

Form **990**  
(Rev. January 2020)  
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

**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MEALS ON WHEELS AMERICA</b>		<b>D</b> Employer identification number <b>23-7447812</b>
	Doing business as		<b>E</b> Telephone number <b>(703) 548-5558</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1550 CRYSTAL DRIVE</b>	<b>1004</b>	<b>G</b> Gross receipts \$ <b>15,513,980.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ARLINGTON, VA 22202</b>		
<b>F</b> Name and address of principal officer: <b>ELLIE HOLLANDER</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> 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**

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<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>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>42</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>13</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>160.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>-1,590.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>10,934,346.</b>	<b>9,879,320.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,312,628.</b>	<b>1,886,317.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>206,386.</b>	<b>240,982.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>712.</b>	<b>12,686.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12,454,072.</b>	<b>12,019,305.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,115,812.</b>	<b>3,799,139.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>4,163,529.</b>	<b>3,725,873.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>56,308.</b>	<b>1,418,692.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,122,016.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,625,537.</b>	<b>3,053,042.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>12,961,186.</b>	<b>11,996,746.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-507,114.</b>	<b>22,559.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>11,330,572.</b>	<b>End of Year</b> <b>12,925,873.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,275,104.</b>	<b>3,326,314.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>9,055,468.</b>	<b>9,599,559.</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.

<b>Sign Here</b>	Signature of officer <i>Ellie Hollander</i>	Date <b>10/16/20</b>			
	Type or print name and title <b>ELLIE HOLLANDER, PRESIDENT AND CEO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>FRANK H. SMITH</b>	Preparer's signature <i>Frank H. Smith</i>	Date <b>10/14/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00639053</b>
	Firm's name ▶ <b>MARCUM LLP</b>	Firm's EIN ▶ <b>11-1986343</b>	Phone no. (202) 227-4000		
Firm's address ▶ <b>1899 L STREET, NW, SUITE 850 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 [X]

1 Briefly describe the organization's mission: MEALS ON WHEELS AMERICA (THE ORGANIZATION) EMPOWERS LOCAL COMMUNITY PROGRAMS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE SENIORS THEY SERVE SO THAT NO ONE IS LEFT HUNGRY OR ISOLATED.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 5,673,209. including grants of \$ 3,749,245. ) (Revenue \$ 719,004. ) STRATEGY AND IMPACT - THE MEALS ON WHEELS AMERICA STRATEGY AND IMPACT TEAM PROVIDES THOUGHT LEADERSHIP, RESEARCH, DATA ANALYTICS, PROGRAMMING TOOLS AND RESOURCES, AND GRANT OPPORTUNITIES TO AID PROGRAMS IN EXTENDING THEIR REACH AND IMPACT.

4b (Code: ) (Expenses \$ 1,522,301. including grants of \$ 49,894. ) (Revenue \$ 1,082,414. ) MEMBERSHIP SERVICES - THE MEALS ON WHEELS AMERICA MEMBERSHIP TEAM PROVIDES ADVOCACY, EDUCATION AND TRAINING, PROGRAM AND CAPACITY-BUILDING SUPPORT AND NETWORKING OPPORTUNITIES TO MEALS ON WHEELS AMERICA MEMBERS.

4c (Code: ) (Expenses \$ 563,140. 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 OF MEALS ON WHEELS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,758,650.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

**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> .....		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> .....	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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a 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> .....		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> .....		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> .....		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> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<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> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	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> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		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> .....		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> .....		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> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		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>36 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> .....		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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included on line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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. [X] Own website [X] Another's website [X] 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, NO. 1004, ARLINGTON, VA 22202

