

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

**B** Check if applicable:

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

**C** Name of organization

**MEALS ON WHEELS AMERICA**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**1550 CRYSTAL DRIVE**

Room/suite

**1004**

City or town, state or province, country, and ZIP or foreign postal code

**ARLINGTON, VA 22202**

**F** Name and address of principal officer: **ELLIE HOLLANDER**

**SAME AS C ABOVE**

**D** Employer identification number

**23-7447812**

**E** Telephone number

**(703) 548-5558**

**G** Gross receipts \$

**31,630,090.**

**H(a)** Is this a group return

for subordinates? ..... ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶

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

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

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: **1976**

**M** State of legal domicile: **DC**

## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO EMPOWER LOCAL PROGRAMS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF VULNERABLE SENIORS.</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) ..... <b>15</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>15</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>48</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) ..... <b>17</b>
		<b>7a</b>
<b>7b</b>		Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>0.</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) ..... <b>69,392,961.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) ..... <b>1,612,404.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>248,833.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>410.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>71,254,608.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>4,398,080.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>1,987,933.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,359,532.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>5,159,363.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>47,218,556.</b>
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12 ..... <b>24,036,052.</b>
Net Assets or Fund Balances		<b>20</b>
	<b>21</b>	Total liabilities (Part X, line 26) ..... <b>5,204,580.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>34,004,934.</b>

## Part II Signature Block

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

Sign Here	Signature of officer		Date	
	<b>ELLIE HOLLANDER, PRESIDENT AND CEO</b> Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	<b>FRANK H. SMITH</b>	<i>Frank H. Smith</i>	<b>08/10/22</b>	<b>P00639053</b>
	Firm's name ▶	Firm's EIN ▶		
	<b>MARCUM LLP</b>	<b>11-1986343</b>		
	Firm's address ▶	Phone no. (202) 227-4000		
	<b>1899 L STREET, NW, SUITE 850</b>			
	<b>WASHINGTON, DC 20036</b>			

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

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

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

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 16,221,924. including grants of \$ 10,205,335. ) (Revenue \$ 494,494. )

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

**4b** (Code: ) (Expenses \$ 1,569,363. including grants of \$ 341,874. ) (Revenue \$ 1,141,523. )

**MEMBERSHIP AND ADVOCACY - THE MEALS ON WHEELS AMERICA MEMBERSHIP AND ADVOCACY TEAM PROVIDES DIRECT MEMBER SUPPORT IN A VARIETY OF WAYS THAT INCLUDE ADVOCACY, EDUCATION AND TRAINING, PROGRAM AND CAPACITY-BUILDING SUPPORT AND NETWORKING OPPORTUNITIES. IN ADDITION, THE TEAM PROVIDES GRANTS AND REVENUE DISTRIBUTION SERVICES, PEER-TO-PEER LEARNING, AND A DISCOUNT PROGRAM THAT DELIVERS SAVINGS ON THE PRODUCTS AND SERVICES THAT LOCAL COMMUNITY-BASED NUTRITION ORGANIZATIONS RELY ON TO RUN THEIR OPERATIONS. THE TEAM PRODUCES AND PROVIDES TRAINING PROGRAMS AND LEARNING OPPORTUNITIES FOR LOCAL MEALS ON WHEELS PROGRAM STAFF THROUGH A NATIONAL CONFERENCE, STATE ASSOCIATION MEETINGS, WEBINARS, INFORMATION SHARING THROUGH ONLINE PLATFORMS, PROFESSIONAL DEVELOPMENT AND CRISIS RESPONSE TOOLS AND RESOURCES.**

**4c** (Code: ) (Expenses \$ 959,660. including grants of \$ ) (Revenue \$ )

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

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

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

**4e** Total program service expenses **18,750,947.**

Form 990 (2021)

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	29
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

	Yes	No
<b>2a</b> 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 <span style="float:right">2a 48</span>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b> X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b> X	
<b>4a</b> 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)?	<b>4a</b>	X
<b>b</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).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> 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?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <span style="float:right">11a</span>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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 <span style="float:right">13b</span>		
<b>c</b> Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

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

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

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

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

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

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

**Section C. Disclosure**

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

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

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

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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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 the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELLIE HOLLANDER PRESIDENT AND CEO	40.00			X				426,555.	0.	32,069.
(2) LUCY THEILHEIMER CHIEF STRATEGY & IMPACT OFFICER	40.00				X			220,811.	0.	21,563.
(3) ROBERT HERBOLSHEIMER CHIEF LEGAL & COMPLIANCE OFFICER	40.00				X			228,530.	0.	5,750.
(4) KRISTINE TEMPLIN CHIEF DEVELOPMENT OFFICER	40.00				X			209,726.	0.	14,616.
(5) SUSAN WALDMAN CHIEF MARKETING & COMM. OFFICER	40.00				X			200,308.	0.	19,617.
(6) KENNETH EUWEMA CHIEF FINANCIAL & OPERATIONS OFFICER	40.00			X				193,674.	0.	25,798.
(7) ERIKA KELLY CHIEF MEMBERSHIP & ADVOCACY OFFICER	40.00				X			174,844.	0.	11,274.
(8) JENNIFER YOUNG VICE PRESIDENT OF COMMUNICATIONS	40.00					X		114,245.	0.	14,546.
(9) KATIE JANTZI VICE PRESIDENT, GOVERNMENT AFFAIRS	40.00					X		110,412.	0.	14,807.
(10) COLLEEN CLARK SR. DIRECTOR, STRATEGIC PARTNERSHIPS	40.00					X		115,761.	0.	9,341.
(11) RAVILEEN STALEY SENIOR DIRECTOR, DATA & TECHNOLOGY	40.00					X		111,276.	0.	10,000.
(12) KELLY TRIMYER SR. DIRECTOR, STRATEGIC PARTNERSHIPS	40.00					X		116,762.	0.	2,028.
(13) PATTI LYONS CHAIR	2.00	X		X				0.	0.	0.
(14) CALVIN MOORE VICE CHAIR	2.00	X		X				0.	0.	0.
(15) JOHN WIDER SECRETARY/TREASURER - UNTIL 10/2021	2.00	X		X				0.	0.	0.
(16) JOHN MARICK SECRETARY/TREASURER - AS OF 10/2021	2.00	X		X				0.	0.	0.
(17) NATALIE ADLER DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHANIE ARCHER-SMITH DIRECTOR	1.00	X						0.	0.	0.
(19) LISA DAVIS DIRECTOR	1.00	X						0.	0.	0.
(20) KEVIN DONNELLAN DIRECTOR	1.00	X						0.	0.	0.
(21) RAQUEL "ROCKY" EGUSQUIZA DIRECTOR	1.00	X						0.	0.	0.
(22) VINSEN FARIS DIRECTOR	1.00	X						0.	0.	0.
(23) HOLLY HAGLER DIRECTOR	1.00	X						0.	0.	0.
(24) MARVIN IRBY DIRECTOR	1.00	X						0.	0.	0.
(25) DERRICK MASHORE DIRECTOR	1.00	X						0.	0.	0.
(26) SASA OLESSI MONTANO DIRECTOR - UNTIL 02/2021	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,222,904.	0.	181,409.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,222,904.	0.	181,409.

**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

15

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

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TRUESENSE MARKETING 502 KEYSTONE DRIVE, WARRENDALE, PA 15086	FUNDRAISING CAMPAIGN MANAGEMENT	2,038,798.
SITUATION INTERACTIVE, 469 7TH AVENUE, SUITE 1300, NEW YORK, NY 10018	PROJECT CONSULTING	1,084,447.
TRAILBLAZER RESEARCH, LLC, 3410 RESEARCH BLVD. SUITE 170, AUSTIN, TX 78731	PROJECT CONSULTING	542,950.
MONO 1350 LAGOON AVE, MINNESOTA, MN 55408	PROJECT CONSULTING	481,189.
PUBLIC INC., 50 WELLINGTON ST. EAST, #400, TORONTO, ONTARIO, CANADA M5E1C	PROJECT CONSULTING	430,700.

**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

11

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)



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

132201  
04-01-21

**Part VIII Statement of Revenue**

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

☒ X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	76,173.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,168,516.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	19878174.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 739,906.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> MEMBER DISCOUNT PROG.	Business Code 900099		587,595.	587,595.		
	<b>b</b> HEALTHCARE CONTRACTS	900099		494,494.	494,494.		
	<b>c</b> CONFERENCE	900099		342,675.	316,425.		26,250.
	<b>d</b> MEMBERSHIP DUES	900099		237,503.	237,503.		
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....				1,662,267.		
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			577,666.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>					
<b>c</b> Rental income or (loss) .....		<b>6c</b>					
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other	8264663.			
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>		7798045.			
<b>c</b> Gain or (loss) .....		<b>7c</b>		466,618.			
<b>d</b> Net gain or (loss) .....				466,618.			466,618.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>					
<b>b</b> Less: direct expenses .....		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		2,631.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>		1,911.				
<b>c</b> Net income or (loss) from sales of inventory .....			720.		720.		
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	Business Code					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
	<b>12 Total revenue.</b> See instructions .....				23830134.	1,636,017.	720.

**Part IX Statement of Functional Expenses**

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,532,209.	10,532,209.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	15,000.	15,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,785,135.	1,410,258.	124,960.	249,917.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,791,887.	1,989,875.	640,207.	161,805.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,298.	26,961.	11,171.	1,166.
<b>9</b> Other employee benefits	289,716.	210,656.	57,844.	21,216.
<b>10</b> Payroll taxes	293,584.	217,688.	49,919.	25,977.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	36,000.	3,000.	33,000.	
<b>c</b> Accounting	87,467.		87,467.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	2,038,798.			2,038,798.
<b>f</b> Investment management fees	54,566.		54,566.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,130,538.	2,558,055.	85,605.	486,878.
<b>12</b> Advertising and promotion	406,342.	406,342.		
<b>13</b> Office expenses	446,466.	116,577.	56,318.	273,571.
<b>14</b> Information technology	385,502.	165,304.	212,398.	7,800.
<b>15</b> Royalties				
<b>16</b> Occupancy	284,597.	173,413.	76,411.	34,773.
<b>17</b> Travel	19,629.	17,410.	849.	1,370.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	145,936.	145,936.		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	82,466.	50,249.	22,141.	10,076.
<b>23</b> Insurance	22,733.	13,852.	6,103.	2,778.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a MEMBER SERVICES</b>	612,834.	612,834.		
<b>b DUES AND SUBSCRIPTIONS</b>	100,473.	54,631.	19,935.	25,907.
<b>c MISCELLANEOUS</b>	75,112.	30,697.	26,915.	17,500.
<b>d STATE REGISTRATION FEES</b>	17,789.		17,789.	
<b>e All other expenses</b>				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	23,694,077.	18,750,947.	1,583,598.	3,359,532.
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,239,119.	<b>1</b>	3,584,130.
	<b>2</b> Savings and temporary cash investments .....	181,598.	<b>2</b>	303,823.
	<b>3</b> Pledges and grants receivable, net .....	3,134,446.	<b>3</b>	2,939,750.
	<b>4</b> Accounts receivable, net .....	5,631.	<b>4</b>	900.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	23,259.	<b>8</b>	44,375.
	<b>9</b> Prepaid expenses and deferred charges .....	144,124.	<b>9</b>	246,564.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,000,717.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 551,693.		
		503,317.	<b>10c</b>	449,024.
	<b>11</b> Investments - publicly traded securities .....	30,767,597.	<b>11</b>	30,323,834.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	210,423.	<b>15</b>	192,316.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	39,209,514.	<b>16</b>	38,084,716.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,390,495.	<b>17</b>	2,540,079.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	376,014.	<b>19</b>	942,902.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	507,200.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	930,871.	<b>25</b>	824,196.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	5,204,580.	<b>26</b>	4,307,177.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	21,809,514.	<b>27</b>	28,884,117.
	<b>28</b> Net assets with donor restrictions .....	12,195,420.	<b>28</b>	4,893,422.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	34,004,934.	<b>32</b>	33,777,539.
	<b>33</b> Total liabilities and net assets/fund balances .....	39,209,514.	<b>33</b>	38,084,716.

