

Form 990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A. For the 2018 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	MEALS ON WHEELS AMERICA		23-7447812
<input type="checkbox"/> Name change	Doing business as		
<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
<input type="checkbox"/> Final return/terminated	1550 CRYSTAL DRIVE	1004	
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code		
<input type="checkbox"/> Application pending	ARLINGTON, VA 22202		
F Name and address of principal officer: ELLIE HOLLANDER SAME AS C ABOVE			
J 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			
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	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EMPOWER LOCAL PROGRAMS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF VULNERABLE SENIORS.
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 38
Revenue	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ► 625,395.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses. Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
Net Assets and Liabilities	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances. Subtract line 21 from line 20

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	<i>Ellie Hollander</i> Signature of officer	9-12-2019 Date			
	► ELLIE HOLLANDER, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <i>Frank H. Smith</i>	Date 08/05/19	Check <input type="checkbox"/> if self-employed	PTIN P00639053
	Firm's name ► MARCUS LLP		Firm's EIN ► 11-1986343		
	Firm's address ► 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036		Phone no. (202) 227-4000		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

*** ELECTRONICALLY FILED ON 08/05/2019 ***

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:) (Expense \$ 4,679,270. including grants of \$ 3,980,850.) (Revenue \$)
GRANT PROGRAMS - THE ORGANIZATION MANAGES GRANT PROGRAMS TO DELIVER COMMUNITY-BASED NUTRITION SERVICES AND WELLNESS PROGRAMS, PRIMARILY TO BENEFIT THE HIGH NEED ELDERLY POPULATION.

THE ORGANIZATION RECEIVED RADIO, DIGITAL, PRINT, OUT-OF-HOME, AND TELEVISED MEDIA VALUED AT \$23,877,102 FOR THE YEAR ENDED DECEMBER 31, 2018. THE VALUE OF THE MEDIA IS INCLUDED IN THE IN-KIND CONTRIBUTION REVENUE AND PROGRAM SERVICES EXPENSE IN THE 2018 AUDITED FINANCIAL STATEMENTS, BUT EXCLUDED FOR THE PURPOSE OF THE 2018 FEDERAL FORM 990.

4b (Code:) (Expense \$ 4,614,797. including grants of \$ 134,962.) (Revenue \$ 1,244,263.)
MEMBER SERVICES - AS A MEMBERSHIP ASSOCIATION, THE ORGANIZATION CONDUCTS ACTIVITIES TO BENEFIT ITS MEMBERSHIP INCLUDING HOLDING AN ANNUAL CONFERENCE, PROVIDING TRAINING AND ACADEMIC PROGRAMS, AND GIVING GRANTS TO MEMBER ORGANIZATIONS.

4c (Code:) (Expense \$ 661,117. including grants of \$ 0.) (Revenue \$)
FEDERAL GRANTS - THE ORGANIZATION MANAGES FEDERAL GRANTS TO DELIVER COMMUNITY-BASED NUTRITION SERVICES, WELLNESS PROGRAMS, AND EMERGENCY PREPAREDNESS TRAINING, PRIMARILY TO BENEFIT AT RISK ELDERLY POPULATION.

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

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

- 4e Total program service expenses ►
- 9,955,184.

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors*?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 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 88-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - 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 18? If "Yes," complete Schedule D, Part VII
 - 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 18? If "Yes," complete Schedule D, Part VIII
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- 12b Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - 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

	Yes	No
1	X	
2	X	
3		X
4	X	
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e	X	
11f	X	
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17	X	
18		X
19		X
20a		X
20b		
21	X	

Part IV Checklist of Required Schedules (continued)

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.
- 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.
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.
- 31 Did the organization liquidate, terminate, or dissolve and cease operations?
- If "Yes," complete Schedule N, Part I.
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.
- 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.
- 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 3.
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- 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.
- 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.
- 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?
- Note. All Form 990 filers are required to complete Schedule O.*

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

- 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.
- b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.
- c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

		Yes	No
1a	23		
1b	0		
1c	X		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	42
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<input checked="" type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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).	7a	<input checked="" type="checkbox"/>
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	<input checked="" type="checkbox"/>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	<input checked="" type="checkbox"/>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	Section 501(c)(12) organizations. Enter:	11b	
a	Gross income from members or shareholders	12a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
12	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13c	
a	Is the organization licensed to issue qualified health plans in more than one state?	14a	<input checked="" type="checkbox"/>
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	14b	
c	Enter the amount of reserves on hand	15	
14	Did the organization receive any payments for indoor tanning services during the tax year?	15	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	16	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	16	<input checked="" type="checkbox"/>
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		
If "Yes," complete Form 4720, Schedule O.			

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 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.	1a 11	
1b	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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 <input checked="" type="checkbox"/>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 <input checked="" type="checkbox"/>	
6	Did the organization have members or stockholders?	6 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	8a <input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8b <input checked="" type="checkbox"/>	
a	The governing body?	8a <input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	8b <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	

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

	Yes	No
10a	10a <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11b <input checked="" type="checkbox"/>
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
13	13 Did the organization have a written whistleblower policy?	13 <input checked="" type="checkbox"/>
14	14 Did the organization have a written document retention and destruction policy?	14 <input checked="" type="checkbox"/>
15	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?	<input checked="" type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official	15a <input checked="" type="checkbox"/>
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b <input checked="" type="checkbox"/>
16a	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?	<input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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 ►
PAMELA FURNEAUX - (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 Contractors

Check 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
		Officer	Director	Key Employee	Highest Compensated	Former			
(1) PATTI LYONS CHAIR- AS OF 09/2018	2.00	X	X				0.	0.	0.
(2) DAN PRUETT CHAIR- UNTIL 09/2018	2.00	X	X				0.	0.	0.
(3) ASHLEY MCCUMBER VICE CHAIR- AS OF 09/2018	2.00	X	X				0.	0.	0.
(4) JOHN WIDER SECRETARY/TREASURER- AS OF 09/2018	2.00	X	X				0.	0.	0.
(5) LIZ SEMAN IMM. PAST CHAIR - UNTIL 08/2018	2.00	X	X				0.	0.	0.
(6) NATALIE ADLER DIRECTOR	1.00	X					0.	0.	0.
(7) DEBBIE CASE DIRECTOR	1.00	X					0.	0.	0.
(8) VINSEN FARIS DIRECTOR	1.00	X					0.	0.	0.
(9) SASA OLESSI MONTANO DIRECTOR	1.00	X					0.	0.	0.
(10) CALVIN MOORE DIRECTOR	1.00	X					0.	0.	0.
(11) SANDY NOE DIRECTOR	1.00	X					0.	0.	0.
(12) DAVID SELDIN DIRECTOR	1.00	X					0.	0.	0.
(13) LYNN SMITH DIRECTOR- UNTIL 04/2018	1.00	X					0.	0.	0.
(14) SUZANNE WASHINGTON DIRECTOR	1.00	X					0.	0.	0.
(15) ELLIE HOLLANDER PRESIDENT AND CEO	40.00		X				339,836.	0.	28,435.
(16) DONALD MILLER -UNTIL 06/18 CHIEF FIN. AND ADMIN. OFFICER	40.00		X				105,901.	0.	3,007.
(17) PAMELA FURNEAU -AS OF 07/18 CHIEF FIN. AND ADMIN. OFFICER	40.00		X				68,486.	0.	5,880.

