLIE HOLLANDER SAME AS C ABOVE</td> <td>G Gross receipts \$ 19,951,083.</td> </tr> <tr> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.MEALSONWHEELSAMERICA.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1976 M State of legal domicile: DC</td> </tr> </table>	C Name of organization MEALS ON WHEELS AMERICA		D Employer identification number 23-7447812	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		E Telephone number (703) 548-5558	F Name and address of principal officer: ELLIE HOLLANDER SAME AS C ABOVE		G Gross receipts \$ 19,951,083.	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. (see instructions)	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ WWW.MEALSONWHEELSAMERICA.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1976 M State of legal domicile: DC
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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)	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	38	
	6 Total number of volunteers (estimate if necessary)	11	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	-86.	
7b Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	6,680,634.	7,026,739.
	9 Program service revenue (Part VIII, line 2g)	1,007,296.	1,149,081.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	286,192.	91,367.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,142.	1,689.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,978,264.	8,268,876.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,766,838.	3,413,310.
	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)	2,682,102.	3,572,320.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 475,085.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,071,598.	4,081,268.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,520,538.	11,066,898.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	457,726.	-2,798,022.
	20 Total assets (Part X, line 16)	14,453,323.	14,485,979.
	21 Total liabilities (Part X, line 26)	1,469,812.	2,578,642.
	22 Net assets or fund balances. Subtract line 21 from line 20	12,983,511.	11,907,337.

Part II Signature Block

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

Sign Here	Signature of officer: <u><i>Ellie Hollander</i></u> Date: <u>6/7/17</u>				
	Type or print name and title: ELLIE HOLLANDER, PRESIDENT AND CEO				
Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <u><i>Frank H. Smith</i></u>	Date 06/07/17	Check if self-employed <input type="checkbox"/>	PTIN P00639053
	Firm's name ▶ RAFFA, P.C.	Firm's EIN ▶ 52-1511275		Phone no. (202) 822-5000	
Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036					

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 \$ 4,691,355. including grants of \$ 202,831.) (Revenue \$ 1,076,078.)
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.

4b (Code:) (Expenses \$ 4,067,443. including grants of \$ 3,130,479.) (Revenue \$)
GRANT PROGRAMS - THE ORGANIZATION MANAGES GRANT PROGRAMS TO DELIVER COMMUNITY-BASED NUTRITION SERVICES AND WELLNESS PROGRAMS, PRIMARILY TO BENEFIT THE ELDERLY POPULATION.

4c (Code:) (Expenses \$ 381,202. including grants of \$ 80,000.) (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 **9,140,000.**Form **990** (2016)

Part IV Checklist of Required Schedules

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

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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 OForm **990** (2016)

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 38		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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		
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?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
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		

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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**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 11 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 1b 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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 - AS OF 08/2016	2.00	X		X				0.	0.	0.
(3) JEFFREY SMYTHE VICE CHAIR - UNTIL 08/2016	2.00	X		X				0.	0.	0.
(4) SANDRA NOE SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
(5) LIZ SEMAN IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(6) DEBBIE CASE DIRECTOR	1.00	X						0.	0.	0.
(7) CASEY CHROUST DIRECTOR	1.00	X						0.	0.	0.
(8) VINSEN FARIS DIRECTOR	1.00	X						0.	0.	0.
(9) PATTI LYONS DIRECTOR	1.00	X						0.	0.	0.
(10) SASA OLESSI MONTANO DIRECTOR	1.00	X						0.	0.	0.
(11) DAN PRUETT DIRECTOR	1.00	X						0.	0.	0.
(12) LYNN SMITH DIRECTOR	1.00	X						0.	0.	0.
(13) ELLIE HOLLANDER PRESIDENT AND CEO	40.00			X				299,011.	0.	22,920.
(14) DONALD MILLER CHIEF FINANCIAL AND ADMIN. OFFICER	40.00			X				159,348.	0.	4,550.
(15) SUSAN WALDMAN CHIEF MARKETING AND COMM. OFFICER	40.00				X			157,962.	0.	13,703.
(16) KRISTINE TEMPLIN CHIEF DEVELOPMENT OFFICER	40.00				X			151,359.	0.	6,852.
(17) ROBERT HERBOLSHEIMER EVP, HEALTHCARE INTEGRATION	40.00					X		178,468.	0.	19,362.