Form 990 (2021)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	23,830,134.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	23,694,077.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	136,057.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	34,004,934.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-363,452.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	33,777,539.

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

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

Form 990 (2021)

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public Inspection**

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

**f** Enter the number of supported organizations

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

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

**COPY**

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9625423.	10934346.	9879320.	69392961.	21122863.	120954913
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9625423.	10934346.	9879320.	69392961.	21122863.	120954913
<b>5</b> 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) .....						9909462.
<b>6 Public support.</b> Subtract line 5 from line 4.						111045451

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	9625423.	10934346.	9879320.	69392961.	21122863.	120954913
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	217,474.	172,603.	193,471.	202,901.	577,666.	1364115.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				15.		15.
<b>11 Total support.</b> Add lines 7 through 10						122319043
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,649,301.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	90.78	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	88.91	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990) 2021

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> 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>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**Part VI**

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

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

2020 AMOUNT: \$ 15.

# Schedule B (Form 990)

Department of the Treasury  
Internal Revenue Service

\*\*\* PUBLIC DISCLOSURE COPY \*\*\*

## Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2021

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

### General Rule

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

### Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>2,300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,532,246.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>540,048.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>522,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>512,976.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>500,000.</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>453,263.</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$ _____	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$ _____	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$ _____	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$ _____	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$ _____	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$ _____	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)





Name of organization

Employer identification number

**MEALS ON WHEELS AMERICA****23-7447812****Part III**

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

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

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

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization

**MEALS ON WHEELS AMERICA**

Employer identification number

**23-7447812**

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

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

2 Political campaign activity expenditures ..... ▶ \$

3 Volunteer hours for political campaign activities .....

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

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

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

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

4a Was a correction made? ..... **Yes No**

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> 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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....															

☐ Yes ☐ No
**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

**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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		5,898.
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		65,492.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			71,390.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."

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

**Part IV** Supplemental Information

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

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

- MAILINGS VIA EMAIL AND SOCIAL MEDIA TO MEMBERSHIP AND SUPPORTERS

REQUESTING THEM TO CONTACT THEIR MEMBERS OF CONGRESS ON MATTERS

RELATING TO THE COVID-19 EMERGENCY RESPONSE, ANNUAL FEDERAL

**Part IV** Supplemental Information *(continued)*

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization**

**MEALS ON WHEELS AMERICA**

**Employer identification number**

**23-7447812**

**Part I**

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

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

**Part II**

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

**Part III**

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ .....

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

Schedule D (Form 990) 2021

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

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

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

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		821,057.	408,464.	412,593.
d Equipment		179,660.	143,229.	36,431.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				449,024.

Schedule D (Form 990) 2021



**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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT AND LEASE INCENTIVES	824,196.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	824,196.

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	34,333,861.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	-363,451.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	10,919,833.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	1,911.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	10,558,293.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	23,775,568.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	54,566.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	54,566.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	23,830,134.

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	34,561,256.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	10,919,833.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	1,911.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	10,921,744.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	23,639,512.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	54,566.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	54,566.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	23,694,078.

**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, 2021, 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 1,911.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD 1,911.

**Part XIII** Supplemental Information *(continued)*

Area for supplemental information with horizontal lines.

**COPY**

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

Employer identification number

**MEALS ON WHEELS AMERICA**

**23-7447812**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTMAKING		15,000.
<b>3 a Subtotal</b> .....	0	0			15,000.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			15,000.

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

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	COVID-19 EMERGENCY RESPONSE	15,000.	WIRE TRANSFER	0.		

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

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

Schedule F (Form 990) 2021

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2021

**Part V Supplemental Information**

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

**PART I, LINE 2:**

THE GRANTEE MUST COMPLETE A GRANT REPORT DOCUMENTING THAT FUNDS WERE USED  
AS DESCRIBED IN ITS PROPOSAL BEFORE THE FULL BALANCE OF THE GRANT FUNDS  
ARE PAID.

**PART I, LINE 3:**

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



# COPY

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

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

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: TRUESENSE MARKETING

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

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

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

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

**Part IV** Supplemental Information (continued)

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

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**MEALS ON WHEELS AMERICA**

**Employer identification number**  
**23-7447812**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
MEALS ON WHEELS CENTRAL TEXAS 3227 E. 5TH ST AUSTIN, TX 78702	23-7202594	501(C)(3)	641,261.	370,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CENTRAL MARYLAND - 515 SOUTH HAVEN STREET - BALTIMORE, MD 21224	52-6074723	501(C)(3)	163,529.	30,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
LIFECARE ALLIANCE 1699 W. MOUND ST. COLUMBUS, OH 43223	31-4379494	501(C)(3)	153,874.	30,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
OSCEOLA COUNCIL ON AGING 700 GENERATION POINT KISSIMMEE, FL 34744	59-1595398	501(C)(3)	153,000.	76,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
CHATHAM COUNTY COUNCIL ON AGING PO BOX 715 PITTSBORO, NC 27312	56-1084260	501(C)(3)	137,402.	18,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SOUTHWEST OH & NORTHERN KY - 2091 RADCLIFF DRIVE - CINCINNATI, OH 45204	31-0537097	501(C)(3)	136,174.	0.			PROJECT SUPPORT AND OTHER SERVICES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **369.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ **13.**

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

**Schedule I (Form 990) 2021**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR NEIGHBORS, INC. 678 FRONT AVE NW, STE. 205 GRAND RAPIDS, MI 49504	23-7195491	501(C)(3)	129,806.	30,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
NORTH STAR COUNCIL ON AGING 1424 MOORE STREET FAIRBANKS, AK 99701	92-0037749	501(C)(3)	103,000.	18,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
FAMILY SERVICE ROCHESTER 4600 18TH STREET NW ROCHESTER, MN 55901	41-0883453	501(C)(3)	90,754.	18,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
SMOKY MOUNTAIN MEALS ON WHEELS 3509 TUCKALEECHEE PIKE MARYVILLE, TN 37803	62-1561673	501(C)(3)	80,232.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS TEXAS 9901 BRODIE LANE AUSTIN, TX 78748	47-2777882	501(C)(3)	72,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS CHICAGO 314 WEST SUPERIOR STREET CHICAGO, IL 60654	36-3667584	501(C)(3)	70,329.	0.			PROJECT SUPPORT AND OTHER SERVICES
VNA MEALS ON WHEELS 1440 WEST MOCKINGBIRD LANE DALLAS, TX 75247	75-0800692	501(C)(3)	63,761.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ORANGE COUNTY, NC PO BOX 2102 CHAPEL HILL, NC 27515	59-1721954	501(C)(3)	61,577.	0.			PROJECT SUPPORT AND OTHER SERVICES
ASTER AGING, INC. 45 W. UNIVERSITY DRIVE MESA, AZ 85201	94-2596075	501(C)(3)	56,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST KANSAS AREA AGENCY ON AGING - 1803 OREGON AVENUE - HIAWATHA, KS 66434	48-0802891	501(C)(3)	55,727.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF METRO TULSA 12620 E. 31ST ST. TULSA, OK 74146	73-1125389	501(C)(3)	55,120.	0.			PROJECT SUPPORT AND OTHER SERVICES
YARNELL REGIONAL COMMUNITY CENTER PO BOX 641 YARNELL, AZ 85362	74-2467916	501(C)(3)	55,100.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS WESTERN SOUTH DAKOTA - 1621 SHERIDAN LAKE ROAD, SUITE C - RAPID CITY, SD 57702	46-0362991	501(C)(3)	55,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ATHENS COMMUNITY COUNCIL ON AGING 135 HOYT ST. ATHENS, GA 30601	58-0977680	501(C)(3)	53,570.	0.			PROJECT SUPPORT AND OTHER SERVICES
MOBILE MEALS OF SOUTHERN ARIZONA 4803 E 5TH ST., STE #209 TUCSON, AZ 85711	23-7157579	501(C)(3)	52,451.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SPOKANE 1222 W. 2ND AVE. SPOKANE, WA 99201	91-0833015	501(C)(3)	50,444.	0.			PROJECT SUPPORT AND OTHER SERVICES
FRIENDSHIP TRAYS, INC. PO BOX 241046 CHARLOTTE, NC 28203	56-1201496	501(C)(3)	50,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. JOHNS COUNTY COUNCIL ON AGING, INC. - 180 MARINE STREET - ST. AUGUSTINE, FL 32084	59-1525829	501(C)(3)	49,623.	0.			PROJECT SUPPORT AND OTHER SERVICES

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MEALS ON WHEELS OF NORMAN 528 E MAIN ST NORMAN, OK 73071	73-0931924	501(C)(3)	47,133.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NORTHEAST TENNESSEE - 704 ROLLING HILLS DRIVE - JOHNSON CITY, TN 37604	62-0928394	501(C)(3)	46,118.	0.			PROJECT SUPPORT AND OTHER SERVICES
THE HERITAGE AREA AGENCY ON AGING 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	83-0545648	501(C)(3)	45,421.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGEWELL SERVICES 275 WEST CLAY AVENUE MUSKEGON, MI 49440	38-2033822	501(C)(3)	45,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
VOLUNTARY ACTION CENTER MEALS ON WHEELS - 1606 BETHANY ROAD - SYCAMORE, IL 60178	36-2798257	501(C)(3)	45,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
GREATER BOSTON CHINESE GOLDEN AGE CENTER - 75 KNEELAND STREET - BOSTON, MA 02111	23-7181452	501(C)(3)	45,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF ALEXANDRIA 206 N. WASHINGTON STREET, #301 ALEXANDRIA, VA 22314	54-0842806	501(C)(3)	44,274.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF ALBUQUERQUE P.O. BOX 92614 ALBUQUERQUE, NM 87199	85-0307043	501(C)(3)	43,735.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIORCARE, INC. 49 BLACKBURN CENTER GLOUCESTER, MA 01930	04-2512171	501(C)(3)	43,519.	0.			PROJECT SUPPORT AND OTHER SERVICES