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 name	Office	Key employee	Highest compensated employee			
(18) ROBERT HERBOLZHEIMER CHIEF LEGAL AND COMPLIANCE OFFICER	40.00		X			202,970.	0.	3,795.
(19) KRISTINE TEMPLIN CHIEF DEVELOPMENT OFFICER	40.00		X			173,589.	0.	14,402.
(20) SUSAN WALDMAN CHIEF MARKETING AND COMM. OFFICER	40.00		X			169,729.	0.	17,995.
(21) LUCY THRELKELIMER CHIEF STRATEGY AND IMPACT OFFICER	40.00		X			169,630.	0.	21,358.
(22) ERIKA KELLY CHIEF MEMBERSHIP & ADVOCACY OFFICER	40.00		X			132,046.	0.	11,216.
1b Sub-total						1,362,187.	0.	106,088.
c Total from continuation sheets to Part VII, Section A						0.	0.	0.
d Total (add lines 1b and 1c)						1,362,187.	0.	106,088.
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 ►								

7

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE ADVERTISING COUNCIL 815 SECOND AVENUE, NEW YORK, NY 10017	ADVERTISEMENT CAMPAIGN CONSULTANT	972,266.
TRAILBLAZER RESEARCH, LLC, 3410 FAR WEST BOULEVARD, SUITE 170, AUSTIN, TX 78731	PROJECT CONSULTING	359,700.
THE WESTIN CHARLOTTE 601 S. COLLEGE STREET, CHARLOTTE, NC 28202	CONFERENCE SERVICES	278,313.
ACCESSIBLE SOLUTIONS, 840 N. COCOA BOULEVARD, SUITE D, COCOA, FL 32922	PROJECT CONSULTING	263,455.
SITUATION INTERACTIVE, 469 7TH AVENUE, SUITE 1300, NEW YORK, NY 10018	PROJECT CONSULTING	227,352.

- 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 ►

8

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 52,612.			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 396,184.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 10485550.			
	g Noncash contributions included in lines 1a-1f	1g 590,667.			
	h Total, Add lines 1a-1f	► 10934346.			
Program Service Revenue		Business Code			
	2 a CONFERENCE	900099 559,100.	489,300.		69,800.
	b FEE FOR SERVICE	900099 349,070.	349,070.		
	c MEMBERSHIP DUES	900099 208,448.	208,448.		
	d MEMBER DISCOUNT PROG.	900099 195,985.	195,985.		
	e EDUCATION AND TRAINING	900099 25.	25.		
	f All other program service revenue				
	g Total, Add lines 2a-2f	► 1,312,628.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	► 172,603.			172,603.
	4 Income from investment of tax-exempt bond proceeds	►			
	5 Royalties	►			
	6 a Gross rents	(i) Real	(ii) Personal		
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	►			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses	3873904.			
	c Gain or (loss)	3840121.			
	d Net gain or (loss)	33,783.	►	33,783.	33,783.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events	►			
	9 a Gross income from gaming activities. See Part IV, line 19	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities	►			
	10 a Gross sales of inventory, less returns and allowances	a 9,641.			
	b Less: cost of goods sold	b 9,424.			
	c Net income or (loss) from sales of inventory	► 217.	1,435.	-1,218.	
	Miscellaneous Revenue	Business Code			
	11 a REBATE	900099 495.			495.
	b _____				
	c _____				
	d All other revenue				
	e Total, Add lines 11a-11d	► 495.			
	12 Total revenue. See instructions	► 12454072.	1,244,263.	-1,218.	276,681.

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	4,115,812.	4,115,812.		
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	1,325,013.	728,758.	516,754.	79,501.
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	2,262,319.	1,238,399.	882,776.	141,144.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,509.	24,046.	16,714.	2,749.
9 Other employee benefits	297,108.	163,992.	114,596.	18,520.
10 Payroll taxes	235,580.	129,947.	91,047.	14,586.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	54,454.		54,454.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	56,308.			56,308.
f Investment management fees	41,553.		41,553.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,597,794.	2,294,355.	56,644.	246,795.
12 Advertising and promotion				
13 Office expenses	101,102.	29,914.	66,107.	5,081.
14 Information technology	639,924.	358,999.	280,925.	
15 Royalties				
16 Occupancy	306,044.	173,527.	108,941.	23,576.
17 Travel	179,026.	92,036.	64,047.	22,943.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	445,821.	445,821.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	79,916.	44,097.	29,827.	5,992.
23 Insurance	19,359.	11,707.	6,062.	1,590.
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 UBI TAXES	20,333.	11,529.	7,238.	1,566.
b MEMBER SERVICES	75,033.	75,033.		
c BAD DEBT EXPENSE	24,250.	7,175.	15,857.	1,218.
d DUES AND SUBSCRIPTIONS	20,537.	5,811.	11,474.	3,252.
e All other expenses	20,391.	4,226.	15,591.	574.
25 Total functional expenses. Add lines 1 through 24e	12,961,186.	9,955,184.	2,380,607.	625,395.
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 Sheet

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

		(A) Beginning of year		(B) End of year
	1 Cash - non-interest-bearing	959,812.	1	862,694.
	2 Savings and temporary cash investments	177,880.	2	179,373.
	3 Pledges and grants receivable, net	3,438,573.	3	4,664,749.
	4 Accounts receivable, net	9,400.	4	2,275.
	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	42,640.	8	23,755.
	9 Prepaid expenses and deferred charges	74,086.	9	89,808.
Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 929,673.		
	b Less: accumulated depreciation	10b 305,114.	684,406.	10c 624,559.
	11 Investments - publicly traded securities		6,720,376.	11 4,810,722.
	12 Investments - other securities. See Part IV, line 11			12
	13 Investments - program-related. See Part IV, line 11			13
	14 Intangible assets			14
	15 Other assets. See Part IV, line 11		71,442.	15 72,637.
	16 Total assets. Add lines 1 through 15 (must equal line 34)		12,178,615.	16 11,330,572.
	17 Accounts payable and accrued expenses		620,866.	17 663,744.
	18 Grants payable			18
	19 Deferred revenue		406,035.	19 494,473.
	20 Tax-exempt bond liabilities			20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21
Liabilities	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			22
	23 Secured mortgages and notes payable to unrelated third parties			23
	24 Unsecured notes and loans payable to unrelated third parties			24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	26 Total liabilities. Add lines 17 through 25		1,215,708.	25 1,116,887.
	26 Total liabilities. Add lines 17 through 25		2,242,609.	26 2,275,104.
	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	27 Unrestricted net assets	5,898,116.	27	6,239,457.
	28 Temporarily restricted net assets	4,037,890.	28	2,816,011.
	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	9,936,006.	33	9,055,468.
	34 Total liabilities and net assets/fund balances	12,178,615.	34	11,330,572.

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 12,454,072.
2 Total expenses (must equal Part IX, column (A), line 25)	2 12,961,186.
3 Revenue less expenses. Subtract line 2 from line 1	3 -507,114.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 9,936,006.
5 Net unrealized gains (losses) on investments	5 -373,424.
6 Donated services and use of facilities	6
7 Investment expenses	7
8 Prior period adjustments	8
9 Other changes in net assets or fund balances (explain in Schedule O)	9 0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10 9,055,468.

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 2b 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 2c 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.
- 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?
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

	Yes	No
2a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0547

2018

Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 192021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4783790.	6864272.	7026739.	9625423.	10934346.	39234570.
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	4783790.	6864272.	7026739.	9625423.	10934346.	39234570.
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)						11584131.
6 Public support. Subtract line 5 from line 4.						27650439.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	4783790.	6864272.	7026739.	9625423.	10934346.	39234570.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	356,247.	302,716.	324,406.	217,474.	172,603.	1373446.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	24,657.	4,142.				28,799.
11 Total support. Add lines 7 through 10						40636815.
12 Gross receipts from related activities, etc. (see instructions)					12	5,762,065.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	68.04	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	66.26	%
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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"/>	

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 1b for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7b from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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

- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- 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?
 - A family member of a person described in (a) above?
 - 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.