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) LUCY THEILHEIMER CHIEF STRATEGY AND IMPACT OFFICER	40.00					X		139,219.	0.	13,432.
(19) TODD TURNER CHIEF MEMBERSHIP OFFICER	40.00					X		133,288.	0.	647.
(20) LINDA NETTERVILLE VP, PROGRAM DEVELOPMENT AND IMPACT	40.00					X		106,403.	0.	3,215.
1b Sub-total								1,325,058.	0.	84,681.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,325,058.	0.	84,681.

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 **8**

	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	1,185,803.
MARRIOTT INTERNATIONAL, INC. 10400 FERNWOOD ROAD, BETHESDA, MD 20817	CONFERENCE SERVICES	335,773.
GORMAN HEALTH GROUP, 5335 WISCONSIN AVENUE, NW, #340, WASHINGTON, DC 20015	MARKETING CONSULTANT	284,255.
QUANTIFIED VENTURES, 1875 CONNECTICUT AVENUE, NW, 10TH FLOOR, WASHINGTON, DC	PROJECT CONSULTING	180,312.

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	95,072.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	260,492.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,671,175.					
	g Noncash contributions included in lines 1a-1f: \$		251,456.					
	h Total. Add lines 1a-1f							7,026,739.
Program Service Revenue	2 a CONFERENCE	Business Code	900099	521,965.	450,211.		71,754.	
	b FEELGOODFOOD		900099	304,920.	304,920.			
	c MEMBERSHIP DUES		900099	191,595.	191,595.			
	d MEMBER DISCOUNT PROG.		900099	121,951.	121,951.			
	e EDUCATION AND TRAINING		900099	8,650.	8,650.			
	f All other program service revenue							
	g Total. Add lines 2a-2f				1,149,081.			
	3 Investment income (including dividends, interest, and other similar amounts)				324,406.			324,406.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
Other Revenue	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					
	b Less: cost or other basis and sales expenses	11437628						
	c Gain or (loss)	11670667						
	d Net gain or (loss)	-233039.						
	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	10,205.					
	b Less: cost of goods sold	b	11,540.					
	c Net income or (loss) from sales of inventory							
	Miscellaneous Revenue			Business Code				
11 a REBATES		900099	3,024.			3,024.		
b								
c								
d All other revenue								
e Total. Add lines 11a-11d				3,024.				
12 Total revenue. See instructions.				8,268,876.	1,076,078.	-86.	166,145.	

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 ☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,413,310.	3,413,310.		
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	815,705.	545,084.	188,409.	82,212.
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	2,235,769.	1,497,428.	515,057.	223,284.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,078.	22,104.	7,640.	3,334.
9 Other employee benefits	283,982.	186,360.	66,951.	30,671.
10 Payroll taxes	203,786.	136,177.	47,070.	20,539.
11 Fees for services (non-employees):				
a Management				
b Legal	31,200.		31,200.	
c Accounting	57,346.		57,346.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	58,817.		58,817.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,195,059.	2,135,542.	55,261.	4,256.
12 Advertising and promotion	12,100.			12,100.
13 Office expenses	116,248.	32,484.	81,357.	2,407.
14 Information technology	379,994.	116,722.	260,980.	2,292.
15 Royalties				
16 Occupancy	314,621.	876.	313,745.	
17 Travel	267,766.	161,253.	74,368.	32,145.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	408,612.	408,612.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	77,775.		77,775.	
23 Insurance	13,446.		13,446.	
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	84,968.	84,968.		
b DUES AND SUBSCRIPTIONS	39,713.	30,629.	7,305.	1,779.
c STATE REGISTRATION FEES	13,145.	0.	13,145.	0.
d LOSS ON FA DISPOSAL	10,458.		10,458.	
e All other expenses		368,451.	-428,517.	60,066.
25 Total functional expenses. Add lines 1 through 24e	11,066,898.	9,140,000.	1,451,813.	475,085.
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	1,354,278.	1	646,465.
	2 Savings and temporary cash investments	853,676.	2	167,474.
	3 Pledges and grants receivable, net	312,044.	3	2,820,099.
	4 Accounts receivable, net	9,150.	4	4,675.
	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	23,696.	8	35,512.
	9 Prepaid expenses and deferred charges	157,991.	9	110,559.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 906,217.		
	b Less: accumulated depreciation	10b 146,586.		
	11 Investments - publicly traded securities	770,194.	10c	759,631.
	12 Investments - other securities. See Part IV, line 11	10,547,504.	11	9,559,260.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	424,790.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,453,323.	15	382,304.	
Liabilities	17 Accounts payable and accrued expenses	1,025,936.	16	14,485,979.
	18 Grants payable		17	651,636.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	443,876.	19	412,177.
	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	0.	24	
	26 Total liabilities. Add lines 17 through 25	1,469,812.	25	1,514,829.
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.		26	2,578,642.
	27 Unrestricted net assets	10,132,396.	27	7,560,332.
	28 Temporarily restricted net assets	2,851,115.	28	4,347,005.
	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	12,983,511.	33	11,907,337.
	34 Total liabilities and net assets/fund balances	14,453,323.	34	14,485,979.