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ETHOS 555 AMORY STREET JAMAICA PLAIN, MA 02130	23-7304163	501(C)(3)	41,100.	0.			PROJECT SUPPORT AND OTHER SERVICES
COUNCIL ON AGING FOR HENDERSON COUNTY - 105 KING CREEK BLVD. - HENDERSONVILLE, NC 28792	56-0936674	501(C)(3)	40,971.	0.			PROJECT SUPPORT AND OTHER SERVICES
CENTRAL VERMONT COUNCIL ON AGING 59 N. MAIN ST, SUITE 200 BARRE, VT 05641	03-0276104	501(C)(3)	40,572.	0.			PROJECT SUPPORT AND OTHER SERVICES
LONGMONT MEALS ON WHEELS 910 LONGS PEAK AVE LONGMONT, CO 80501	84-0590979	501(C)(3)	40,515.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR RESOURCES OF GUILFORD 1401 BENJAMIN PARKWAY GREENSBORO, NC 27408	56-1181577	501(C)(3)	40,515.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS, INC. OF TARRANT COUNTY - 5740 AIRPORT FREEWAY - FORT WORTH, TX 76117	75-1568798	501(C)(3)	40,349.	0.			PROJECT SUPPORT AND OTHER SERVICES
ALBEMARLE COMMISSION SENIOR NUTRITION PROGRAM - 512 SOUTH CHURCH STREET - HERTFORD, NC 27944	11-1111111	N/A	40,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CARELINK PO BOX 5988 NORTH LITTLE ROCK, AR 72119	71-0521402	501(C)(3)	40,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
KENNETH YOUNG CENTER MEALS ON WHEELS - 1001 ROHLWING RD. - ELK GROVE VILLAGE, IL 60007	23-7181444	501(C)(3)	39,829.	0.			PROJECT SUPPORT AND OTHER SERVICES

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COMMUNITY EMERGENCY SERVICE 1900 11TH AVE S MINNEAPOLIS, MN 55404	41-1728341	501(C)(3)	39,330.	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)	39,302.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SAN FRANCISCO 1375 FAIRFAX AVENUE SAN FRANCISCO, CA 94124	94-1741155	501(C)(3)	39,002.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SARASOTA, INC. 421 N. LIME AVE. SARASOTA, FL 34237	59-1391249	501(C)(3)	38,812.	0.			PROJECT SUPPORT AND OTHER SERVICES
YPSILANTI MEALS ON WHEELS 1110 W. CROSS ST. YPSILANTI, MI 48197	38-2038528	501(C)(3)	38,540.	0.			PROJECT SUPPORT AND OTHER SERVICES
BARRE HOUSING SERVICES/CITY HOTEL CAF - 30 WASHINGTON ST. - BARRE, VT 05641	46-5180875	501(C)(3)	38,072.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR RESOURCES, INC. 2817 MILLWOOD AVE. COLUMBIA, SC 29205	57-0484965	501(C)(3)	37,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS FOR GREATER HOUSTON - 3303 MAIN STREET - HOUSTON, TX 77002	74-1488102	501(C)(3)	37,274.	0.			PROJECT SUPPORT AND OTHER SERVICES
GREAT NORTHERN SERVICES 310 BOLES STREET WEED, CA 96094	94-2562423	501(C)(3)	37,253.	0.			PROJECT SUPPORT AND OTHER SERVICES

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MEALS ON WHEELS OF RHODE ISLAND 70 BATH ST. PROVIDENCE, RI 02908	05-0340723	501(C)(3)	36,714.	0.			PROJECT SUPPORT AND OTHER SERVICES
CATHOLIC CHARITIES SENIOR DINING/MOWS - 157 ROOSEVELT ROAD - ST. CLOUD, MN 56301	41-0737799	501(C)(3)	36,672.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS DIABLO REGION 1300 CIVIC DRIVE WALNUT CREEK, CA 94596	68-0044205	501(C)(3)	36,004.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SOLANO COUNTY 95 MARINA CENTER SUISUN CITY, CA 94585	94-2453452	501(C)(3)	36,004.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY SERVINGS, INC. 179 AMORY STREET BOSTON, MA 02130	22-3154028	501(C)(3)	36,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF MERCER COUNTY 320 HOLLOWBROOK DRIVE EWING, NJ 08638	22-1990231	501(C)(3)	35,187.	0.			PROJECT SUPPORT AND OTHER SERVICES
TEMPE COMMUNITY ACTION AGENCY 2146 E. APACHE BLVD. TEMPE, AZ 85281	86-0254820	501(C)(3)	35,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF OKLAHOMA CITY 222 NORTHWEST 15TH STREET OKLAHOMA CITY, OK 73103	73-0580268	501(C)(3)	35,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR LIFE RESOURCES, MEALS ON WHEELS - 1824 FOWLER STREET - RICHLAND, WA 99352	91-0909913	501(C)(3)	34,944.	0.			PROJECT SUPPORT AND OTHER SERVICES

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GREATER SPOKANE COUNTY MEALS ON WHEELS - 12101 EAST SPRAGUE AVENUE - SPOKANE VALLEY, WA 99206	91-1042546	501(C)(3)	34,666.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS PEOPLE 7710 SW 31ST AVENUE PORTLAND, OR 97219	93-0584318	501(C)(3)	34,557.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS PROGRAMS & SERVICES OF ROCKLAND, INC. - 121 WEST NYACK ROAD - NANUET, NY 10954	13-2831197	501(C)(3)	34,030.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF HANCOCK COUNTY 630 NORTH STATE STREET GREENFIELD, IN 46140	35-2117913	501(C)(3)	34,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF LONG BEACH, INC. - P.O. BOX 15688 - LONG BEACH, CA 90815	95-2829715	501(C)(3)	34,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MONTGOMERY AREA COUNCIL ON AGING 115 E. JEFFERSON STREET MONTGOMERY, AL 36104	63-0634950	501(C)(3)	33,810.	0.			PROJECT SUPPORT AND OTHER SERVICES
LUTHERAN SOCIAL SERVICES OF MINNESOTA - 2485 COMO AVE - SAINT PAUL, MN 55108	41-0872993	501(C)(3)	33,754.	0.			PROJECT SUPPORT AND OTHER SERVICES
TAMPA BAY NETWORK TO END HUNGER 4532 WEST KENNEDY BOULEVARD TAMPA, FL 33609	36-4758155	501(C)(3)	33,623.	0.			PROJECT SUPPORT AND OTHER SERVICES
CARSON CITY SENIOR CITIZEN CENTER 911 BEVERLY DRIVE CARSON CITY, NV 89706	88-0123061	501(C)(3)	33,494.	0.			PROJECT SUPPORT AND OTHER SERVICES

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LEXINGTON COUNTY RECREATION AND AGING COMMISSION - 125 PARKER STREET - LEXINGTON, SC 29072	11-1111111	N/A	33,494.	0.			PROJECT SUPPORT AND OTHER SERVICES
SERVICE OPPORTUNITY FOR SENIORS 2235 POLVOROSA DR. STE 260 SAN LEANDRO, CA 94577	94-1725204	501(C)(3)	32,953.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS GUERNSEY COUNTY 1022 CARLISLE AVE. CAMBRIDGE, OH 43725	31-0814891	501(C)(3)	32,774.	0.			PROJECT SUPPORT AND OTHER SERVICES
FEEDMORE WNY 100 JAMES E. CASEY DR., BUFFALO, NY 14206	22-2470820	501(C)(3)	32,354.	0.			PROJECT SUPPORT AND OTHER SERVICES
MCDOWELL COUNTY COMMISSION ON AGING - 725 STEWART STREET - WELCH, WV 24801	55-0567694	501(C)(3)	31,862.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SYRACUSE 300 BURT ST. SYRACUSE, NY 13202	16-0970999	501(C)(3)	31,707.	0.			PROJECT SUPPORT AND OTHER SERVICES
WHATCOM COUNTY COUNCIL ON AGING - MEALS ON WHEELS AND MORE - 315 HALLECK ST. - BELLINGHAM, WA 98225	91-0784024	501(C)(3)	31,444.	0.			PROJECT SUPPORT AND OTHER SERVICES
FEEDMORE - MEALS ON WHEELS 1415 RHOADMILLER STREET RICHMOND, VA 23220	54-1150923	501(C)(3)	31,300.	0.			PROJECT SUPPORT AND OTHER SERVICES
COAL CREEK MEALS ON WHEELS 455 N. BURLINGTON AVENUE LAFAYETTE, CO 80026	84-0634856	501(C)(3)	31,200.	0.			PROJECT SUPPORT AND OTHER SERVICES

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MEALS ON WHEELS OF NEPA 541 WYOMING AVENUE SCRANTON, PA 18509	23-1856098	501(C)(3)	30,638.	0.			PROJECT SUPPORT AND OTHER SERVICES
CENTRAL ILLINOIS AGENCY ON AGING, INC. - 700 HAMILTON BOULEVARD - PEORIA, IL 61603	37-0983168	501(C)(3)	30,497.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF HILLSBOROUGH COUNTY - PO BOX 910 - MERRIMACK, NH 03054	02-0335003	501(C)(3)	30,395.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SENIOR SERVICES 950 WILLIAMS ST., BLDG C STE 200 ROCKWALL, TX 75087	31-1621625	501(C)(3)	30,200.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR FRIENDSHIP CENTERS, INC. 1888 BROTHER GEENEN WAY SARASOTA, FL 34236	59-1522614	501(C)(3)	30,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MOUNTAINLAND AGING AND FAMILY SERVICES - 586 E 800 N - OREM, UT 84097	11-1111111	N/A	30,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS FOUNDATION OF NORTHERN ILLINOIS - 7222 W. CERMAK RD., SUITE 302 - NORTH RIVERSIDE, IL 60546	36-4461669	501(C)(3)	30,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF TAMPA 5320 NORTH BOULEVARD TAMPA, FL 33603	59-1679915	501(C)(3)	29,812.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS VICTORIA 603 EAST MURRAY STREET VICTORIA, TX 77901	74-2116391	501(C)(3)	29,761.	0.			PROJECT SUPPORT AND OTHER SERVICES

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BARRON COUNTY OFFICE ON AGING 335 E MONROE AVE BARRON, WI 54812	39-6005668	501(C)(3)	29,614.	0.			PROJECT SUPPORT AND OTHER SERVICES
WASHBURN COUNTY UNIT ON AGING 304 2ND STREET SHELL LAKE, WI 54871	39-6005753	501(C)(3)	29,614.	0.			PROJECT SUPPORT AND OTHER SERVICES
FOODNET MEALS ON WHEELS P.O. BOX 460 ITHACA, NY 14850	16-1285569	501(C)(3)	29,407.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF DURHAM, INC. 2522 ROSS RD. DURHAM, NC 27703	56-1729111	501(C)(3)	29,402.	0.			PROJECT SUPPORT AND OTHER SERVICES
FRANKLIN COUNTY COUNCIL ON AGING, INC - 202 MEDICAL HEIGHTS DR. - FRANKFORT, KY 40601	61-6041002	501(C)(3)	29,099.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTH MIAMI FOUNDATION FOR SENIOR CITIZENS SERVICES, INC. - 620 NORTHEAST 127TH STREET - NORTH MIAMI, FL 33161	59-1582766	501(C)(3)	29,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CITY OF GLENDALE - SENIOR SERVICES 613 E. BROADWAY, SUITE 120 GLENDALE, CA 91206	11-1111111	N/A	29,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS, ETC. 2801 S. FINANCIAL CT. SANFORD, FL 32773	59-2977907	501(C)(3)	28,812.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SAN DIEGO COUNTY 2254 SAN DIEGO AVE. #200 SAN DIEGO, CA 92110	95-2660509	501(C)(3)	28,502.	0.			PROJECT SUPPORT AND OTHER SERVICES