Yes	No
11a	
11b	
11c	

Section B. Type I Supporting Organizations

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

Yes	No
1	
2	

Section C. Type II Supporting Organizations

- 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).

Yes	No
1	

Section D. All Type III Supporting Organizations

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

Yes	No
1	
2	
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).
- The organization satisfied the Activities Test. Complete line 2 below.
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

Yes	No
2a	
2b	
3a	
3b	

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI

Supplemental Information. Provide the explanations required by Part I, line 10; Part II, line 17a or 17b; Part III, line 12.

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

OTHER INCOME

2014 AMOUNT: \$ 24,657.

2015 AMOUNT: \$ 4,142.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 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.
- Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

MEALS ON WHEELS AMERICA**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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

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

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).

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
1		\$ 2,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,010,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 466,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 300,000.	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		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 225,000.	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.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MEALS ON WHEELS AMERICA

23-7447812

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization

Employer identification number

MEALS ON WHEELS AMERICA

23-7447812

Part II

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. on line) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

SCHEDULE C

Political Campaign and Lobbying Activities

GM&B No. 7848-3047

2018

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 4b (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

Employee identification number

MEALS ON WHEELS AMERICA

23-7447812

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
 - 2 Political campaign activity expenditures
 - 3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No

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 890 or 890-EZ) 2018

144

8020141 11-088-18

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.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(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					

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		10,536.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		14,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			24,536.
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	
b Carryover from last year	
c Total	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	
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?	
5 Taxable amount of lobbying and political expenditures (see instructions)	

Part IV Supplemental Information

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

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

- MAILINGS VIA EMAIL AND SOCIAL MEDIA TO MEMBERSHIP AND SUPPORTERS

REQUESTING THEM TO CONTACT THEIR MEMBERS OF CONGRESS ON MATTERS

RELATING TO THE ANNUAL FEDERAL APPROPRIATIONS PROCESS, FEDERAL

Part IV Supplemental Information (continued)

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

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2018
Open to Public
Inspection► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Name of the organization

MEALS ON WHEELS AMERICAEmployer 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? Yes 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? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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.
- 1b 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) 2018

820051 18-29-18

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

d Loan or exchange programs

e Other _____

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

- 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

(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

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

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.

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

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		795,206.	203,399.	591,807.
d Equipment		134,467.	101,715.	32,752.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ►				624,559.

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT AND LEASE INCENTIVES	1,116,887.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	1,116,887.

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	35,925,621.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	-373,424.
b Donated services and use of facilities	2b	23,877,102.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	9,424.
e Add lines 2a through 2d	2e	23,513,102.
3 Subtract line 2e from line 1	3	12,412,519.
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	41,553.
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	41,553.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,454,072.

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	36,806,159.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	23,877,102.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	9,424.
e Add lines 2a through 2d	2e	23,886,526.
3 Subtract line 2e from line 1	3	12,919,633.
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	41,553.
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	41,553.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,961,186.

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, 2018, 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** 9,424.**PART XII, LINE 2D - OTHER ADJUSTMENTS:****COST OF GOODS SOLD** 9,424.

Part XIII Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0547

2018Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number
23-7447812**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- | | |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
TRUESENSE - 502 KEYSTONE DRIVE, WARRENTON, PA 15086	DIRECT MAIL	Yes	No	56,308.	56,308.	0.
Total				56,308.	56,308.	

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

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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

**THE FUNDRAISER COLLECTS, PROCESSES, AND DEPOSITS THE FUNDS FROM THE
DIRECT MAILING PROGRAM.**

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

Over No. 1545-2017

2018

Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

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?
- 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) Name and address of organization or government	(2) EIN	(3) IRC section (if applicable)	(4) Amount of cash grant	(5) Amount of non-cash assistance	(6) Method of valuation (book, FMV, appraisal, other)		(7) Description of non-cash assistance	(8) Purpose of grant or assistance
					(f)	(g)		
MEALS ON WHEELS OF CENTRAL TEXAS 3227 EAST 5TH STREET AUSTIN, TX 78702	23-7202594	501(c)(3)	\$91,512.	323,000. FMV		GIFT CARDS	HOME REPAIR PROJECT	
MEALS ON WHEELS OF SAN FRANCISCO 1375 FAIRFAX AVENUE SAN FRANCISCO, CA 94124	94-1741155	501(c)(3)	126,814.	40,000. FMV		GIFT CARDS	HOME REPAIR PROJECT	
OSCEOLA COUNCIL ON AGING 700 GENERATION POINT KISSIMMEE, FL 34744	59-1593198	501(c)(3)	120,000.	102,000. FMV		GIFT CARDS	HOME REPAIR PROJECT	
COUNCIL ON AGING SERVICES FOR SENIORS - SANTA ROSA - 30 YANATA SPRINGS ROAD - SANTA ROSA, CA 95404	94-6136714	501(c)(3)	107,562.	0.			PROJECT SUPPORT AND OTHER SERVICES	
MAC, INC. 909 PROGRESS CIRCLE, SUITE 100 DALISBURG, MD 21804	52-0992005	501(c)(3)	\$2,905.	32,000. FMV		GIFT CARDS	HOME REPAIR PROJECT	
SENIOR NEIGHBORS, INC. 678 FRONT AVENUE NW, SUITE 205 GRAND RAPIDS, MI 49504	23-7191491	501(c)(3)	77,101.	32,000. FMV		GIFT CARDS	HOME REPAIR PROJECT	

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

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

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

Schedule I (Form 990) (2018)

0.

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) 501(c)(3) 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
LIFECARE ALLIANCE 1695 W. MOUND STREET COLUMBUS, OH 43223	31-4379494	501(c)(3)	74,201.	31,000. FMV	GIFT CARDS	HOME REPAIR PROJECT	PROJECT SUPPORT AND OTHER SERVICES
NEIGHBORLY CARE NETWORK 13945 EVERGREEN AVENUE CLERMONT, FL 33762	59-1218100	501(c)(3)	52,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WAKE COUNTY 1001 BLAIR DRIVE, SUITE 100 RALEIGH, NC 27603	56-1061085	501(c)(3)	48,545.	0.			PROJECT SUPPORT AND OTHER SERVICES
INTERFAITH MINISTRIES FOR GREATER HOUSTON - 3303 MAIN STREET - HOUSTON, TX 77002	74-1488192	501(c)(3)	43,140.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF TAKOMA PARK 7410 NEW HAMPSHIRE AVENUE TAKOMA PARK, MD 20912	52-0943528	501(c)(3)	29,813.	0.			PROJECT SUPPORT AND OTHER SERVICES
CARSON CITY SENIOR CITIZEN CENTER 911 BEVERLY DRIVE CARSON CITY, NV 89706	89-0123061	501(c)(3)	21,030.	0.			PROJECT SUPPORT AND OTHER SERVICES
PEOPLE FOR PEOPLE MEALS ON WHEELS 1008 W. AFTON ROAD, SUITE 3 UNION GAP, WA 98903	91-0783225	501(c)(3)	20,182.	0.			PROJECT SUPPORT AND OTHER SERVICES
WESTERN CONNECTICUT AREA AGENCY ON AGING, INC. - 88 EAST ALBERT STREET - TORRINGTON, CT 06790	06-1182488		19,895.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SOUTH FLORIDA 451 N. STATE ROAD 7 PLANTATION, FL 33317	59-2450043	501(c)(3)	18,701.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