Form 990 (2016)

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	8,268,876.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,066,898.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,798,022.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,983,511.
5	Net unrealized gains (losses) on investments	5	588,895.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,132,953.
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	11,907,337.

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 (2016)

Department of the Treasury
Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3971862.	3910857.	4783790.	6864272.	7026739.	26557520.
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	3971862.	3910857.	4783790.	6864272.	7026739.	26557520.
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)						9232969.
6 Public support. Subtract line 5 from line 4.						17324551.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	3971862.	3910857.	4783790.	6864272.	7026739.	26557520.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	165,211.	101,235.	356,247.	302,716.	324,406.	1249815.
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.)	31,430.		24,657.	4,142.		60,229.
11 Total support. Add lines 7 through 10						27867564.
12 Gross receipts from related activities, etc. (see instructions)					12	4,850,102.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	62.17 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	62.12 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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) 2016

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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?		
11a		
b A family member of a person described in (a) above?		
11b		
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 .		
11c		

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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described 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.			
2b			
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 .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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) 2016

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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**

2012 AMOUNT: \$ 31,430.

2013 AMOUNT: \$ 0.

2014 AMOUNT: \$ 24,657.

2015 AMOUNT: \$ 4,142.

2016 AMOUNT: \$ 0.

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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) (2016)

Name of organization MEALS ON WHEELS AMERICA	Employer identification number 23-7447812
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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>1,918,570.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,101,111.</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>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>200,000.</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		\$ 197,526.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 150,000.	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.)

Employer identification number

23-7447812

Part II

[illegible]

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.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**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
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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) 2016

LHA

632041 11-10-16

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) 2013	(b) 2014	(c) 2015	(d) 2016	(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) 2016

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		3,675.
e Publications, or published or broadcast statements?	X		825.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		33,563.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			38,063.
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:

-MAILINGS TO MEMBERS OF CONGRESS, OUR MEMBERSHIP AND DONORS ON MATTERS

RELATING TO THE ANNUAL FEDERAL APPROPRIATIONS PROCESS, FEDERAL

NUTRITION PROGRAMS, CHARITABLE TAX ISSUES, AND LEGISLATION IMPACTING

Part IV Supplemental Information (continued)

SENIOR NUTRITION PROGRAMS NATIONWIDE.

-DIRECT CONTACT WITH MEMBERS OF CONGRESS, THEIR STAFF, AND
ADMINISTRATION OFFICIALS THROUGH MEETINGS, BRIEFINGS AND PUBLIC POLICY
EVENTS RELATED TO OLDER AMERICANS ACT REAUTHORIZATION, ANNUAL FEDERAL
APPROPRIATIONS PROCESS, FEDERAL NUTRITION 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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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) 2016

632051 08-29-16

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	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)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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		783,555.	71,100.	712,455.
d Equipment		122,662.	75,486.	47,176.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				759,631.

Schedule D (Form 990) 2016

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	1,267,923.	
(3) LEASE OBLIGATION	246,906.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	1,514,829.	

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 ☒

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	28,122,029.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	588,895.
b	Donated services and use of facilities	2b	19,252,718.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	11,540.
e	Add lines 2a through 2d	2e	19,853,153.
3	Subtract line 2e from line 1	3	8,268,876.
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	8,268,876.

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	30,331,156.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	19,252,718.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	11,540.
e	Add lines 2a through 2d	2e	19,264,258.
3	Subtract line 2e from line 1	3	11,066,898.
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	11,066,898.

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, 2016, 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 11,540.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 11,540.

Part XIII Supplemental Information *(continued)*

Lined area for supplemental information.