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AMADOR COUNTY SENIOR CITIZENS, INC. - 229 NEW YORK RANCH ROAD - JACKSON, CA 95642	94-2761385	501(C)(3)	28,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
UR MEDICINE HOME CARE-MEALS ON WHEELS - 2180 EMPIRE BLVD. - WEBSTER, NY 14580	82-5091873	501(C)(3)	28,354.	0.			PROJECT SUPPORT AND OTHER SERVICES
FORT BEND SENIORS MEALS ON WHEELS P.O. BOX 1488 ROSENBERG, TX 77471	74-1918313	501(C)(3)	28,174.	0.			PROJECT SUPPORT AND OTHER SERVICES
METROPOLITAN INTER-FAITH ASSOCIATION - 910 VANCE AVENUE - MEMPHIS, TN 38126	62-0803601	501(C)(3)	28,118.	0.			PROJECT SUPPORT AND OTHER SERVICES
NEIGHBORHOOD ALLIANCE 1536 EAST 30TH STREET LORAIN, OH 44055	34-0714471	501(C)(3)	27,774.	0.			PROJECT SUPPORT AND OTHER SERVICES
CHEROKEE COUNTY MEALS ON WHEELS P.O. BOX 1886 GAFFNEY, SC 29342	57-0773044	501(C)(3)	27,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MINUTEMAN SENIOR SERVICES 26 CROSBY DR. BEDFORD, MA 01730	04-2587212	501(C)(3)	27,218.	0.			PROJECT SUPPORT AND OTHER SERVICES
DOC SERVICES, INC. PO BOX 848 MIAMI, OK 74355	73-1615506	501(C)(3)	27,089.	0.			PROJECT SUPPORT AND OTHER SERVICES
ERIE COUNTY SENIOR CENTER 620 E. WATER ST. SANDUSKY, OH 44870	34-1016590	501(C)(3)	26,774.	0.			PROJECT SUPPORT AND OTHER SERVICES

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LEAVENWORTH COUNTY COUNCIL ON AGING - 1830 S. BROADWAY ST. - LEAVENWORTH, KS 66048	48-6034067	501(C)(3)	26,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
BRIGHAM CITY SENIOR CENTER MEALS ON WHEELS - 24 NORTH 300 WEST - BRIGHAM CITY, UT 84302	11-1111111	N/A	26,330.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIORAGE AREA AGENCY ON AGING 1735 S. FORT AVE SPRINGFIELD, MO 65807	43-1018538	501(C)(3)	26,120.	0.			PROJECT SUPPORT AND OTHER SERVICES
JAS FOUNDATION PO BOX 4272 WEST WENDOVER, NV 89883	80-0452565	501(C)(3)	26,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
HEALY SENIOR CENTER PO BOX 1849 REDWAY, CA 95560	94-2762224	501(C)(3)	25,979.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS GRAND FORKS 620 4TH AVE. SOUTH GRAND FORKS, ND 58201	45-0311269	501(C)(3)	25,882.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES, INC. OF WICHITA 200 SOUTH WALNUT WICHITA, KS 67213	48-0757988	501(C)(3)	25,727.	0.			PROJECT SUPPORT AND OTHER SERVICES
WASHINGTON COUNTY SENIOR SERVICES, INC. - 305 N. NASHVILLE ST. - OKAWVILLE, IL 62271	37-1092072	501(C)(3)	25,665.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR RESOURCE CONNECTION 105 S. WILKINSON STREET DAYTON, OH 45402	31-0592759	501(C)(3)	25,660.	0.			PROJECT SUPPORT AND OTHER SERVICES

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MID-EAST COMMISSION AREA AGENCY ON AGING - 1502 NORTH MARKET STREET, SUITE A - WASHINGTON, NC 27889	56-0905636	501(C)(3)	25,176.	0.			PROJECT SUPPORT AND OTHER SERVICES
SIERRA SENIOR PROVIDERS, INC. 540 GREENLEY ROAD SONORA, CA 95370	77-0432625	501(C)(3)	25,002.	0.			PROJECT SUPPORT AND OTHER SERVICES
LIFESCAPE COMMUNITY SERVICES, INC. 705 KILBURN AVE. ROCKFORD, IL 61101	36-3303361	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ORANGE COUNTY 1200 NORTH KNOLLWOOD CIRCLE ANAHEIM, CA 92801	95-2771715	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
LIFEBRIDGE COMMUNITY SERVICES 475 CLINTON AVENUE BRIDGEPORT, CT 06605	06-0646974	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
OPEN HAND 181 ARMOUR DRIVE NE ATLANTA, GA 30324	58-1816778	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WHITE RIVER HEALTH SYSTEM, INC. 1710 HARRISON STREET BATESVILLE, AR 72501	71-0411459	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ESTUARY COUNCIL OF SENIORS, INC. 220 MAIN ST. OLD SAYBROOK, CT 06475	06-0919178	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
FOOD FOR THOUGHT 6550 RAILROAD AVENUE FORESTVILLE, CA 95436	68-0181095	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARREN COUNTY HOME DELIVERY MEALS, INC. - 106 EAST END DRIVE - MCMINNVILLE, TN 37110	59-1766201	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WHITE RIVER AREA AGENCY ON AGING PO BOX 2637 BATESVILLE, AR 72503	71-0521442	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
VALLEY SENIOR SERVICES 2801 32ND AVENUE SOUTH FARGO, ND 58103	23-7215906	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MODERN MATURITY CENTER, INC. 1121 FORREST AVENUE DOVER, DE 19904	51-0108568	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038	95-4115863	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SAN PEDRO MEALS ON WHEELS 731 SOUTH AVERILL AVENUE SAN PEDRO, CA 90732	95-2803612	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
AREA AGENCY ON AGING OF NORTHWEST ARKANSAS - P.O. BOX 1795 - HARRISON, AR 72602	71-0521887	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS CALIFORNIA 1200 NORTH KNOLLWOOD CIRCLE ANAHEIM, CA 92801	47-4698325	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
KANAWHA VALLEY SENIOR SERVICES, INC. - 1710 PENNSYLVANIA AVENUE - CHARLESTON, WV 25302	55-0626556	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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WEBB COMMUNITY ACTION AGENCY 520 REYNOLDS 2ND FLOOR LAREDO, TX 78040	74-1679668	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMON GROUND SENIOR SERVICES 80 RIDGE ROAD SUTTER CREEK, CA 95685	68-0463039	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MOBILE MEALS OF SPARTANBURG P.O. BOX 461 SPARTANBURG, SC 29304	57-0653452	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WAYNE COUNTY SENIOR SERVICES 3600 COMMERCE COURT WAYNE, MI 48184	38-6004895	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CHIPPEWA LUCE MACKINAC COMMUNITY ACTION AGENCY - 524 ASHMUN STREET - SAULT STE. MARIE, MI 49783	38-1798626	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
KENAI SENIOR SERVICES/CITY OF KENAI - 361 SENIOR CT. - KENAI, AK 99611	92-0131229	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUND GENERATIONS MEALS ON WHEELS KING COUNTY - 2208 2ND AVENUE - SEATTLE, WA 98121	91-0823767	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES SOUTHWEST MICHIGAN 918 JASPER STREET KALAMAZOO, MI 49001	38-1747660	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF ASHEVILLE-BUNCOMBE COUNTY - 146 VICTORIA ROAD - ASHEVILLE, NC 28801	56-1115597	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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

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OPEN ARMS OF MINNESOTA 2500 BLOOMINGTON AVENUE MINNEAPOLIS, MN 55404	41-1681317	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF EAU CLAIRE COUNTY - 721 OXFORD AVENUE - EAU CLAIRE, WI 54703	11-1111111	N/A	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MONTGOMERY COUNTY 111 SOUTH 2ND STREET CONROE, TX 77301	23-7310650	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY MEALS, INC. C/O COMMUNITY CHURCH OF GLEN ROCK GLEN ROCK, NJ 07452	22-1607272	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CROWN CENTER FOR SENIOR LIVING 8350 DELCREST DRIVE ST. LOUIS, MO 63124	43-1695861	501(C)(3)	24,900.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CHARLOTTESVILLE-ALBEMARLE - 704 ROSE HILL DRIVE - CHARLOTTESVILLE, VA 22903	54-1061454	501(C)(3)	24,798.	0.			PROJECT SUPPORT AND OTHER SERVICES
PICKENS COUNTY MEALS ON WHEELS 349 EDMONT AVENUE LIBERTY, SC 29657	57-0708817	501(C)(3)	24,700.	0.			PROJECT SUPPORT AND OTHER SERVICES
PARTNERS IN PRIME 230 LUDLOW STREET HAMILTON, OH 45011	31-0569735	501(C)(3)	24,680.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR HUB MEALS ON WHEELS 10190 BANNOCK STREET NORTH GLENN, CO 80260	74-2412032	501(C)(3)	24,543.	0.			PROJECT SUPPORT AND OTHER SERVICES

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

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MEALS ON WHEELS OF SHEBOYGAN COUNTY - 1004 S. TAYLOR DRIVE - SHEBOYGAN, WI 53081	39-1238290	501(C)(3)	24,192.	0.			PROJECT SUPPORT AND OTHER SERVICES
NEIGHBORLY CARE NETWORK 13945 EVERGREEN AVE. CLEARWATER, FL 33762	59-1218100	501(C)(3)	24,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY ACTION CORPORATION OF SOUTH TEXAS - 204 E. 1ST STREET - ALICE, TX 78332	74-1679824	501(C)(3)	24,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
KEYSTONE COMMUNITY SERVICES 2000 ST. ANTHONY AVENUE ST. PAUL, MN 55104	41-0693924	501(C)(3)	24,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MURRAY CALLOWAY COUNTY SENIOR CITIZENS CENTER - 607 POPLAR STREET SUITE D - MURRAY, KY 42071	61-0730009	501(C)(3)	24,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. PAUL'S MEALS ON WHEELS, INC. 416 CENTER AVENUE PITCAIRN, PA 15140	46-3362083	501(C)(3)	23,900.	0.			PROJECT SUPPORT AND OTHER SERVICES
DIGNITY HEALTH CONNECTED LIVING 200 MERCY OAKS DRIVE REDDING, CA 96003	23-7115371	501(C)(3)	23,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
ALAMANCE COUNTY MEALS ON WHEELS, INC. - 411 W. 5TH STREET, SUITE A - BURLINGTON, NC 27215	56-1061980	501(C)(3)	23,451.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOURCEPOINT 800 CHESHIRE RD. DELAWARE, OH 43015	31-1354284	501(C)(3)	23,380.	0.			PROJECT SUPPORT AND OTHER SERVICES