(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
BONAGE - SENIOR SERVICES 5026 196TH STREET, SW Lyndwood, WA 98016	91-0910580	501(c)(3)	17,682.	0.			PROJECT SUPPORT AND OTHER SERVICES
SAGE ELDERCARE 290 BROAD STREET SUMMIT, NJ 07901	22-1657929	501(c)(3)	16,785.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS IN HUNTERDON, INC. 5 WALTER FORBAN BOULEVARD, SUITE 200 FLEMINGTON, NJ 08822	22-3084358	501(c)(3)	16,785.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS FOR GREATER HOUSTON - 3303 MAIN STREET - HOUSTON, TX 77002	74-1488102	501(c)(3)	16,012.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS DIABLO REGION 1300 CIVIC DRIVE WALNUT CREEK, CA 94596	68-0044205	501(c)(3)	15,814.	0.			PROJECT SUPPORT AND OTHER SERVICES
BESTS ENCORE 40 N. 9 STREET READING, PA 19601	23-1656050	501(c)(3)	15,224.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF MERCER COUNTY 320 HOLLOWBROOK DRIVE EMING, NJ 08638	23-1990231	501(c)(3)	15,088.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF ALBUQUERQUE P.O. BOX 92614 ALBUQUERQUE, NM 87195	85-0307043	501(c)(3)	14,910.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF ALEXANDRIA 206 N. WASHINGTON STREET ALEXANDRIA, VA 22314	54-0842366	501(c)(3)	14,866.	0.			PROJECT SUPPORT AND OTHER SERVICES

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MEALS ON WHEELS PEOPLE 7710 SW 31ST AVENUE PORTLAND, OR 97219	93-0584318	501(C)(3)	14,465.	0.			PROJECT SUPPORT AND OTHER SERVICES
THE FRIENDLY KITCHEN 1771 W. HARVARD AVENUE ROSEBURG, OR 97471	93-0779289	501(C)(3)	14,465.	0.			PROJECT SUPPORT AND OTHER SERVICES
FOOD FOR LANE COUNTY 770 BAILEY HILL ROAD EUGENE, OR 97402	93-0888347	501(C)(3)	14,465.	0.			PROJECT SUPPORT AND OTHER SERVICES
RADIANT HEALTH CENTERS 17982 SKY PARK CIRCLE, SUITE J IRVINE, CA 92614	33-0126481	501(C)(3)	14,314.	0.			PROJECT SUPPORT AND OTHER SERVICES
BIG VALLEY 50 PLUS P.O. BOX 586 BISTER, CA 96009	94-2654940	501(C)(3)	10,314.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. VINCENT MEALS ON WHEELS 2303 MIRAMAR STREET LOS ANGELES, CA 90057	95-3696693	501(C)(3)	13,861.	0.			PROJECT SUPPORT AND OTHER SERVICES
SILVER KEY SENIOR SERVICES 1625 S. MURRAY BOULEVARD COLORADO SPRINGS, CO 80916	23-7109922	501(C)(3)	13,704.	0.			PROJECT SUPPORT AND OTHER SERVICES
TLC MEALS ON WHEELS 7300 S. CLERMONT DRIVE CENTENNIAL, CO 80122	84-0617651	501(C)(3)	13,704.	0.			PROJECT SUPPORT AND OTHER SERVICES
GRAND RIVER MEALS ON WHEELS 501 AIRPORT ROAD RIPLEY, CO 81650	84-0736594	501(C)(3)	13,704.	0.			PROJECT SUPPORT AND OTHER SERVICES

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GRAY GOVERN - ST. MARY'S HOSPITAL 551 CHIPETA AVENUE GRAND JUNCTION, CO 81501	84-0425720	501(c)(3)		13,704.	0.		PROJECT SUPPORT AND OTHER SERVICES
LONGKONE MEALS ON WHEELS 910 LONGS PEAK AVENUE LONGMONT, CO 80501	84-0590979	501(c)(3)		13,704.	0.		PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS PLUS OF MANATEE 811 23RD AVENUE EAST BRADENTON, FL 34208	59-1420986	501(c)(3)		13,701.	0.		PROJECT SUPPORT AND OTHER SERVICES
ST. JOHNS COUNTY COUNCIL ON AGING, INC. - 180 MARINE STREET - STE. AUGUSTINE, FL 32084	59-1525829	501(c)(3)		13,701.	0.		PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS WEST 1823 MICHIGAN AVENUE, STE A SANTA MONICA, CA 90404	95-4613280	501(c)(3)		13,407.	0.		PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NORTH JERSEY 100 MADISON AVENUE, SUITE 3 WESTWOOD, NJ 07675	22-2340015	501(c)(3)		13,392.	0.		PROJECT SUPPORT AND OTHER SERVICES
RIVERSIDE MEALS ON WHEELS, INC. 4845 BROOKTON AVENUE RIVERSIDE, CA 92506	23-7262025	501(c)(3)		13,314.	0.		PROJECT SUPPORT AND OTHER SERVICES
GREATER SPOKANE COUNTY MEALS ON WHEELS - P.O. BOX 14278 - SPOKANE VALLEY, WA 99214	91-1042546	501(c)(3)		13,261.	0.		PROJECT SUPPORT AND OTHER SERVICES
ATHENS COMMUNITY COUNCIL ON AGING 135 HOYT STREET ATHENS, GA 30601	58-0977680	501(c)(3)		12,543.	0.		PROJECT SUPPORT AND OTHER SERVICES