**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.

OMB No. 1545-0047
2016
Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number
23-7447812

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash 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)	577,500.	65,000. FMV		GIFT CARDS	HOME REPAIR PROJECT
MEALS ON WHEELS OF SAN FRANCISCO 1375 FAIRFAX AVENUE SAN FRANCISCO, CA 94124	94-1741155	501(C)(3)	178,750.	20,000. FMV		GIFT CARDS	HOME REPAIR PROJECT
MEALS ON WHEELS SAN DIEGO COUNTY 2254 SAN DIEGO AVENUE, SUITE 200 SAN DIEGO, CA 92110	95-2660509	501(C)(3)	71,848.	0.			PROJECT SUPPORT AND OTHER SERVICES
OSCEOLA COUNCIL ON AGING 700 GENERATION POINT KISSIMMEE, FL 34744	59-1595398	501(C)(3)	61,000.	50,000. FMV		GIFT CARDS	HOME REPAIR PROJECT
KLEINLIFE 10100 JAMISON AVENUE PHILADELPHIA, PA 19116	27-0840848	501(C)(3)	36,271.	0.			PROJECT SUPPORT AND OTHER SERVICES
CUMBERLAND COUNTY COUNCIL ON OLDER ADULTS - 339 DEVERS STREET - FAYETTEVILLE, NC 28303	56-0902659	501(C)(3)	31,500.	30,000. FMV		GIFT CARDS	HOME REPAIR PROJECT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **119.**

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) (2016)