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EDMOND MOBILE MEALS, INC. 25 W. 3RD ST. EDMOND, OK 73003	73-1250443	501(C)(3)	23,133.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF COWETA P.O. BOX 73437 NEWNAN, GA 30271	58-1274374	501(C)(3)	23,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WILLIAMSBURG AREA MEALS ON WHEELS 1769 JAMESTOWN ROAD WILLIAMSBURG, VA 23185	54-0952118	501(C)(3)	23,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
IONIA COUNTY COMMISSION ON AGING 115 HUDSON STREET IONIA, MI 48846	38-6004857	501(C)(3)	23,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WESTERN MICHIGAN - 2900 WILSON AVE. SW, SUITE 500 - GRANDVILLE, MI 49418	38-2535537	501(C)(3)	22,871.	0.			PROJECT SUPPORT AND OTHER SERVICES
ROSE CENTERS FOR AGING WELL 11890 FAIRHILL ROAD CLEVELAND, OH 44120	34-0714482	501(C)(3)	22,774.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF EASTERN ONONDAGA COUNTY, INC. - PO BOX 72 - MANLIUS, NY 13104	23-7411928	501(C)(3)	22,530.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREELEY AND WELD COUNTY - 2131 9TH ST - GREELEY, CO 80631	84-0673693	501(C)(3)	22,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREENVILLE COUNTY - 15 OREGON STREET - GREENVILLE, SC 29605	57-0531378	501(C)(3)	22,500.	0.			PROJECT SUPPORT AND OTHER SERVICES

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SENIOR SERVICES OF HOKE COUNTY PO BOX 637 RAEFORD, NC 28376	11-1111111	N/A	22,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SAGINAW COUNTY COMMISSION ON AGING 2355 SCHUST ROAD SAGINAW, MI 48603	38-6004887	501(C)(3)	22,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SPRINGWELL, INC. 307 WAVERLEY OAKS ROAD, SUITE 205 WALTHAM, MA 02452	04-2616064	501(C)(3)	21,218.	0.			PROJECT SUPPORT AND OTHER SERVICES
CHARLESTON AREA SENIOR CITIZENS - MEALS ON WHEELS OF CHARLESTON - 259 MEETING STREET - CHARLESTON, SC 29401	57-6030048	501(C)(3)	21,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGE WELL SENIOR SERVICES, INC. 23101 LAKE CENTER DRIVE LAKE FOREST, CA 92630	93-1163563	501(C)(3)	21,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WESLEYLIFE MEALS ON WHEELS 5508 NW 88TH ST. JOHNSTON, IA 50131	20-3970256	501(C)(3)	21,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
VIVALON 930 TAMALPAIS AVENUE SAN RAFAEL, CA 94901	94-1422463	501(C)(3)	20,502.	0.			PROJECT SUPPORT AND OTHER SERVICES
SILVER KEY SENIOR SERVICES 1625 S. MURRAY BLVD. COLORADO SPRINGS, CO 80916	23-7109922	501(C)(3)	20,472.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NORTH CAROLINA 404 CROSSWICK ROAD CLEMMONS, NC 27012	83-3370195	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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MIDDLE FLINT COUNCIL ON AGING, INC. - 140 HIGHWAY 27 EAST - AMERICUS, GA 31709	58-1124231	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF THE MONTEREY PENINSULA INC. - 700 JEWELL AVENUE - PACIFIC GROVE, CA 93950	94-2157521	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
BLOOMINGTON MEALS ON WHEELS 601 W 2ND STREET BLOOMINGTON, IN 47402	31-0941563	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
BENZIE SENIOR RESOURCES 10542 MAIN STREET HONOR, MI 49640	06-1673002	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
GUILFORD INTERFAITH MINISTRIES, INC. - 310 STATE STREET, UNIT 200 - GUILFORD, CT 06437	06-1139541	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD SANTA ROSA, CA 95403	68-0121855	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
PRAIRIE COUNCIL ON AGING 800 W STATE STREET JACKSONVILLE, IL 62650	37-0979932	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SALINE COUNTY DEPARTMENT OF SENIOR SERVICES - 245 N. NINTH STREET - SALINA, KS 67401	48-6017251	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SE CLERGY MEALS ON WHEELS 415 NORTHFIELD RD. BEDFORD, OH 44146	34-1475654	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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STODDARD COUNTY SENIOR CITIZENS AGENCY - 23 WEST STODDARD STREET - DEXTER, MO 63841	43-1447330	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ROUTT COUNTY COUNCIL ON AGING P.O. BOX 770207 STEAMBOAT SPRINGS, CO 80477	84-0678596	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
BAY AGING P.O. BOX 610 URBANNA, VA 23175	54-1085032	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
TORRANCE-LOMITA MEALS ON WHEELS 3525 MARICOPA STREET TORRANCE, CA 90503	95-2886609	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
UNION COUNTY SENIOR NUTRITION 2330 CONCORD AVE. MONROE, NC 28110	56-6000345	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
COASTLINE ELDERLY SERVICES 1646 PURCHASE STREET NEW BEDFORD, MA 02740	04-2622121	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
GREENUP MEALS ON WHEELS, INC. PO BOX 382 GREENUP, KY 41144	20-4201044	501(C)(3)	19,900.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS WACO 501 W. WACO DRIVE WACO, TX 76707	74-1776447	501(C)(3)	19,761.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR CITIZENS, INC. 3025 BULL STREET SAVANNAH, GA 31405	58-0864009	501(C)(3)	19,452.	0.			PROJECT SUPPORT AND OTHER SERVICES

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CENTRAL OREGON COUNCIL ON AGING 373 NORTHEAST GREENWOOD AVENUE BEND, OR 97701	93-0661229	501(C)(3)	19,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
KITCHEN ANGELS 1222 SILER RD. SANTA FE, NM 87507	85-0423492	501(C)(3)	19,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ATLANTA 1705 COMMERCE DR. NW ATLANTA, GA 30318	58-0960309	501(C)(3)	19,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
VINE FAITH IN ACTION 421 E HICKORY ST MANKATO, MN 56001	41-1802861	501(C)(3)	19,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
KEARNEY HOUSING DEVELOPMENT CORPORATION - 2715 AVENUE I - KEARNEY, NE 68847	47-0782317	501(C)(3)	18,865.	0.			PROJECT SUPPORT AND OTHER SERVICES
MOORESBURG COMMUNITY ASSOCIATION 318 MCNEIL CIRCLE MOORESBURG, TN 37811	94-3416521	501(C)(3)	18,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF ROWAN P.O. BOX 1914 SALISBURY, NC 28145	56-1152417	501(C)(3)	18,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ABCAP 406 W. PLUM ST. GEORGETOWN, OH 45121	26-3202165	501(C)(3)	18,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF HAMILTON COUNTY 395 WESTFIELD RD. NOBLESVILLE, IN 46060	35-1344488	501(C)(3)	18,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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MACOMB COMMUNITY ACTION 21885 DUNHAM ROAD, SUITE 6 CLINTON TOWNSHIP, MI 48036	11-1111111	N/A	17,800.	0.			PROJECT SUPPORT AND OTHER SERVICES
STATE COLLEGE AREA MEALS ON WHEELS, INC. - 205 S. GARNER ST. - STATE COLLEGE, PA 16801	25-1215933	501(C)(3)	17,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
BENDER JCC OF GREATER WASHINGTON 6125 MONTROSE ROAD ROCKVILLE, MD 20852	53-0205921	501(C)(3)	17,058.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF TAKOMA PARK 6909 LAUREL AVENUE TAKOMA PARK, MD 20915	52-0943628	501(C)(3)	17,058.	0.			PROJECT SUPPORT AND OTHER SERVICES
MAC, INC. 909 PROGRESS CIRCLE, SUITE 100 SALISBURY, MD 21804	52-0992005	501(C)(3)	16,629.	0.			PROJECT SUPPORT AND OTHER SERVICES
SHEPHERD'S CENTER KC CENTRAL 1111 WEST 39TH STREET KANSAS CITY, MO 64111	43-0994417	501(C)(3)	16,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MAIN LINE MEALS ON WHEELS, INC. P.O. BOX 801 DEVON, PA 19333	23-1907603	501(C)(3)	16,478.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MESA COUNTY - ST. MARY'S HOSPITAL - 551 CHIPETA AVENUE - GRAND JUNCTION, CO 81501	84-0425720	501(C)(3)	16,472.	0.			PROJECT SUPPORT AND OTHER SERVICES
KNOXVILLE-KNOX COUNTY COMMUNITY ACTION COMMITTEE - P.O. BOX 51650 - KNOXVILLE, TN 37950	23-7432847	501(C)(3)	16,236.	0.			PROJECT SUPPORT AND OTHER SERVICES

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SAGE ELDERCARE 290 BROAD STREET SUMMIT, NJ 07901	22-1657929	501(C)(3)	16,187.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUTHWESTERN VERMONT COUNCIL ON AGING - 143 MAPLE STREET - RUTLAND, VT 05701	03-0273983	501(C)(3)	16,072.	0.			PROJECT SUPPORT AND OTHER SERVICES
GREATER RANDOLPH SENIOR CENTER 6 HALE ST. RANDOLPH, VT 05060	03-0236395	501(C)(3)	16,072.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGE WELL 875 ROOSEVELT HWY COLCHESTER, VT 05446	22-2474636	501(C)(3)	16,072.	0.			PROJECT SUPPORT AND OTHER SERVICES
WATERBURY AREA SENIOR CENTER 14 STOWE STREET WATERBURY, VT 05676	03-0342923	501(C)(3)	16,072.	0.			PROJECT SUPPORT AND OTHER SERVICES
THOMPSON SENIOR CENTER 99 SENIOR LANE WOODSTOCK, VT 05091	03-0295419	501(C)(3)	16,072.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTHEAST KINGDOM COUNCIL ON AGING 481 SUMMER STREET ST. JOHNSBURY, VT 05819	03-0272861	501(C)(3)	16,072.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF BENNINGTON COUNTY - 124 PLEASANT ST. - BENNINGTON, VT 05201	03-0343945	501(C)(3)	16,072.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. JOHNSBURY MEALS ON WHEELS AND MEAL SITE - P.O. BOX 21 - ST. JOHNSBURY, VT 05819	03-0353487	501(C)(3)	16,072.	0.			PROJECT SUPPORT AND OTHER SERVICES