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MONROE COUNTY MEALS ON WHEELS 901 POLK VALLEY ROAD STRUITSBURG, PA 18360	23-7201104	501(C)(3)	12,029.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGENCY ON AGING - AREA 4 1401 EL CAMINO AVENUE SACRAMENTO, CA 95815	94-2897957	501(C)(3)	11,814.	0.			PROJECT SUPPORT AND OTHER SERVICES
TRAINING, EMPLOYMENT & COMMUNITY HELP, INC. - 112 E. 2ND STREET - ALTRAS, CA 96101	94-2578204	501(C)(3)	11,814.	0.			PROJECT SUPPORT AND OTHER SERVICES
FIVE CITIES MEALS ON WHEELS P.O. BOX 156 PIÑERO BEACH, CA 91448	95-2932124	501(C)(3)	11,814.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR LIFE RESOURCES, MEALS ON WHEELS - 1024 POMERLE STREET - RICHLAND, WA 99352	91-0903913	501(C)(3)	11,391.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS, INC. OF TARRANT COUNTY - 5740 AIRPORT FREEWAY - FORT WORTH, TX 76117	75-1558798	501(C)(3)	11,012.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SAN ANTONIO 4106 NW LOOP 410 SAN ANTONIO, TX 78229	74-1946646	501(C)(3)	11,012.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIORS FIRST, INC. 5395 L.B. MCLEOD ROAD ORLANDO, FL 32811	59-2759603	501(C)(3)	10,901.	0.			PROJECT SUPPORT AND OTHER SERVICES
MARION POLK FOOD SHARE 1660 SALEM INDUSTRIAL DRIVE SALEM, OR 97301	94-3044161	501(C)(3)	10,849.	0.			PROJECT SUPPORT AND OTHER SERVICES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I) (Form 990, Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation [book, FMV, appraisal, other]	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY - 4240 FRITCH DRIVE - BETHLEHEM, PA 18020	23-1861779	501(c)(3)	10,775.	0.			PROJECT SUPPORT AND OTHER SERVICES
AREA AGENCY ON AGING OF NORTHEAST ARKANSAS - 1516 ROCK SPRINGS ROAD - HARRISON, AR 72601	71-0521887	501(c)(3)	10,650.	0.			PROJECT SUPPORT AND OTHER SERVICES
PENINSULA AGENCY ON AGING 719 THIMBLE SHOALS BOULEVARD, SUITE 1006 - NEWPORT NEWS, VA 23606	51-0151069	501(c)(3)	10,522.	0.			PROJECT SUPPORT AND OTHER SERVICES
RODRICK HAYFORD SENIOR NUTRITION CENTER - P.O. BOX 723 - HAYFORD, GA 36041	68-0112469	501(c)(3)	10,361.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTHERN AREA MULTI-SERVICE CENTER 209 THIRTEENTH STREET PITTSBURGH, PA 15215	23-7139992	501(c)(3)	10,279.	0.			PROJECT SUPPORT AND OTHER SERVICES
SNOWY MOUNTAIN MEALS ON WHEELS 3509 TUCKALECHEE PINE MARYVILLE, TN 37803	62-1551673	501(c)(3)	10,107.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUTHWESTERN VERMONT COUNCIL ON AGING - 1085 US RT 4 EAST, UNIT 2B - RUTLAND, VT 05701	03-0271983	501(c)(3)	10,106.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR CITIZENS, INC. 3025 BULL STREET SAVANNAH, GA 31405	58-0064009	501(c)(3)	10,043.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF NORTH FULTON, INC - 3060 ROYAL BOULEVARD SOUTH, SUITE 130 - ALPHARETTA, GA 30022	58-1948370	501(c)(3)	10,043.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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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TYCCA SENIOR NUTRITION MEALS ON WHEELS - 1 SYLVANDALE ROAD - JENNETT CITY, CT 06351	05-0806128	501(c)(3)	9,947.	0.	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES
PIERMONT SENIOR RESOURCES AREA AGENCY ON AGING - 1413 SOUTH MAIN STREET - PAMEVILLE, VA 23901	54-1025127	501(c)(3)	9,772.	0.	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES
KNOXVILLE-KNOX COUNTY COMMUNITY ACTION COMMITTEE - P.O. BOX 51650 - KNOXVILLE, TN 37956	23-7432847	501(c)(3)	9,357.	0.	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES
SOUTHEAST TENNESSEE AREA AGENCY ON AGING AND DISABILITY - P.O. BOX 4157 - CHATTANOOGA, TN 37405	52-1849582	501(c)(3)	9,357.	0.	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF STATEN ISLAND, INC. - 304 PORT RICHMOND AVENUE - STATEN ISLAND, NY 10302	13-2894978	501(c)(3)	9,065.	0.	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES
EAST VALLEY ADULT RESOURCES, INC. 45 W. UNIVERSITY DRIVE, SUITE A MESA, AZ 85201	94-2596075	501(c)(3)	8,940.	0.	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CHEMUNG COUNTY 409 WILLIAM STREET ELMIRA, NY 14901	16-1351247	501(c)(3)	8,680.	0.	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES
SPECTRUM COMMUNITY SERVICES 2621 BARRINGTON COURT HAYWARD, CA 94545	94-1740275	501(c)(3)	8,861.	0.	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES
THE HEALTH TRUST 3180 NUMBERBY DRIVE SAN JOSE, CA 95118	94-6050231	501(c)(3)	8,861.	0.	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES	PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I) (Form 990, Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS YOLO COUNTY 40 N. EAST STREET, SUITE C WOODLAND, CA 95776	94-1599229	501(c)(3)		8,841.			PROJECT SUPPORT AND OTHER SERVICES
MID-CITY CONCERNS, INC. 1222 WEST 2ND AVENUE SPOKANE, WA 99201	91-0833015	501(c)(3)		8,841.			PROJECT SUPPORT AND OTHER SERVICES
WHATCOM COUNTY COUNCIL ON AGING - MEALS ON WHEELS AND MORE - 315 HALLOCK STREET - BELLINGHAM, WA 98255	91-0784024	501(c)(3)		8,841.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MASON & THURSTON COUNTIES - 222 COLUMBIA STREET, NW - OLYMPIA, WA 98501	91-0907573	501(c)(3)		8,841.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF EASTERN KANSAS 2701 SW EAST CIRCLE DRIVE SOUTH, #2 TOPEKA, KS 66606	48-0792685	501(c)(3)		8,841.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MECOSTA COUNTY 12954 80TH AVENUE MECOSTA, MI 49332	38-2902050	501(c)(3)		8,801.			PROJECT SUPPORT AND OTHER SERVICES
FRIENDSHIP CENTERS OF ENNET COUNTY 1322 ANDERSON ROAD PETOSKEY, MI 49770	23-700317	501(c)(3)		8,801.			PROJECT SUPPORT AND OTHER SERVICES
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY - 3963 THREE MILE ROAD - TRAVERSE CITY, MI 49606	38-2027389	501(c)(3)		8,801.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NEPA 541 WYOMING AVENUE SCRANTON, PA 18509	23-1856098	501(c)(3)		8,779.			PROJECT SUPPORT AND OTHER SERVICES

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GOLDEN CONNECTIONS COMMUNITY CARE 20 GOTHAM PLACE RED LION, PA 17346	23-2289794	501(c)(3)	\$,779.	0.			PROJECT SUPPORT AND OTHER SERVICES
PLUM SENIOR COMMUNITY CENTER 499 CENTER NEW TEXAS ROAD PITTSBURGH, PA 15239	25-1413004	501(c)(3)	\$,779.	0.			PROJECT SUPPORT AND OTHER SERVICES
WEST HILLS - MEALS ON WHEELS 1205 RIDGE AVENUE CORACOPOLIS, PA 15108	81-2355167	501(c)(3)	\$,779.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF LEHIGH COUNTY 4234 DORNEY PARK ROAD ALLENTOWN, PA 18104	23-7172270	501(c)(3)	\$,779.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY - 516 GEORGE STREET - NORRISTOWN, PA 19401	23-1659451	501(c)(3)	\$,779.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. JOSEPH COMMUNITY SERVICES P.O. BOX 910 HERRIMACK, NH 03054	02-0335003	501(c)(3)	\$,762.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WILLIAMSON & BUTTERNET COUNTIES - 604 HIGH TECH DRIVE - GEORGETOWN, TX 78626	74-6075213	501(c)(3)	\$,712.	0.			PROJECT SUPPORT AND OTHER SERVICES
MISSOULA ACTING SERVICES 137 STEPHENS AVENUE MISSOULA, MT 59001	81-0379543	501(c)(3)	\$,708.	0.			PROJECT SUPPORT AND OTHER SERVICES
VOLUNTARY ACTION CENTER OF THE IOWA GREAT LAKES, INC. - 800 - 21ST STREET - SPIRIT LAKE, IA 51360	42-1021005	501(c)(3)	\$,704.	0.			PROJECT SUPPORT AND OTHER SERVICES