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
CATHOLIC CHARITIES OF SOUTHERN NEVADA - 1501 LAS VEGAS BOULEVARD NORTH - LAS VEGAS, NV 89101	88-0059425	501(C)(3)	28,829.	0.			PROJECT SUPPORT AND OTHER SERVICES
GUERNSEY COUNTY SENIOR CITIZENS CENTER - 1022 CARLISLE AVENUE - CAMBRIDGE, OH 43725	31-0814891	501(C)(3)	28,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
CHRISTIAN SENIOR SERVICES 4306 NW LOOP 410 SAN ANTONIO, TX 78229	74-1948646	501(C)(3)	27,750.	0.			PROJECT SUPPORT AND OTHER SERVICES
LA JOLLA MEALS ON WHEELS 9888 GENESEE AVENUE LA JOLLA, CA 92037	95-2880653	501(C)(3)	27,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR CITIZENS UNITED COMMUNITY SERVICES, INC - 537 NICHOLSON ROAD - AUDUBON, NJ 08106	22-2283793	501(C)(3)	25,750.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES FOR SOUTH SOUND 222 COLUMBIA STREET, NW OLYMPIA, WA 98501	91-0907573	501(C)(3)	24,975.	0.			PROJECT SUPPORT AND OTHER SERVICES
FEEDMORE - MEALS ON WHEELS 1415 RHODMILLER STREET RICHMOND, VA 23220	54-1150923	501(C)(3)	24,975.	0.			PROJECT SUPPORT AND OTHER SERVICES
THE LORD IS MY HELP 1205 DESOTO STREET OCEAN SPRINGS, MS 39564	64-0776091	501(C)(3)	24,403.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CENTRAL MARYLAND - 515 S. HAVEN STREET - BALTIMORE, MD 21224	52-6074723	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
THE HEALTH TRUST 1400 PARKMOOR AVENUE SAN JOSE, CA 95126	94-6050231	501(C)(3)	22,975.	0.			PROJECT SUPPORT AND OTHER SERVICES
PENINSULA VOLUNTEERS, INC. 800 MIDDLE AVENUE MENLO PARK, CA 94025	94-1294939	501(C)(3)	22,250.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS PEOPLE 7710 SW 31ST AVENUE PORTLAND, OR 97219	93-0584318	501(C)(3)	22,017.	0.			PROJECT SUPPORT AND OTHER SERVICES
METROPOLITAN INTER-FAITH ASSOCIATION - 910 VANCE AVENUE - MEMPHIS, TN 38126	62-0803601	501(C)(3)	22,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
PASCACK VALLEY MEALS ON WHEELS 100 MADISON AVENUE, SUITE 3 WESTWOOD, NJ 07675	22-2340025	501(C)(3)	21,779.	0.			PROJECT SUPPORT AND OTHER SERVICES
BERGEN COUNTY DIVISION OF SENIOR SERVICES - ONE BERGEN COUNTY PLAZA, 2ND FLOOR - HACKENSACK, NJ 07601	N/A		21,677.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CENTRAL INDIANA 2815 E. 62ND STREET, SUITE 130 INDIANAPOLIS, IN 46220	35-1182075	501(C)(3)	21,657.	0.			PROJECT SUPPORT AND OTHER SERVICES
BERKS ENCORE 40 N. 9 STREET READING, PA 19601	23-1656050	501(C)(3)	21,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
NEW OPPORTUNITIES, INC. SENIOR NUTRITION SERVICES - 232 N. ELM STREET - WATERBURY, CT 06702	06-6071847	501(C)(3)	20,675.	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	
TERRE HAUTE AREA MEALS ON WHEELS, INC. - 630 OHIO STREET - TERRE HAUTE, IN 47807	35-1185194	501(C)(3)	20,250.	0.			PROJECT SUPPORT AND OTHER SERVICES	
LICKING COUNTY AGING PROGRAM, INC. 1058 E. MAIN STREET NEWARK, OH 43055	31-0787851	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES	
LIFE ELDERCARE 3300 CAPITOL AVENUE FREMONT, CA 94538	23-7455567	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES	
CORNING MEALS ON WHEELS 144 CEDAR STREET CORNING, NY 14830	16-0912403	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES	
MUSKINGUM COUNTY CENTER FOR SENIORS - 200 SUNRISE CENTER DRIVE - ZANESVILLE, OH 43701	91-1884444	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES	
THE HERITAGE AGENCY ON AGING 6301 KIRKWOOD BOULEVARD, SW CEDAR RAPIDS, IA 52404	42-0924685	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES	
MEALS ON WHEELS SPOKANE 1222 W. 2ND AVENUE SPOKANE, WA 99201	91-0833015	501(C)(3)	19,100.	0.			PROJECT SUPPORT AND OTHER SERVICES	
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 92123	95-1644024	501(C)(3)	18,500.	0.			PROJECT SUPPORT AND OTHER SERVICES	
MEALS ON WHEELS ATLANTA 1705 COMMERCE DRIVE, NW ATLANTA, GA 30318	58-0960309	501(C)(3)	18,500.	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
SAGE ELDERCARE 290 BROAD STREET SUMMIT, NJ 07901	22-1657929	501(C)(3)	18,475.	0.			PROJECT SUPPORT AND OTHER SERVICES
MINUTEMAN SENIOR SERVICES 26 CROSBY DRIVE BEDFORD, MA 01730	04-2587212	501(C)(3)	18,475.	0.			PROJECT SUPPORT AND OTHER SERVICES
JEWISH COMMUNITY CENTER OF LOUISVILLE - 3600 DUTCHMANS LANE - LOUISVILLE, KY 40205	61-0444704	501(C)(3)	17,800.	0.			PROJECT SUPPORT AND OTHER SERVICES
TYVCCA SENIOR NUTRITION MEALS ON WHEELS - 1 SYLVANDALE ROAD - JEWETT CITY, CT 06351	06-0806128	501(C)(3)	17,037.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTHERN AREA MULTI-SERVICE CENTER 209 13TH STREET PITTSBURGH, PA 15215	23-7139992	501(C)(3)	17,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR CONNECTIONS, INC. 5238 PEACHTREE ROAD ATLANTA, GA 30341	58-1187876	501(C)(3)	16,750.	0.			PROJECT SUPPORT AND OTHER SERVICES
KIPDA AREA AGENCY ON AGING AND INDEPENDENT LIVING - 11520 COMMONWEALTH DRIVE - LOUISVILLE, KY 40299	38-3778790	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ELDERSERVE 300 E. MARKET STREET, SUITE 190 LOUISVILLE, KY 40202	61-6024140	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
OPEN HAND 181 ARMOUR DRIVE, NE ATLANTA, GA 30324	58-1816778	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.)							