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DARLING INN SENIOR MEAL SITE, INC. 76 DEPOT ST. LYNDONVILLE, VT 05851	03-0353738	501(C)(3)	16,072.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SOLUTIONS 38 PLEASANT STREET SPRINGFIELD, VT 05156	22-2738766	501(C)(3)	16,072.	0.			PROJECT SUPPORT AND OTHER SERVICES
BRATTLEBORO SENIOR MEALS, INC. 207 MAIN STREET BRATTLEBORO, VT 05301	05-0587278	501(C)(3)	16,072.	0.			PROJECT SUPPORT AND OTHER SERVICES
TWIN VALLEY SENIORS, INC. P.O. BOX 152 EAST MONTPELIER, VT 05651	22-3309872	501(C)(3)	16,072.	0.			PROJECT SUPPORT AND OTHER SERVICES
OLD COLONY ELDER SERVICES 144 MAIN STREET BROCKTON, MA 02301	04-2545236	501(C)(3)	16,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
EASTSIDE MEALS ON WHEELS INC. 1510 33RD AVE. NE MINNEAPOLIS, MN 55418	41-1228367	501(C)(3)	16,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WESTMASS ELDERCARE 4 VALLEY MILL RD. HOLYOKE, MA 01040	04-2545848	501(C)(3)	16,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD. STE 1006 NEWPORT NEWS, VA 23606	51-0151069	501(C)(3)	15,798.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF CENTRAL ILLINOIS - 701 W. MASON ST. - SPRINGFIELD, IL 62702	37-0895193	501(C)(3)	15,797.	0.			PROJECT SUPPORT AND OTHER SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS NORTH JERSEY 100 MADISON AVENUE, SUITE 3 WESTWOOD, NJ 07675	22-2340025	501(C)(3)	15,094.	0.			PROJECT SUPPORT AND OTHER SERVICES
ELDER SERVICES OF BERKSHIRE COUNTY, INC. - 877 SOUTH STREET, STE. 4E - PITTSFIELD, MA 01201	03-0272861	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUTHERN MAINE AGENCY ON AGING 136 US ROUTE ONE SCARBOROUGH, ME 04074	01-0360259	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
HIGHLAND COUNTY COMMUNITY ACTION 1487 N HIGH ST HILLSBORO, OH 45133	31-0720523	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR COMMUNITY CENTER OF OWENSBORO-DAVIESS COUNTY - 1650 WEST 2ND STREET - OWENSBORO, KY 42301	13-1044915	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
HORIZONS, A FAMILY SERVICE ALLIANCE - 819 5TH STREET SOUTHEAST - CEDAR RAPIDS, IA 52401	42-1135083	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
JAMIESON COMMUNITY CENTER PO BOX 495 MONMOUTH, IL 61462	37-0912489	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
PAYSON MULTIPURPOSE SENIOR CENTER 514 W MAIN STREET PAYSON, AZ 85541	74-2378900	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
NEWBERRY COUNTY COUNCIL ON AGING 1300 HUNT ST. NEWBERRY, SC 29108	23-7079450	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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AGING TRUE COMMUNITY SENIOR SERVICES - 4250 LAKESIDE DRIVE - JACKSONVILLE, FL 32210	23-7024899	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
FLUVANNA MEALS ON WHEELS, INC. 105 CROFTON PLAZA, SUITE 8 PALMYRA, VA 22963	26-0185272	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NEW YORK STATE 144 CEDAR STREET CORNING, NY 14830	22-3242598	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SUNSHINE CENTER, SENIOR DIVISION OF COMPREHENSIVE CONNECTIONS - 16338 N IL HIGHWAY 37 - MOUNT VERNON, IL 62864	23-7254917	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR COASTSIDERS 925 MAIN STREET HALF MOON BAY, CA 94019	94-3119310	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
APPALACHIAN AGENCY FOR SENIOR CITIZENS - PO BOX 765 - CEDAR BLUFF, VA 24609	54-0990533	501(C)(3)	14,798.	0.			PROJECT SUPPORT AND OTHER SERVICES
CJE SENIORLIFE 3003 W. TOUHY AVE. CHICAGO, IL 60645	36-2727597	501(C)(3)	14,497.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS DELAWARE, INC 100 W 10TH ST WILMINGTON, DE 19801	51-0355145	501(C)(3)	14,275.	0.			PROJECT SUPPORT AND OTHER SERVICES
DAVIESS COUNTY MULTI-PURPOSE SENIOR CENTER, INC. - PO BOX 272 - GALLATIN, MO 64640	43-1037501	501(C)(3)	14,161.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)



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

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DICKINSON IRON COMMUNITY SERVICES AGENCY - 1238 CARPENTER AVENUE - IRON MOUNTAIN, MI 49801	38-2889846	501(C)(3)	14,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CHARLOTTE COUNTY MEALS ON WHEELS P.O. BOX 486 KEYSVILLE, VA 23947	34-2025018	501(C)(3)	14,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
PIEDMONT SENIOR RESOURCES AREA AGENCY IN AGING - 1413 SOUTH MAIN STREET - FARMVILLE, VA 23901	54-1025127	501(C)(3)	13,798.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR ROUND TABLE 720 SPRAGUE AVE. WALLA WALLA, WA 99362	91-0874461	501(C)(3)	13,700.	0.			PROJECT SUPPORT AND OTHER SERVICES
PRESCOTT MEALS ON WHEELS 1280 E. ROSSER STREET PRESCOTT, AZ 86301	86-0417621	501(C)(3)	13,600.	0.			PROJECT SUPPORT AND OTHER SERVICES
THE SENIOR CONNECTION PO BOX 28 HAILEY, ID 83333	82-0315917	501(C)(3)	13,504.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NIAGARA FALLS 1920 18TH STREET NIAGARA FALLS, NY 14305	16-1265460	501(C)(3)	13,354.	0.			PROJECT SUPPORT AND OTHER SERVICES
MOLALLA ADULT COMMUNITY CENTER 315 KENNEL AVENUE MOLALLA, OR 97038	93-1240330	501(C)(3)	13,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
HOOD COUNTY COMMITTEE ON AGING PO BOX 849 GRANBURY, TX 76048	75-1630812	501(C)(3)	13,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

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HOMAGE - SENIOR SERVICES 5026 196TH STREET, SW LYNNWOOD, WA 98036	91-0910680	501(C)(3)	12,888.	0.			PROJECT SUPPORT AND OTHER SERVICES
PEOPLE FOR PEOPLE MEALS ON WHEELS 1008 W. AHTANUM ROAD, STE. 3 UNION GAP, WA 98903	91-0783225	501(C)(3)	12,888.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SAN ANTONIO 4306 NORTHWEST LOOP 410 SAN ANTONIO, TX 78229	74-1948646	501(C)(3)	12,849.	0.			PROJECT SUPPORT AND OTHER SERVICES
FOOD FOR LANE COUNTY 770 BAILEY HILL ROAD EUGENE, OR 97402	93-0888347	501(C)(3)	12,742.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTH AREA MEALS ON WHEELS 413 CHURCH STREET NORTH SYRACUSE, NY 13212	22-2296486	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOLDOTNA AREA SENIOR CITIZENS, INC. - 197 W. PARK AVE. - SOLDOTNA, AK 99669	92-0116416	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
HOME HEALTHCARE, HOSPICE & COMMUNITY SERVICES - PO BOX 564 - KEENE, NH 03431	02-0464932	501(C)(3)	12,297.	0.			PROJECT SUPPORT AND OTHER SERVICES
NOURISH MEALS ON WHEELS 92 E ARAPAHOE ROAD LITTLETON, CO 80122	84-0617651	501(C)(3)	12,043.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF BOULDER 3701 CANFIELD ST. BOULDER, CO 80301	84-0594180	501(C)(3)	12,043.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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SENIOR CITIZEN RESOURCES 3100 DEVONSHIRE ROAD CLEVELAND, OH 44109	34-1098212	501(C)(3)	12,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
LA JOLLA MEALS ON WHEELS 9888 GENESEE AVE. LA JOLLA, CA 92037	95-2880653	501(C)(3)	12,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
JEWISH FAMILY SERVICES OF WASHTENAW COUNTY - 2245 SOUTH STATE STREET - ANN ARBOR, MI 48103	41-2147486	501(C)(3)	12,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
EPISCOPAL RETIREMENT HOME 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	31-0554071	501(C)(3)	12,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CHESAPEAKE PO BOX 15343 CHESAPEAKE, VA 23328	54-1080366	501(C)(3)	12,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
METRO MEALS ON WHEELS-MINNEAPOLIS 1200 WASHINGTON AVE S. MINNEAPOLIS, MN 55415	31-1501057	501(C)(3)	11,672.	0.			PROJECT SUPPORT AND OTHER SERVICES
MONROE COUNTY MEALS ON WHEELS 901 POLK VALLEY ROAD STROUDSBURG, PA 18360	23-7201104	501(C)(3)	11,638.	0.			PROJECT SUPPORT AND OTHER SERVICES
KLEINLIFE KLEINLIFE PHILADELPHIA, PA 19116	27-0840848	501(C)(3)	11,638.	0.			PROJECT SUPPORT AND OTHER SERVICES
DON BOSCO SENIOR CENTER 580 CAMPBELL ST. KANSAS CITY, MO 64106	44-0558260	501(C)(3)	11,580.	0.			PROJECT SUPPORT AND OTHER SERVICES

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BIG VALLEY 50 PLUS P.O. BOX 586 BIEBER, CA 96009	94-2654948	501(C)(3)	11,004.	0.			PROJECT SUPPORT AND OTHER SERVICES
FIVE CITIES MEALS ON WHEELS P.O. BOX 156 PISMO BEACH, CA 93448	95-2932124	501(C)(3)	11,004.	0.			PROJECT SUPPORT AND OTHER SERVICES
THE HEALTH TRUST 3180 NEWBERRY DRIVE SAN JOSE, CA 95118	94-6050231	501(C)(3)	11,004.	0.			PROJECT SUPPORT AND OTHER SERVICES
MIDDLETOWN SENIOR CENTER 21256 WASHINGTON STREET MIDDLETOWN, CA 95461	94-2832316	501(C)(3)	11,004.	0.			PROJECT SUPPORT AND OTHER SERVICES
PENINSULA VOLUNTEERS, INC. 800 MIDDLE AVE. MENLO PARK, CA 94025	94-1294939	501(C)(3)	11,004.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY ACTION - BATTLE CREEK 175 MAIN STREET BATTLE CREEK, MI 49014	38-1794361	501(C)(3)	11,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WISE COUNTY COMMITTEE ON AGING, INC. - PO BOX 903 - DECATUR, TX 76234	75-1651529	501(C)(3)	11,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
EASTERN AREA AGENCY ON AGING 240 STATE STREET BREWER, ME 04412	01-0328376	501(C)(3)	11,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MAYERSON JCC 8485 RIDGE RD CINCINNATI, OH 45236	31-0536986	501(C)(3)	10,774.	0.			PROJECT SUPPORT AND OTHER SERVICES

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BAY RIDGE CENTER 6935 4TH AVENUE BROOKLYN, NY 11209	80-0559714	501(C)(3)	10,707.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF BULVERDE SPRING BRANCH - 30280 COUGAR BEND - BULVERDE, TX 78163	74-2625611	501(C)(3)	10,674.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MINISTRY, INC. 3001 ROBERTSON RD. TYLER, TX 75701	23-7313019	501(C)(3)	10,674.	0.			PROJECT SUPPORT AND OTHER SERVICES
DUPAGE SENIOR CITIZENS COUNCIL DUPAGE SENIOR CITIZENS COUNCIL LOMBARD, IL 60148	36-2988023	501(C)(3)	10,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
LIFEPATH, INC. 101 MUNSON STREET, SUITE 201 GREENFIELD, MA 01301	04-2542539	501(C)(3)	10,218.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS IN HUNTERDON, INC. 5 WALTER FORAN BLVD., STE. 2006 FLEMINGTON, NJ 08822	22-3084358	501(C)(3)	10,187.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SALEM COUNTY 457 SHIRLEY ROAD ELMER, NJ 08318	22-2158433	501(C)(3)	10,187.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY ACTION PROGRAM BELKNAP-MERRIMACK COUNTIES, INC. - PO BOX 1016 - CONCORD, NH 03302	02-0270376	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MYSTIC VALLEY ELDER SERVICES 300 COMMERCIAL STREET - #19 MALDEN, MA 02148	04-2562646	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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TEAM, INC. 30 ELIZABETH STREET DERBY, CT 06418	06-0835182	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
PLATTE SENIOR SERVICES, INC. 11724 N.W. PLAZA CIRCLE KANSAS CITY, MO 64153	43-1255220	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 92123	95-1644024	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MAPLE KNOLL OUTREACH SERVICES FOR SENIORS - 11275 SPRINGFIELD PIKE - CINCINNATI, OH 45246	31-0544277	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ELDER SERVICES OF THE MERRIMACK VALLEY - 280 MERRIMACK STREET - LAWRENCE, MA 01843	04-2545136	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
COUNCIL ON AGING SERVICES FOR SENIORS - SANTA ROSA - 30 KAWANA SPRINGS RD. - SANTA ROSA, CA 95404	94-6138714	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
GREAT LAKES COMMUNITY ACTION PARTNERSHIP - PO BOX 590 - FREMONT, OH 43420	34-0975934	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES CONSORTIUM OF RAMSEY COUNTY - 160 E. KELLOGG BLVD., SUITE 9100 - ST. PAUL, MN 55101	31-1689516	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR RESOURCE ASSOCIATION 694 14TH STREET VERO BEACH, FL 32960	59-1539957	501(C)(3)	9,812.	0.			PROJECT SUPPORT AND OTHER SERVICES