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CHARIAN COUNCIL ON AGING P.O. BOX 715 FITTSEBORO, NC 27312	56-1084260	501(c)(3)	0.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF JOHNSON & ELLIS COUNTIES - 106 E. KELPATRICK STREET - CLARKSBURG, TX 76031	75-1555151	501(c)(3)	8,655.	0.			PROJECT SUPPORT AND OTHER SERVICES
VNA MEAL ON WHEELS 1440 N. MOCKINGBIRD LANE DALLAS, TX 75247	75-0800692	501(c)(3)	8,512.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUTHERN MAINE AGENCY ON AGING 136 US ROUTE ONE SCARBOROUGH, ME 04074	01-0360259	501(c)(3)	8,457.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SAN DIEGO COUNTY 2154 SAN DIEGO AVE. #200 SAN DIEGO, CA 92110	95-2660509	501(c)(3)	8,407.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS, ETC. 2801 S. FINANCIAL COURT SAMPORD, FL 32773	59-2977907	501(c)(3)	8,401.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF TAMPA 550 WEST HILLSBOROUGH AVENUE TAMPA, FL 33603	59-1677915	501(c)(3)	8,401.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SALEM COUNTY 90 MARKET STREET SALEM, NJ 08079	22-2150433	501(c)(3)	8,392.	0.			PROJECT SUPPORT AND OTHER SERVICES
FOODNET MEALS ON WHEELS 2422 NORTH TRIPHAMMER ROAD ITHACA, NY 14850	16-1285569	501(c)(3)	8,130.	0.			PROJECT SUPPORT AND OTHER SERVICES

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
COMING MEALS ON WHEELS 144 CEDAR STREET CORNING, NY 14830	16-0912401	501(c)(3)					PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREATER HYDE PARK, INC. - 1 CHURCH STREET - HYDE PARK, NY 12538	14-1565931	501(c)(3)	\$ 1,130.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTH AREA MEALS ON WHEELS 413 CHURCH STREET NORTH SYRACUSE, NY 13212	22-2296486	501(c)(3)	8,130.	0.			PROJECT SUPPORT AND OTHER SERVICES
ONWIGO COUNTY OPPORTUNITIES, INC. 239 ONEIDA STREET FULTON, NY 13069	16-0979876	501(c)(3)					PROJECT SUPPORT AND OTHER SERVICES
EASTERN AREA AGENCY ON AGING 450 ESSEX STREET BAMOR, MA 04401	01-0328376	501(c)(3)					PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ATLANTA 1705 COMMERCE DR., NW ATLANTA, GA 30318	58-0966309	501(c)(3)					PROJECT SUPPORT AND OTHER SERVICES
SENIOR CONNECT P.O. BOX 836 TERRELL, TX 75160	75-1701390	501(c)(3)					PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SENIOR SERVICES 950 WILLIAMS STREET, BLDG C, #200 ROCKWALL, TX 75087	31-1621625	501(c)(3)					PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CENTRAL MARYLAND - 515 S. HAVEN STREET - BALTIMORE, MD 21224	52-6074723	501(c)(3)					PROJECT SUPPORT AND OTHER SERVICES

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
PARTNERS IN PRIME 230 LUDLOW STREET HAMILTON, OH 45011	31-0569735	501(c)(3)	7,435.	0.		PROJECT SUPPORT AND OTHER SERVICES
FEEDMORE - MEALS ON WHEELS 1415 RHOADEMILLER STREET RICHMOND, VA 23220	54-1150923	501(c)(3)	7,386.	0.		PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA - 6350 CENTER DRIVE, BLDS. 5 , SUITE 101 - NORFOLK, VA 23502	54-6069786	501(c)(3)	7,329.	0.		PROJECT SUPPORT AND OTHER SERVICES
SHERANDOAH AREA AGENCY ON AGING 207 MOSEBY LANE FRONT ROYAL, VA 22630	54-1008875	501(c)(3)	7,329.	0.		PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREATER LYNCHBURG - P.O. BOX 1388 - LYNCHBURG, VA 24505	23-7399875	501(c)(3)	7,329.	0.		PROJECT SUPPORT AND OTHER SERVICES
NORTHWEST DANE SENIOR SERVICES 1637 BOUREAU ROAD CROSS PLAINS, WI 53528	39-1691930	501(c)(3)	7,189.	0.		PROJECT SUPPORT AND OTHER SERVICES
MILWAUKEE COUNTY DEPARTMENT OF AGING - 1220 W. VLIET STREET, SUITE 302 - MILWAUKEE, WI 53205	39-6001720	501(c)(3)	7,189.	0.		PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SHEBOYGAN COUNTY - 1004 S. TAYLOR DRIVE - SHEBOYGAN, WI 53081	39-1239290	501(c)(3)	7,189.	0.		PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY ACTION PARTNERSHIP OF CENTRAL ILLINOIS - 1800 FIFTH STREET - LINCOLN, IL 62656	37-0895679	501(c)(3)	7,137.	0.		PROJECT SUPPORT AND OTHER SERVICES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(b) EIN	(c) HIC 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
(a) Name and address of organization or government							
CJB SENIORLIFE 3003 W. Touhy Avenue Chicago, IL 60645	36-2727597	501(c)(3)	7,137.	0.			PROJECT SUPPORT AND OTHER SERVICES
ILLINOIS VALLEY ECONOMIC DEVELOPMENT CORPORATION - P.O. BOX 88 - GILLESPIE, IL 62033	37-6059503	501(c)(3)	7,137.	0.			PROJECT SUPPORT AND OTHER SERVICES
SALINE COUNTY AGING SERVICES 109 W. 3RD STREET WILBER, NE 68465			N/A	7,107.	0.		PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY ACTION PARTNERSHIP OF MID-NEBRASKA - 901 EAST 10TH STREET - NORTH PLATTE, NE 69101	47-6039628	501(c)(3)	7,107.	0.			PROJECT SUPPORT AND OTHER SERVICES
KINSHIP CENTER 921 S. CARROLLTON AVENUE NEW ORLEANS, LA 70118	94-2971761	501(c)(3)	6,948.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS GUILFORD COUNTY 1401 BENJAMIN PARKWAY GREENSBORO, NC 27408	56-1101577	501(c)(3)	6,905.	0.			PROJECT SUPPORT AND OTHER SERVICES
LEXINGTON COUNTY RECREATION AND AGING COMMISSION - 125 PARKER STREET - LEXINGTON, SC 29072			N/A	6,888.	0.		PROJECT SUPPORT AND OTHER SERVICES
MID-EAST COMMUNITY ACTION AGENCY P.O. Box 790 KINGSTON, TN 37763	62-0721458	501(c)(3)	6,857.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREATER LAFAYETTE - 2000 BLUMWOOD AVENUE - LAFAYETTE, IN 47904	35-1607101	501(c)(3)	6,743.	0.			PROJECT SUPPORT AND OTHER SERVICES

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SWITZER & MORE 16 W. VIRGINIA STREET EVANSVILLE, IN 47710	35-1330752	501(c)(3)	6,763.	0.		PROJECT SUPPORT AND OTHER SERVICES	
MAIN LINE MEALS ON WHEELS, INC. P.O. BOX 801 DEVON, PA 19333	23-1907693	501(c)(3)	6,584.	0.		PROJECT SUPPORT AND OTHER SERVICES	
LIFESPAN, INC. 314 E. 8TH AVENUE HOMESTEAD, PA 15120	23-7319621	501(c)(3)	6,584.	0.		PROJECT SUPPORT AND OTHER SERVICES	
MEALS FOR FRIENDS 1229 JEFFERSON HEIGHTS ROAD PIZZIARO, PA 15235	47-1344227	501(c)(3)	6,584.	0.		PROJECT SUPPORT AND OTHER SERVICES	
KLIMILIFE 10100 JAMISON AVENUE PHILADELPHIA, PA 19116	27-0840848	501(c)(3)	6,584.	0.		PROJECT SUPPORT AND OTHER SERVICES	
VISITING NURSE SERVICE MEALS ON WHEELS - 2100 EMPIRE BOULEVARD - WEBSTER, NY 14580	16-0747215	501(c)(3)	6,565.	0.		PROJECT SUPPORT AND OTHER SERVICES	
MEALS ON WHEELS OF SYRACUSE 300 BURT STREET SYRACUSE, NY 13202	16-0970999	501(c)(3)	6,565.	0.		PROJECT SUPPORT AND OTHER SERVICES	
MEALS ON WHEELS OF NORMAN P.O. BOX 1371 NORMAN, OK 73070	73-0931924	501(c)(3)	6,515.	0.		PROJECT SUPPORT AND OTHER SERVICES	
MEALS ON WHEELS GUERNSEY COUNTY 1022 CARLISLE AVENUE CAMBRIDGE, OH 43725	31-0814891	501(c)(3)	6,460.	0.		PROJECT SUPPORT AND OTHER SERVICES	