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SENIORCARE EXPERTS HOME DELIVERED MEALS - 145 THIERMAN LANE - LOUISVILLE, KY 40207	61-0860265	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUTH FULTON SENIOR SERVICES INC. 3680 COLLEGE STREET COLLEGE PARK, GA 30337	58-1948408	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. JOSEPH COMMUNITY SERVICES P.O. BOX 910 MERRIMACK, NH 03054	02-0335003	501(C)(3)	14,837.	0.			PROJECT SUPPORT AND OTHER SERVICES
YPSILANTI MEALS ON WHEELS 1110 W. CROSS STREET YPSILANTI, MI 48197	38-2038528	501(C)(3)	14,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CITYMEALS-ON-WHEELS 355 LEXINGTON AVE, 3RD FLOOR NEW YORK, NY 10017	13-3634381	501(C)(3)	13,002.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS AND SENIOR OUTREACH SERVICES - 1300 CIVIC DRIVE - WALNUT CREEK, CA 94596	68-0044205	501(C)(3)	13,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS KITSAP 2817 WHEATON WAY, SUITE 208 BREMERTON, WA 98310	91-1197374	501(C)(3)	12,775.	0.			PROJECT SUPPORT AND OTHER SERVICES
VNA - MEALS ON WHEELS 1600 VICEROY DRIVE, SUITE 400 DALLAS, TX 75235	75-0800692	501(C)(3)	12,409.	0.			PROJECT SUPPORT AND OTHER SERVICES
LIFECARE ALLIANCE 1699 W. MOUND STREET COLUMBUS, OH 43223	31-4379494	501(C)(3)	11,750.	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
GREATER SPOKANE COUNTY MEALS ON WHEELS - P.O. BOX 14278 - SPOKANE VALLEY, WA 99214	91-1042546	501(C)(3)	11,750.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREENVILLE COUNTY - 15 OREGON STREET - GREENVILLE, SC 29605	57-0531378	501(C)(3)	11,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MISSOULA AGING SERVICES 337 STEPHENS AVENUE MISSOULA, MT 59801	81-0379543	501(C)(3)	11,171.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF ALEXANDRIA 700 PRINCESS STREET, MEZZANINE LEVEL ALEXANDRIA, VA 22314	54-0842806	501(C)(3)	11,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF THE MONTEREY PENINSULA INC. - 700 JEWELL AVENUE - PACIFIC GROVE, CA 93950	94-2157521	501(C)(3)	10,975.	0.			PROJECT SUPPORT AND OTHER SERVICES
GRAND RIVER HOSPITAL DISTRICT 501 AIRPORT ROAD RIFLE, CO 81650	84-0513889	N/A	10,850.	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)	10,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF LANCASTER 1085 B MANHEIM PIKE LANCASTER, PA 17601	23-1705557	501(C)(3)	10,475.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ASSOCIATION OF PENNSYLVANIA - 118 S. CENTRE STREET - POTTSVILLE, PA 17901	27-3882726	501(C)(3)	10,345.	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
SOUTHWEST HUMAN RESOURCE AGENCY P.O. BOX 264 HENDERSON, TN 38340	62-6050783	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MAC, INC. 909 PROGRESS CIRCLE, SUITE 100 SALISBURY, MD 21804	52-0992005	501(C)(3)	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
SENIOR NEIGHBORS, INC. 678 FRONT AVENUE, NW, SUITE 205 GRAND RAPIDS, MI 49504	23-7195491	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTHERN KENTUCKY AREA DEVELOPMENT DISTRICT - 22 SPIRAL DRIVE - FLORENCE, KY 41042	61-0719369	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER 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
FREDERICK COUNTY DEPARTMENT OF AGING - 1440 TANNEY AVENUE - FREDERICK, MD 21702		N/A	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ALGER-MARQUETTE COMMUNITY ACTION BOARD - 1125 COMMERCE DRIVE - MARQUETTE, MI 49855	38-1797320	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES PLUS 2603 N. RODGERS AVENUE ALTON, IL 62002	37-0975762	501(C)(3)	9,717.	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
OLD COLONY ELDER SERVICES 144 MAIN STREET BROCKTON, MA 02301	04-2545236	501(C)(3)	9,613.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUTHERN MAINE AGENCY ON AGING 136 US ROUTE ONE SCARBOROUGH, ME 04074	01-0360259	501(C)(3)	9,150.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIORSPLUS 8 FALCON ROAD LEWISTON, ME 04240	01-0317103	501(C)(3)	9,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR RESOURCE CENTER 15856 E. FIFTH STREET HAYWARD, WI 54843	39-1519694	501(C)(3)	8,882.	0.			PROJECT SUPPORT AND OTHER SERVICES
SUMMIT COUNTY COMMUNITY AND SENIOR CENTER - P.O. BOX 1845 - FRISCO, CO 80443	84-0989154	501(C)(3)	8,725.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NORTHWEST INDIANA - 8446 VIRGINIA STREET - MERRILLVILLE, IN 46410	31-1168281	501(C)(3)	8,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CHEMUNG COUNTY 409 WILLIAM STREET ELMIRA, NY 14901	16-1353247	501(C)(3)	8,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS CHICAGO 1111 N. WELLS STREET CHICAGO, IL 60610	36-3667584	501(C)(3)	8,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
METRO MEALS ON WHEELS-MINNEAPOLIS 1200 WASHINGTON AVENUE SOUTH MINNEAPOLIS, MN 55415	31-1501057	501(C)(3)	8,456.	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)	8,323.	0.			PROJECT SUPPORT AND OTHER SERVICES	
DUNN COUNTY NUTRITION PROGRAM 3001 STATE HWY 12/29 EAST MENOMONIE, WI 54751	39-1540586	501(C)(3)	8,137.	0.			PROJECT SUPPORT AND OTHER SERVICES	
MEALS ON WHEELS CALIFORNIA 2303 MIRAMAR STREET LOS ANGELES, CA 90057	47-4698325	501(C)(3)	7,841.	0.			PROJECT SUPPORT AND OTHER SERVICES	
SOUND GENERATIONS MEALS ON WHEELS KING COUNTY - 2208 2ND AVENUE - SEATTLE, WA 98121	91-0823767	501(C)(3)	7,804.	0.			PROJECT SUPPORT AND OTHER SERVICES	