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MEALS ON WHEELS OF GREATER LYNCHBURG - P.O. BOX 1388 - LYNCHBURG, VA 24505	23-7399875	501(C)(3)	9,798.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SOUTH FLORIDA 451 N. STATE ROAD 7 PLANTATION, FL 33317	59-2450043	501(C)(3)	9,623.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGING AHEAD 14535 MANCHESTER RD. MANCHESTER, MO 63011	43-1833987	501(C)(3)	9,582.	0.			PROJECT SUPPORT AND OTHER SERVICES
MARION-POLK FOOD SHARE INC 1660 SALEM INDUSTRIAL DR NE SALEM, OR 97301	93-0594276	501(C)(3)	9,557.	0.			PROJECT SUPPORT AND OTHER SERVICES
PROJECT ANGEL HEART 4950 WASHINGTON STREET DENVER, CO 80216	84-1199481	501(C)(3)	9,543.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS WEST 1823 MICHIGAN AVE., STE A SANTA MONICA, CA 90404	95-4613280	501(C)(3)	9,502.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. VINCENT MEALS ON WHEELS 2303 MIRAMAR STREET LOS ANGELES, CA 90057	95-3696693	501(C)(3)	9,502.	0.			PROJECT SUPPORT AND OTHER SERVICES
RADIANT HEALTH CENTERS 17982 SKY PARK CIR, SUITE J IRVINE, CA 92614	33-0126481	501(C)(3)	9,502.	0.			PROJECT SUPPORT AND OTHER SERVICES
PADUCAH MCCracken COUNTY SENIOR CENTER - 1400 H C MATHIS DRIVE - PADUCAH, KY 42001	61-0894961	501(C)(3)	9,400.	0.			PROJECT SUPPORT AND OTHER SERVICES

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ST. JOSEPH COMMUNITY SERVICES P.O. BOX 910 MERRIMACK, NH 03054	02-0335003	501(C)(3)	9,400.	0.			PROJECT SUPPORT AND OTHER SERVICES
METRO MEALS ON WHEELS-BOISE P.O. BOX 140334 BOISE, ID 83714	82-0302317	501(C)(3)	9,004.	0.			PROJECT SUPPORT AND OTHER SERVICES
STRAFFORD NUTRITION MEALS ON WHEELS - 25 BARTLETT AVE - SOMERSWORTH, NH 03878	26-4545462	501(C)(3)	8,700.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUTHEAST TENNESSEE AREA AGENCY ON AGING AND DISABILITY - P.O. BOX 4757 - CHATTANOOGA, TN 37405	62-1849582	501(C)(3)	8,677.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR CONNECT PO BOX 1225 KAUFMAN, TX 75142	75-1701390	501(C)(3)	8,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
PIEDMONT AGENCY ON AGING P.O. BOX 997 GREENWOOD, SC 29648	57-0524221	501(C)(3)	8,300.	0.			PROJECT SUPPORT AND OTHER SERVICES
BAKERSFIELD SENIOR CENTER, INC. 530 4TH STREET BAKERSFIELD, CA 93304	77-0013149	501(C)(3)	8,253.	0.			PROJECT SUPPORT AND OTHER SERVICES
RODERICK HAYFORK SENIOR NUTRITION CENTER - P.O. BOX 723 - HAYFORK, CA 96041	68-0112349	501(C)(3)	8,253.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGENCY ON AGING - AREA 4 1401 EL CAMINO AVENUE SACRAMENTO, CA 95815	11-1111111	N/A	8,253.	0.			PROJECT SUPPORT AND OTHER SERVICES

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VALLEY VIEW HOSPITAL 1906 BLAKE AVENUE GLENWOOD SPRINGS, CO 81601	73-1664673	501(C)(3)	8,236.	0.			PROJECT SUPPORT AND OTHER SERVICES
HUMAN SERVICES ASSOCIATION 6800 FLORENCE AVE. BELL GARDENS, CA 90201	95-1816054	501(C)(3)	8,002.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS - ANDERSON P.O. BOX 285 ANDERSON, SC 29622	57-0634729	501(C)(3)	7,747.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS DAVIDSON COUNTY 555-B WEST CENTER STREET LEXINGTON, NC 27295	11-1111111	N/A	7,676.	0.			PROJECT SUPPORT AND OTHER SERVICES
CICOA FOUNDATION 8440 WOODFIELD CROSSING BLVD. INDIANAPOLIS, IN 46240	35-1859069	501(C)(3)	7,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
VNA OF NORTHWEST INDIANA MEALS ON WHEELS - 501 MARQUETTE STREET - VALPARAISO, IN 46383	31-1168281	501(C)(3)	7,471.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA - 6350 CENTER DR., BLDG. 5, STE. 101 - NORFOLK, VA 23502	54-6069786	501(C)(3)	7,348.	0.			PROJECT SUPPORT AND OTHER SERVICES
VALLEY PROGRAM FOR AGING SERVICES, INC. - P.O. BOX 817 - WAYNESBORO, VA 22980	54-0958526	501(C)(3)	7,348.	0.			PROJECT SUPPORT AND OTHER SERVICES
BLUE LEDGE, INC. P.O. BOX 1332 AMHERST, VA 24521	71-1020696	501(C)(3)	7,348.	0.			PROJECT SUPPORT AND OTHER SERVICES

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

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COMMUNITY ACTION PARTNERSHIP OF CENTRAL ILLINOIS - 1800 FIFTH STREET - LINCOLN, IL 62656	37-0895679	501(C)(3)	7,329.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIORS FIRST, INC. 5395 L.B. MCLEOD RD. ORLANDO, FL 32811	59-2759603	501(C)(3)	7,312.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS PLUS OF MANATEE 811 23RD AVENUE EAST BRADENTON, FL 34208	59-1420986	501(C)(3)	7,217.	0.			PROJECT SUPPORT AND OTHER SERVICES
MID-EAST COMMUNITY ACTION AGENCY P.O. BOX 790 KINGSTON, TN 37763	62-0725458	501(C)(3)	7,118.	0.			PROJECT SUPPORT AND OTHER SERVICES
ARIZONA YWCA METROPOLITAN PHOENIX 8561 NORTH 61ST AVENUE GLENDALE, AZ 85302	86-0098936	501(C)(3)	7,074.	0.			PROJECT SUPPORT AND OTHER SERVICES
AZCEND P.O. BOX 591 CHANDLER, AZ 85244	86-0428780	501(C)(3)	7,074.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NEW ROCHELLE 50 PINTARD AVENUE NEW ROCHELLE, NY 10801	13-3186919	501(C)(3)	6,707.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WESTERN BROOME 705 WEST MAIN ST. ENDICOTT, NY 13760	16-0975652	501(C)(3)	6,707.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREATER HYDE PARK, INC. - 1 CHURCH STREET - HYDE PARK, NY 12538	14-1585991	501(C)(3)	6,707.	0.			PROJECT SUPPORT AND OTHER SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST HILLS - MEALS ON WHEELS 1205 RIDGE AVENUE CORAOPOLIS, PA 15108	81-2355167	501(C)(3)	6,638.	0.			PROJECT SUPPORT AND OTHER SERVICES
GOLDEN CONNECTIONS COMMUNITY CENTER - 20-C GOTHAM PLACE - RED LION, PA 17356	23-2289794	501(C)(3)	6,638.	0.			PROJECT SUPPORT AND OTHER SERVICES
PLUM SENIOR COMMUNITY CENTER 499 CENTER NEW TEXAS RD. PITTSBURGH, PA 15239	25-1413004	501(C)(3)	6,638.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ERIE 4408 PEACH ST. ERIE, PA 16509	51-0200640	501(C)(3)	6,638.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF LANCASTER 1411 COLUMBIA AVENUE LANCASTER, PA 17603	23-1705557	501(C)(3)	6,638.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY - 536 GEORGE STREET - NORRISTOWN, PA 19401	23-1659451	501(C)(3)	6,638.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MASON & THURSTON COUNTIES - 222 COLUMBIA ST., NW - OLYMPIA, WA 98501	91-0907573	501(C)(3)	6,444.	0.			PROJECT SUPPORT AND OTHER SERVICES
DOUGLAS COUNTY SENIOR SERVICES 1036 SE DOUGLAS AVE., ROOM 221 ROSEBURG, OR 97470	48-0802260	501(C)(3)	6,371.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMFORT GOLDEN AGE CENTER 628 HIGHWAY 27 COMFORT, TX 78013	74-2501265	501(C)(3)	6,349.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS NORTH CENTRAL TEXAS - 106 EAST KILPATRICK STREET - CLEBURNE, TX 76031	75-1555153	501(C)(3)	6,349.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS PLUS, INC. PO BOX 903 ABILENE, TX 79604	51-0148188	501(C)(3)	6,349.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF DENTON COUNTY 1800 MALONE ST. DENTON, TX 76201	75-1497010	501(C)(3)	6,349.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS COLLIN COUNTY 600 NORTH TENNESSEE STREET MCKINNEY, TX 75069	75-1544507	501(C)(3)	6,300.	0.			PROJECT SUPPORT AND OTHER SERVICES
BAYPATH ELDER SERVICES, INC. 33 BOSTON POST ROAD WEST STE. 510 MARLBOROUGH, MA 01752	04-2608708	501(C)(3)	6,218.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTHWEST DANE SENIOR SERVICES 1837 BOURBON RD. CROSS PLAINS, WI 53528	39-1691930	501(C)(3)	6,152.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MISSOULA COUNTY 337 STEPHENS AVE. MISSOULA, MT 59801	81-0379543	501(C)(3)	6,052.	0.			PROJECT SUPPORT AND OTHER SERVICES
WASHOE COUNTY HUMAN SERVICES AGENCY - 350 SOUTH CENTER STREET - RENO, NV 89501	11-1111111	N/A	6,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SHELLEY SENIOR CITIZENS CENTER PO BOX 393 SHELLEY, ID 82374	82-0356195	501(C)(3)	6,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEAP MEALS ON WHEELS 7051 BROOKLYN BOULEVARD BROOKLYN CENTER, MN 55429	41-0990340	501(C)(3)	5,836.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS WESTERN CONNECTICUT - 232 NORTH ELM STREET - WATERBURY, CT 06702	06-1182488	501(C)(3)	5,802.	0.			PROJECT SUPPORT AND OTHER SERVICES
SALINE COUNTY AGING SERVICES 109 W. 3RD STREET WILBER, NE 68465	47-6006503	501(C)(3)	5,749.	0.			PROJECT SUPPORT AND OTHER SERVICES
WESTERN OAKLAND MEALS ON WHEELS 3176 PIKEWOOD COURT COMMERCE CHARTER TOWNSHIP, MI 48382	38-2423943	501(C)(3)	5,741.	0.			PROJECT SUPPORT AND OTHER SERVICES
FRIENDSHIP CENTERS OF EMMET COUNTY 1322 ANDERSON RD. PETOSKEY, MI 49770	23-7000317	501(C)(3)	5,741.	0.			PROJECT SUPPORT AND OTHER SERVICES
LIVINGSTON COUNTY SENIOR NUTRITION PROGRAM - 9525 E. HIGHLAND ROAD - HOWELL, MI 48843	11-1111111	N/A	5,741.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MECOSTA COUNTY 12954 80TH AVE. MECOSTA, MI 49332	38-2902050	501(C)(3)	5,741.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY - 3963 THREE MILE ROAD - TRAVERSE CITY, MI 49686	38-2027389	501(C)(3)	5,741.	0.			PROJECT SUPPORT AND OTHER SERVICES
FAYETTEVILLE SENIOR ACTIVITY & WELLNESS CENTER - 945 S COLLEGE AVE. - FAYETTEVILLE, AR 72701	71-0521887	501(C)(3)	5,708.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SHORE MEALS ON WHEELS 101 NORTH 23RD STREET CAMP HILL, PA 17011	23-7346126	501(C)(3)	5,700.	0.			PROJECT SUPPORT AND OTHER SERVICES
VALDEZ SENIOR CENTER 1300 E HANAGITA VALDEZ, AK 99686	92-0082275	501(C)(3)	5,594.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS BY ACC 7375 PARK CITY DRIVE SACRAMENTO, CA 95831	30-0610870	501(C)(3)	5,502.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY BRIDGES, MEALS ON WHEELS FOR SANTA CRUZ COUNTY - 1777-A CAPITOLA ROAD - SANTA CRUZ, CA 95062	94-2460211	501(C)(3)	5,502.	0.			PROJECT SUPPORT AND OTHER SERVICES
TRAINING, EMPLOYMENT & COMMUNITY HELP, INC. - 112 E. 2ND ST. - ALTURAS, CA 96101	94-2578204	501(C)(3)	5,502.	0.			PROJECT SUPPORT AND OTHER SERVICES
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA ST. EUREKA, CA 95501	94-2261434	501(C)(3)	5,502.	0.			PROJECT SUPPORT AND OTHER SERVICES
SIERRA SENIOR SERVICES PO BOX 4152 TRUCKEE, CA 96160	68-0484075	501(C)(3)	5,502.	0.			PROJECT SUPPORT AND OTHER SERVICES
LAKEWOOD MEALS ON WHEELS 5510 CLARK AVE. LAKEWOOD, CA 90712	95-2929207	501(C)(3)	5,502.	0.			PROJECT SUPPORT AND OTHER SERVICES
LUBBOCK MEALS ON WHEELS 2304 34TH STREET LUBBOCK, TX 79411	75-1333736	501(C)(3)	5,500.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASCOUTAH SENIOR SERVICES PROGRAM 227 NORTH MARKET ST. MASCOUTAH, IL 62258	37-1009479	501(C)(3)	5,497.	0.			PROJECT SUPPORT AND OTHER SERVICES
PITT COUNTY COUNCIL ON AGING 4551 COUNTY HOME ROAD GREENVILLE, NC 27858	52-1042008	501(C)(3)	5,451.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS FAIRFIELD COUNTY 1515 CEDAR HILL ROAD LANCASTER, OH 43130	23-7331496	501(C)(3)	5,200.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ROCKINGHAM COUNTY P.O. BOX 1915 REIDSVILLE, NC 27323	56-1480312	501(C)(3)	5,176.	0.			PROJECT SUPPORT AND OTHER SERVICES
RALEIGH COUNTY COMMISSION ON AGING 1614 S. KANAWHA ST. BECKLEY, WV 25801	55-0612785	501(C)(3)	5,146.	0.			PROJECT SUPPORT AND OTHER SERVICES
CATTARAUGUS COUNTY DEPARTMENT OF THE AGING - 1 LEO MOSS DRIVE - OLEAN, NY 14760	11-1111111	N/A	5,030.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF STATEN ISLAND, INC. - 304 PORT RICHMOND AVE. - STATEN ISLAND, NY 10302	13-2894978	501(C)(3)	5,030.	0.			PROJECT SUPPORT AND OTHER SERVICES