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRS 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
VANTAGE AGING 2275 RONIC ROAD AKRON, OH 44320	51-0148544	501(c)(3)	\$ 4,35,	0,			PROJECT SUPPORT AND OTHER SERVICES
APPALACHIAN AGENCY FOR SENIOR CITIZENS - P.O. BOX 765 - CEDAR BLUFF, VA 24669	54-0990533	501(c)(3)	6,376,	0,			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF DELAWARE 100 WEST 10TH STREET, SUITE 207 WILMINGTON, DE 19801	51-0355145	501(c)(3)	6,286,	0,			PROJECT SUPPORT AND OTHER SERVICES
MCDOWELL COUNTY COMMISSION ON AGING - 725 STEWART STREET - WELCH, WV 24801	55-0567694	501(c)(3)	6,202,	0,			PROJECT SUPPORT AND OTHER SERVICES
GREATER LYNN SENIOR SERVICES 8 SILSBEE STREET LYNN, MA 01901	04-2581129	501(c)(3)	6,154,	0,			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NEW ROCHELLE 50 PINNARD AVENUE NEW ROCHELLE, NY 10801	13-3106919	501(c)(3)	6,097,	0,			PROJECT SUPPORT AND OTHER SERVICES
CATTARAUGUS COUNTY DEPARTMENT OF THE AGING - 1 LEO MOSS DRIVE - OLEAN, NY 14760	N/A		6,097,	0,			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WESTERN ROCHELLE 705 WEST MAIN STREET ENDICOTT, NY 13760	16-0975552	501(c)(3)	6,097,	0,			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS TRI-COUNTY P.O. BOX 1365 PALESTINE, TX 75802	75-1525201	501(c)(3)	6,012,	0,			PROJECT SUPPORT AND OTHER SERVICES

(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
CITY OF CORPUS CHRISTI SENIOR COMMUNITY SERVICES - P.O. BOX 9277 - CORPUS CHRISTI, TX 78449	N/A			6,012.	0.		PROJECT SUPPORT AND OTHER SERVICES
NORTHERN KENTUCKY AREA DEVELOPMENT DISTRICT - 22 SPIRAL DRIVE - FLORENCE, KY 41042	61-0713369	501(C)(3)		6,000.	0.		PROJECT SUPPORT AND OTHER SERVICES
ARIZONA YMCA METROPOLITAN PHOENIX 2999 NORTH 44TH STREET #250 PHOENIX, AZ 85018	86-0098936	501(C)(3)		5,909.	0.		PROJECT SUPPORT AND OTHER SERVICES
AZSEND P.O. BOX 591 CHANDLER, AZ 85244	86-0428780	501(C)(3)		5,909.	0.		PROJECT SUPPORT AND OTHER SERVICES
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA, CA 95501	94-2261434	501(C)(3)		5,907.	0.		PROJECT SUPPORT AND OTHER SERVICES
SENIOR CONCERN 401 RODENCAVE ROAD THOUSAND OAKS, CA 91360	95-2992927	501(C)(3)		5,907.	0.		PROJECT SUPPORT AND OTHER SERVICES
WHISTLESTOP MEALS ON WHEELS 930 TAMALPAIS AVENUE SAN RAFAEL, CA 94901	94-1022463	501(C)(3)		5,907.	0.		PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS BY ACC 7375 PARK CITY DRIVE SACRAMENTO, CA 95831	39-0610870	501(C)(3)		5,907.	0.		PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF LONG BEACH, INC. - P.O. BOX 15688 - LONG BEACH, CA 90815	95-2820715	501(C)(3)		5,907.	0.		PROJECT SUPPORT AND OTHER SERVICES

(a) Name and address of organization or government	(b) EIN	(c) EIC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF SOLANO COUNTY 95 MARINA CENTER SOLANO CITY, CA 94585	94-2453452	501(c)(3)					PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF DURHAM, INC. 2522 ROSS ROAD DURHAM, NC 27703	56-1723111	501(c)(3)	5,907.	0.			PROJECT SUPPORT AND OTHER SERVICES
HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES - P.O. BOX 564 - KENNE, NH 03431	02-0464912	501(c)(3)					PROJECT SUPPORT AND OTHER SERVICES
OPEN HAND 181 ARNDUR DRIVE NE ATLANTA, GA 30324	58-1616778	501(c)(3)					PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY EMERGENCY SERVICE 1900 11TH AVENUE S MINNEAPOLIS, MN 55404	41-1726241	501(c)(3)					PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS WACO 501 W. WACO DRIVE WACO, TX 76707	74-1776447	501(c)(3)					PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS CHAPEL HILL - CARRBORO - P.O. BOX 2102 - CHAPEL HILL, NC 27515	59-1721954	501(c)(3)					PROJECT SUPPORT AND OTHER SERVICES
DAVIDSON COUNTY DEPARTMENT OF SENIOR SERVICES - 555-H WEST CENTER STREET - LEXINGTON, NC 27295	N/A						PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ROCKINGHAM COUNTY P.O. BOX 1915 REIDSVILLE, NC 27323	56-1480312	501(c)(3)					PROJECT SUPPORT AND OTHER SERVICES

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) If PC 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 RESOURCE CENTER 15856 E. FIFTH STREET HAYWARD, WI 54043	39-1513694	501(c)(3)	\$,392.	0.			PROJECT SUPPORT AND OTHER SERVICES
BELOIT MEALS ON WHEELS P.O. BOX 326 Beloit, WI 53512	39-1375390	501(c)(3)	5,392.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF CENTRAL ILLINOIS - 701 W. MASON STREET - SPRINGFIELD, IL 62702	37-0895193	501(c)(3)	5,353.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS AT HOME 1123 EMERSON, SUITE 213 EVANSTON, IL 60201	36-2662113	501(c)(3)	5,353.	0.			PROJECT SUPPORT AND OTHER SERVICES
GRICAA MEALS ON WHEELS 641 N. 8TH AVENUE POCATELLO, ID 83201	82-0292341	501(c)(3)	5,340.	0.			PROJECT SUPPORT AND OTHER SERVICES
METRO MEALS ON WHEELS-BOISE P.O. BOX 140334 BOISE, ID 83714	82-0337301	501(c)(3)	5,340.	0.			PROJECT SUPPORT AND OTHER SERVICES
PUTNAM COUNTY SENIOR CITIZENS ORGANIZATION - 1116 S. 17TH STREET - UNIONVILLE, MO 63565	43-1063546	501(c)(3)	5,325.	0.			PROJECT SUPPORT AND OTHER SERVICES
TERRE HAUTE AREA MEALS ON WHEELS, INC. - 630 OHIO STREET - TERRE HAUTE, IN 47807	35-11185194	501(c)(3)	5,243.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREENVILLE COUNTY - 15 OREGON STREET - GREENVILLE, SC 29605	57-0531378	501(c)(3)	5,188.	0.			PROJECT SUPPORT AND OTHER SERVICES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF RHODE ISLAND 70 BATH STREET PROVIDENCE, RI 02908	05-0340723	501(c)(3)	0.	36,064.	FMV	COMPUTER EQUIPMENT	PROJECT SUPPORT AND OTHER SERVICES

Page III can be duplicated if additional space is needed.