MEALS ON WHEELS OF NORTHAMPTON COUNTY - 4240 FRITCH DRIVE - BETHLEHEM, PA 18020	23-1861779	501(C)(3)	7,600.	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)	7,600.	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)	7,500.	0.			PROJECT SUPPORT AND OTHER SERVICES	
MEALS ON WHEELS OF GREATER LAFAYETTE - 1915 SCOTT STREET - LAFAYETTE, IN 47904	35-1607101	501(C)(3)	7,500.	0.			PROJECT SUPPORT AND OTHER SERVICES	
MEALS ON WHEELS OF RHODE ISLAND 70 BATH STREET PROVIDENCE, RI 02908	05-0340723	501(C)(3)	7,500.	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.)							
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MEALS ON WHEELS SOUTH FLORIDA 451 N. STATE ROAD 7 PLANTATION, FL 33317	59-2450043	501(C)(3)	7,375.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NORMAN P.O. BOX 1371 NORMAN, OK 73070	73-0931924	501(C)(3)	7,225.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR LIFE RESOURCES, MEALS ON WHEELS - 8656 W. GAGE BOULEVARD, SUITE 301 - KENNEWICK, WA 99336	91-0909913	501(C)(3)	7,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CHEER, INC. 546 S. BEDFORD STREET GEORGETOWN, DE 19947	51-0112599	501(C)(3)	6,950.	0.			PROJECT SUPPORT AND OTHER SERVICES
WESTERN SOUTH DAKOTA SENIOR SERVICES - 303 N. MAPLE AVENUE - RAPID CITY, SD 57701	46-0362991	501(C)(3)	6,750.	0.			PROJECT SUPPORT AND OTHER SERVICES
KNOXVILLE-KNOX COUNTY COMMUNITY ACTION COMMITTEE - P.O. BOX 51650 - KNOXVILLE, TN 37950	23-7432847	501(C)(3)	6,750.	0.			PROJECT SUPPORT AND OTHER SERVICES
WASHINGTON COUNTY COMMISSION ON AGING, INC. - 535 E. FRANKLIN STREET - HAGERSTOWN, MD 21740	52-0899001	501(C)(3)	6,584.	0.			PROJECT SUPPORT AND OTHER SERVICES
TLC MEALS ON WHEELS 7300 S. CLERMONT DRIVE CENTENNIAL, CO 80122	84-0617651	501(C)(3)	6,525.	0.			PROJECT SUPPORT AND OTHER SERVICES
BROWARD MEALS ON WHEELS 451 N. STATE ROAD 7 PLANTATION, FL 33317	59-2450043	501(C)(3)	6,500.	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.)							
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VISITING NURSE SERVICE MEALS ON WHEELS - 2180 EMPIRE BOULEVARD - WEBSTER, NY 14580	16-0743215	501(C)(3)	6,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS FAIRFIELD COUNTY 253 BOYING ROAD LANCASTER, OH 43130	23-7331496	501(C)(3)	6,250.	0.			PROJECT SUPPORT AND OTHER SERVICES
DAVIDSON COUNTY DEPARTMENT OF SENIOR SERVICES - 555-B W. CENTER STREET - LEXINGTON, NC 27295	56-6000294	N/A	6,250.	0.			PROJECT SUPPORT AND OTHER SERVICES
WEST HILLS MEALS ON WHEELS 1205 RIDGE AVENUE CORAOPOLIS, PA 15108	27-0254773	501(C)(3)	6,250.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF LEHIGH COUNTY 4234 DORNEY PARK ROAD ALLENTOWN, PA 18104	23-7172270	501(C)(3)	6,225.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF ALBUQUERQUE P.O. BOX 92614 ALBUQUERQUE, NM 87199	85-0307043	501(C)(3)	6,138.	0.			PROJECT SUPPORT AND OTHER SERVICES
WARREN COUNTY COMMUNITY SERVICES, INC. - 570 N. STATE, ROUTE 741 - LEBANON, OH 45036	31-0872922	501(C)(3)	6,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY EMERGENCY SERVICE 1900 11TH AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1728341	501(C)(3)	6,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA, CA 95501	94-2261434	501(C)(3)	6,000.	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
BELOIT MEALS ON WHEELS P.O. BOX 326 BELOIT, WI 53512	39-1375390	501(C)(3)	5,975.	0.			PROJECT SUPPORT AND OTHER SERVICES
FLUVANNA MEALS ON WHEELS, INC. 105 CROFTON PLAZA, SUITE 8 PALMYRA, VA 22963	26-0185272	501(C)(3)	5,896.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF STARK & WAYNE COUNTIES - 2363 NAVE STREET SE - MASSILLION, OH 44646	34-1681952	501(C)(3)	5,750.	0.			PROJECT SUPPORT AND OTHER SERVICES
TABITHA MEALS ON WHEELS 4720 RANDOLPH STREET LINCOLN, NE 68510	47-0377998	501(C)(3)	5,604.	0.			PROJECT SUPPORT AND OTHER SERVICES
SILVER KEY SENIOR SERVICES 1625 S. MURRAY BOULEVARD COLORADO SPRINGS, CO 80916	23-7109922	501(C)(3)	5,600.	0.			PROJECT SUPPORT AND OTHER SERVICES
CHAPEL HILL - CARRBORO MEALS ON WHEELS - P.O. BOX 2102 - CHAPEL HILL, NC 27514	59-1721954	501(C)(3)	5,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
PARTNERS IN PRIME 140 ROSS AVENUE HAMILTON, OH 45013	31-0569735	501(C)(3)	5,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS FOR WESTERN NEW YORK - 100 JAMES E. CASEY DRIVE - BUFFALO, NY 14206	16-0959060	501(C)(3)	5,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
ROUTT COUNTY COUNCIL ON AGING P.O. BOX 770207 STEAMBOAT SPRINGS, CO 80477	84-0678596	501(C)(3)	5,475.	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
ST. MARTIN COUNCIL ON AGING, INC. 391 CANNERY ROAD BREAUX BRIDGE, LA 70517	72-0758720	501(C)(3)	5,379.	0.			PROJECT SUPPORT AND OTHER SERVICES
OUR LADY OF BELLEFONTE HOSPITAL MEALS ON WHEELS - ST. CHRISTOPHER DRIVE - ASHLAND, KY 41101	61-1356023	501(C)(3)	5,313.	0.			PROJECT SUPPORT AND OTHER SERVICES
ALAMANCE COUNTY MEALS ON WHEELS, INC. - 411 W. 5TH STREET, SUITE A - BURLINGTON, NC 27215	56-1061980	501(C)(3)	5,250.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF DURHAM, INC. 2522 ROSS ROAD DURHAM, NC 27703	56-1729111	501(C)(3)	5,250.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF MERCER COUNTY 320 HOLLOWBROOK ROAD EWING, NJ 08638	22-1990231	501(C)(3)	5,100.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