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

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

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

**PART I, LINE 2:**

ALL GRANTEES MUST COMPLETE GRANT REPORTING DURING AND AFTER THE GRANT

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

THAT WERE DESCRIBED IN THEIR ORIGINAL GRANT PROPOSAL. THE ASSOCIATION

GENERALLY RESERVES THE RIGHT TO DISQUALIFY ANY UNAPPROVED USE OF GRANT

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

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

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

THIS GRANT IS AWARDED DURING THE CAMPAIGN AND IS MONITORED AFTER



<b>Part IV</b>	<b>Supplemental Information</b>
----------------	---------------------------------

DISTRIBUTION BY THE MEMBERSHIP AND DEVELOPMENT TEAMS FOR APPROPRIATE USAGE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**MEALS ON WHEELS AMERICA**

Employer identification number

**23-7447812**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** The organization? .....

**b** Any related organization? .....

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

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

**a** The organization? .....

**b** Any related organization? .....

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

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

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

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

Yes No

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELLIE HOLLANDER PRESIDENT AND CEO	(i)	375,378.	50,000.	1,177.	12,106.	19,963.	458,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LUCY THEILHEIMER CHIEF STRATEGY & IMPACT OFFICER	(i)	212,634.	7,000.	1,177.	6,538.	15,025.	242,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT HERBOLSHEIMER CHIEF LEGAL & COMPLIANCE OFFICER	(i)	184,353.	7,000.	37,177.	3,996.	1,754.	234,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KRISTINE TEMPLIN CHIEF DEVELOPMENT OFFICER	(i)	198,549.	10,000.	1,177.	6,025.	8,591.	224,342.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SUSAN WALDMAN CHIEF MARKETING & COMM. OFFICER	(i)	192,131.	7,000.	1,177.	6,041.	13,576.	219,925.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KENNETH EUWEMA CHIEF FINANCIAL & OPERATIONS OFFICER	(i)	185,497.	7,000.	1,177.	5,028.	20,770.	219,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ERIKA KELLY CHIEF MEMBERSHIP & ADVOCACY OFFICER	(i)	166,667.	7,000.	1,177.	5,149.	6,125.	186,118.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 7:

DURING THE YEAR ENDED DECEMBER 31, 2021, THE PRESIDENT AND CEO RECEIVED A  
DISCRETIONARY BONUS AS APPROVED BY THE BOARD OF DIRECTORS. ALL OTHER  
OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES RECEIVED A  
DISCRETIONARY BONUS AS APPROVED BY THE PRESIDENT AND CEO, AND ENDORSED BY  
THE BOARD OF DIRECTORS.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**MEALS ON WHEELS AMERICA**

Employer identification number

**23-7447812**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	14	80,206.	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 ▶ ( <b>GIFT CARDS</b> ) .....	X	2	645,000.	FMV
26 Other ▶ ( <b>MASKS</b> ) .....	X	1	14,700.	FMV
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

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

**29**

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2021

### Supplemental Information.

**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.

**COPY**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

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

IN 2020, AS A RESULT OF THE COVID-19 PANDEMIC AND A DRAMATIC INCREASE  
IN DEMAND FOR HOME DELIVERED MEALS, MEALS ON WHEELS AMERICA ESTABLISHED  
A FUND EARMARKED FOR "RESPONSE AND RECOVERY" SUPPORT OF THE  
ASSOCIATION'S NATIONAL AND LOCAL MEMBER PROGRAMS. THE ASSOCIATION WAS  
ABLE TO INCREASE ITS MEMBER GRANTMAKING ACTIVITIES TO AN UNPRECEDENTED  
LEVEL IN THAT YEAR, AND AGAIN (THOUGH TO A LESSER EXTENT) IN 2021. IN  
ADDITION, THE ASSOCIATION IMPLEMENTED IN 2020 AND MAINTAINED IN 2021  
SEVERAL OTHER MEMBER SUPPORT PROGRAMS AIMED AT MEETING THE CURRENT AND  
FUTURE CHALLENGES OF THE NEW PARADIGM WE FIND OURSELVES IN.

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

IN ADDITION, THE STRATEGY AND IMPACT TEAM ENGAGES IN RESEARCH TO  
DEMONSTRATE THE IMPACT AND VALUE THAT MEALS ON WHEELS HAS IN ADDRESSING  
HUNGER, MALNUTRITION, ISOLATION AND LONELINESS AMONG MILLIONS OF  
SENIORS EACH YEAR. THIS WORK SUPPORTS OUR COMMITMENT TO ENSURING THAT  
LOCAL MEALS ON WHEELS PROGRAMS HAVE THE TOOLS AND RESOURCES THEY NEED

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

TO MEET THE GROWING DEMAND FOR SERVICES IN THEIR COMMUNITIES.

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

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

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

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

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

THE ASSOCIATION IS A MEMBERSHIP ORGANIZATION CONSISTING OF GENERAL MEMBERSHIP.

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

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

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



Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

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

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

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

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

ALL BOARD DIRECTORS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND SUBMIT A DISCLOSURE STATEMENT ANNUALLY. IT IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS TO BRING ANY CONFLICTS UP AS THEY ARISE. THE ASSOCIATION REGULARLY AND CONSISTENTLY REQUIRES BOARD MEMBERS TO RECUSE THEMSELVES FROM PARTICIPATING IN ANY MATTER IN WHICH THEY HAVE A PERSONAL INTEREST. THIS IS REQUIRED IN THE ASSOCIATION'S BYLAWS. FURTHER, THE ASSOCIATION'S CHIEF LEGAL AND COMPLIANCE OFFICER OVERSEES COMPLIANCE WITH CONFLICT OF INTEREST AND OTHER ORGANIZATIONAL POLICIES.

Name of the organization <b>MEALS ON WHEELS AMERICA</b>	Employer identification number <b>23-7447812</b>
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FORM 990, PART VI, SECTION B, LINE 15:

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

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

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

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

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

FORM 990, PART VII, LINE 1E:

THE AMOUNT INCLUDES \$512,976 OF THE PAYCHECK PROTECTION PROGRAM LOAN FROM THE U.S. SMALL BUSINESS ADMINISTRATION, WHICH WAS FULLY FORGIVEN DURING THE COURSE OF THE YEAR.

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

HEALTHCARE PROJECT CONSULTING:

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

PROGRAM SERVICE EXPENSES	137,350.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	137,350.
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## COVID-19 EMERGENCY RESPONSE CONSULTING:

PROGRAM SERVICE EXPENSES	2,018,122.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	2,018,122.
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## OTHER PROJECT SUPPORT CONSULTING:

PROGRAM SERVICE EXPENSES	402,583.
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MANAGEMENT AND GENERAL EXPENSES	85,605.
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FUNDRAISING EXPENSES	486,878.
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TOTAL EXPENSES	975,066.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,130,538.
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