Compete in the organization answered Yes - on Form 980, Part IV, line 22.

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

PART ONE 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 THE SHARE THE LOVE GRANT; THIS GRANT IS AWARDED DURING THE CAMPAIGN AND IS MONITORED BY THE MEMBERSHIP AND DEVELOPMENT TEAMS FOR APPROPRIATE FUND USAGE.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**

OMB No. 1545-0347

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

2018

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) |
- 1b 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:
- Receive a severance payment or change-of-control payment?
 - Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - 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:
- The organization?
 - 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:
- The organization?
 - 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
1a		
2		
3		
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) 2018

Part II

Key Employees, and Highest Compensation

For each individual whose compensation must be reported on Schedule J, report compensation from the organization (on row i) and from related organizations, described in the instructions, on row ii).

Note: The sum of columns (B)(1) for each listed individual must equal the total amount of Form 990 Part VII Section A, line 1a, deductible exchanges (IV) and (V), nonexempt donor-shares included in

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.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number
23-7447812

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	30,667.	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 ► (<u>GIFT CARDS</u>)	X	1	560,000.	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 III.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2018

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.

Supplemental Information to Form 990 or 990-EZ

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

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 12C:

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) (2018)

83211 10-10-16

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. THE ORGANIZATION REGULARLY AND CONSISTENTLY REQUIRES BOARD MEMBERS TO RECUSE THEMSELVES FROM PARTICIPATING IN ANY MATTER IN WHICH THEY HAVE A PERSONAL INTEREST. THIS IS REQUIRED IN THE ORGANIZATION'S BYLAWS. FURTHER, THE ORGANIZATION HAS A COMPLIANCE OFFICER TO OVERSEE COMPLIANCE WITH CONFLICT OF INTEREST AND OTHER ORGANIZATIONAL POLICIES.

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 FINANCIAL 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:

<u>PROGRAM SERVICE EXPENSES</u>	<u>972,266.</u>
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<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
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Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	972,266.

PAY FOR SUCCESS CONSULTING:

<u>PROGRAM SERVICE EXPENSES</u>	491,473.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	491,473.

MEMBER SERVICES CONSULTING:

<u>PROGRAM SERVICE EXPENSES</u>	76,887.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	76,887.

MARKETING AND COMMUNICATIONS CONSULTING:

<u>PROGRAM SERVICE EXPENSES</u>	238,273.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	238,273.

OTHER PROJECTS CONSULTING:

<u>PROGRAM SERVICE EXPENSES</u>	165,456.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	165,456.

SYSTEM AND GENERAL CONSULTING:

632212 10-10-15

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

<u>PROGRAM SERVICE EXPENSES</u>	0.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	56,644.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	56,644.

DONOR RESEARCH AND DEVELOPMENT CONSULTING:

<u>PROGRAM SERVICE EXPENSES</u>	0.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	246,795.
<u>TOTAL EXPENSES</u>	246,795.

COMPREHENSIVE NETWORK STUDY CONSULTING:

<u>PROGRAM SERVICE EXPENSES</u>	350,000.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	350,000.

<u>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</u>	2,597,794.
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Form 990-T

Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

OMB No. 1545-0887

2018Open to Public Inspection for
501(c)(3) Organizations Only

For calendar year 2018 or other tax year beginning _____, and ending _____

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

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

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MEALS ON WHEELS AMERICA	D Employer identification number (Employer's trust, see instructions.) 23-7447812
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Number, street, and room or suite no. If a P.O. box, see instructions. 1550 CRYSTAL DRIVE, NO. 1004	E Unrelated business activity code (See instructions.)
C Book value of all assets at end of year 11,330,572.	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202	900004

D Group exemption number (See instructions.) ►	F
G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. ► **2** Describe the only (or first) unrelated trade or business here ► **MERCHANDISE SALES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes No
If "Yes," enter the name and identifying number of the parent corporation, ►

J The books are in care of ► **PAMELA FURNEAUX** Telephone number ► **(703) 548-5558**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 8,206.			
b	Less returns and allowances	e Balance ►		
2	Cost of goods sold (Schedule A, line 7)	1e	8,206.	
3	Gross profit. Subtract line 2 from line 1c	2	9,424.	
4a	Capital gain net income (attach Schedule D)	3	-1,218.	-1,218.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	13	-1,218.	-1,218.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	3,588.
20	Charitable contributions (See instructions for limitation rules)	20	6,247.
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	SEE STATEMENT 2	1,750.
29	Total deductions. Add lines 14 through 28	29	11,585.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-12,803.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-12,803.

023701 01-09-15 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-12,803.
34	Amounts paid for disallowed fringes	34	70,908.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	886.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	STMT 4	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	36	57,219.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	37	1,000.
		38	56,219.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	11,806.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: □ Tax rate schedule or □ Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	11,806.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	11,806.
47	Other taxes. Check if from: □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8866 □ Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	11,806.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	12,303.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: □ Form 2439 □ Form 4136 □ Other	50g	Total ►
51	Total payments. Add lines 50a through 50g	51	12,303.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached ► □	52	497.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want Credited to 2019 estimated tax	55	Refunded ►

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

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ►	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	X	
58	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$		

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

Ellie Hollander

Signature of officer

19-12-2019

Date

PRESIDENT AND CEO

Title

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

Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <i>Frank H. Smith</i>	Date 08/05/19	Check <input type="checkbox"/> if self-employed	PTIN P00639053
	Firm's name ► MARCUM LLP			Firm's EIN ►	11-1986343
	1899 L STREET, NW, SUITE 850			Phone no.	(202) 227-4000
	Firm's address ► WASHINGTON, DC 20036				

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A

1 Inventory at beginning of year	1	0.	6 Inventory at end of year	6	0.
2 Purchases	2	9,424.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	9,424.
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	9,424.			X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)		
(2)		
(3)		
(4)		

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in column 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(e) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions.
Enter here and on page 1, Part I, line 6, column (B) ►

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				
(2)				
(3)				
(4)				
Totals			Enter here and on page 1, Part I, line 7, column (A) ►	0.
Total dividends-received deductions included in column 8			Enter here and on page 1, Part I, line 7, column (B) ►	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations						
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						

Add columns 5 and 10.	Add columns 6 and 11.
Enter here and on page 1, Part I, line 8, column (A).	Enter here and on page 1, Part I, line 8, column (B).
Totals ► 0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).
Totals ► 0.	0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Enter here and on page 1, Part I, line 10, col (A).	Enter here and on page 1, Part I, line 10, col (B).	Enter here and on page 1, Part II, line 26.
Totals ► 0.	0.	0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) ► 0.	0.	0.				0.
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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 6 through 7.	5. Circulation income	6. Leadership costs	7. Excess leadership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ►	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part I, line 27.
Totals, Part II (lines 1-5) ►	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ►			0.

MEALS ON WHEELS AMERICA

23-7447812

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	3,698,786.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		3,698,786.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,750.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		1,750.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013
 FOR TAX YEAR 2014
 FOR TAX YEAR 2015
 FOR TAX YEAR 2016
 FOR TAX YEAR 2017

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

3,698,786

TOTAL CONTRIBUTIONS AVAILABLE

3,698,786

TAXABLE INCOME LIMITATION AS ADJUSTED

6,247

EXCESS 10% CONTRIBUTIONS

3,692,539

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

3,692,539

ALLOWABLE CONTRIBUTIONS DEDUCTION

6,247

TOTAL CONTRIBUTION DEDUCTION

6,247

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

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