Part IV

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

PART I, LINE 2:

THE GRANTEE MUST COMPLETE A GRANT REPORT DOCUMENTING THAT FUNDS WERE USED AS DESCRIBED IN THEIR PROPOSAL BEFORE THE FULL BALANCE OF THE GRANT FUNDS ARE PAID. THE EXCEPTION TO THIS PROCEDURE IS MEAL DELIVERY GRANTS RELATED TO SHARE THE LOVE AND FOR THE MARCH FOR MEAL GRANTS; THESE GRANTS ARE AWARDED DURING THESE CAMPAIGNS. MEAL DELIVERY GRANTS RELATED TO SHARE THE LOVE AND FOR THE MARCH FOR MEAL GRANTS ARE MONITORED BY THE MEMBERSHIP AND DEVELOPMENT TEAMS FOR APPROPRIATE FUND USAGE.

**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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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.

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

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

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

Schedule J (Form 990) 2016

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.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	5,345.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	246,111.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

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?

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2016)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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) (2016)

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	1,269,798.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,269,798.

HEALTHCARE CONSULTING:

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

PROGRAM SERVICE EXPENSES	284,255.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	284,255.

SOCIAL IMPACT BONDS CONSULTING:

PROGRAM SERVICE EXPENSES	122,520.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	122,520.

MEMBER SERVICES CONSULTING:

PROGRAM SERVICE EXPENSES	77,614.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	77,614.

MORE THAN A MEAL CONSULTING:

PROGRAM SERVICE EXPENSES	91,513.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	91,513.

OTHER PROJECTS CONSULTING:

PROGRAM SERVICE EXPENSES	289,842.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	289,842.

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

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SYSTEM AND GENERAL CONSULTING:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 55,261.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 55,261.

DEVELOPMENT TEMPORARY HELP:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 4,256.

TOTAL EXPENSES 4,256.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,195,059.