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELLIE HOLLANDER PRESIDENT AND CEO	40.00			X			320,660.	0.	27,845.	
(2) ROBERT HERBOLSHEIMER CHIEF LEGAL AND COMPLIANCE OFFICER	40.00			X			195,128.	0.	1,301.	
(3) LUCY THEILHEIMER CHIEF STRATEGY AND IMPACT OFFICER	40.00			X			173,467.	0.	21,007.	
(4) KRISTINE TEMPLIN CHIEF DEVELOPMENT OFFICER	40.00			X			172,633.	0.	14,190.	
(5) SUSAN WALDMAN CHIEF MARKETING AND COMM. OFFICER	40.00			X			168,302.	0.	18,395.	
(6) PAMELA FURNEAUX CHIEF FINANCIAL AND ADMIN. OFFICER	40.00			X			166,244.	0.	17,750.	
(7) ERIKA KELLY CHIEF MEMBERSHIP & ADVOCACY OFFICER	40.00				X		140,419.	0.	11,233.	
(8) PATTI LYONS CHAIR	2.00	X		X			0.	0.	0.	
(9) ASHLEY MCCUMBER VICE CHAIR - UNTIL 4/2019	2.00	X		X			0.	0.	0.	
(10) CALVIN MOORE VICE CHAIR - AS OF 4/2019	2.00	X		X			0.	0.	0.	
(11) JOHN WIDER SECRETARY/TREASURER	2.00	X		X			0.	0.	0.	
(12) NATALIE ADLER DIRECTOR	1.00	X					0.	0.	0.	
(13) DEBBIE CASE DIRECTOR - UNTIL 08/2019	1.00	X					0.	0.	0.	
(14) VINSEN FARIS DIRECTOR	1.00	X					0.	0.	0.	
(15) HOLLY HAGLER DIRECTOR	1.00	X					0.	0.	0.	
(16) SASA OLESSI MONTANO DIRECTOR	1.00	X					0.	0.	0.	
(17) SANDY NOE 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LUANN OATMAN DIRECTOR	1.00	X						0.	0.	0.
(19) DAVID SELDIN DIRECTOR	1.00	X						0.	0.	0.
(20) SUZANNE WASHINGTON DIRECTOR - UNTIL 08/2019	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,336,853.	0.	111,721.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,336,853.	0.	111,721.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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	507,604.
SHERATON DALLAS HOTEL 400 N. OLIVE STREET, DALLAS, TX 75201	CONFERENCE SERVICES	265,427.
ACCESSIBLE SOLUTIONS, 840 N. COCOA BOULEVARD, SUITE D, COCOA, FL 32922	PROJECT CONSULTING	137,215.
SITUATION INTERACTIVE, 469 7TH AVENUE, SUITE 1300, NEW YORK, NY 10018	PROJECT CONSULTING	132,477.
PUBLIC, INC., 50 WELLINGTON ST. E, #400, TORONTO, ONTARIO, CANADA M5E1C8	PROJECT CONSULTING	120,380.

**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 **5**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>	51,475.				
	<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>	540,830.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	9,287,015.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 573,853.				
	<b>h Total.</b> Add lines 1a-1f			9,879,320.			
Program Service Revenue	<b>2 a</b> FEE FOR SERVICE	Business Code	900099	719,004.	719,004.		
	<b>b</b> CONFERENCE		900099	660,685.	575,260.	85,425.	
	<b>c</b> MEMBER DISCOUNT PROG.		900099	265,634.	265,634.		
	<b>d</b> MEMBERSHIP DUES		900099	240,994.	240,994.		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			1,886,317.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			193,471.		193,471.	
	<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				
				3534386.			
<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		3486875.				
<b>c</b> Gain or (loss)	<b>7c</b>		47,511.				
<b>d</b> Net gain or (loss)			47,511.		47,511.		
<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>		8,486.				
<b>b</b> Less: cost of goods sold	<b>10b</b>		7,800.				
<b>c</b> Net income or (loss) from sales of inventory			686.	526.	160.		
Miscellaneous Revenue	<b>11 a</b> REFUND	Business Code	900099	12,000.		12,000.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			12,000.			
<b>12 Total revenue.</b> See instructions			12019305.	1,801,418.	160.	338,407.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,799,139.	3,799,139.		
<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 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,296,922.	842,999.	220,476.	233,447.
<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 .....	1,971,851.	910,883.	1,020,892.	40,076.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	15,997.	5,668.	6,466.	3,863.
<b>9</b> Other employee benefits .....	231,005.	116,742.	106,051.	8,212.
<b>10</b> Payroll taxes .....	210,098.	136,563.	35,717.	37,818.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	71,432.		71,432.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	1,418,692.			1,418,692.
<b>f</b> Investment management fees .....	38,448.		38,448.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....	1,131,465.	703,702.	113,443.	314,320.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	186,405.	44,494.	134,410.	7,501.
<b>14</b> Information technology .....	364,879.	181,973.	182,906.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	303,295.	170,788.	98,165.	34,342.
<b>17</b> Travel .....	172,528.	134,970.	25,607.	11,951.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	364,159.	364,159.		
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	81,647.	45,712.	26,622.	9,313.
<b>23</b> Insurance .....	17,809.	9,971.	5,807.	2,031.
<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> .....	248,309.	248,309.	0.	
<b>b DUES AND SUBSCRIPTIONS</b> .....	56,845.	41,998.	14,397.	450.
<b>c STATE REGISTRATION FEES</b> .....	15,821.	580.	15,241.	
<b>d</b> .....				
<b>e</b> All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	11,996,746.	7,758,650.	2,116,080.	2,122,016.
<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 <input type="checkbox"/> 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 .....	862,694.	<b>1</b>	1,202,092.
	<b>2</b> Savings and temporary cash investments .....	179,373.	<b>2</b>	181,124.
	<b>3</b> Pledges and grants receivable, net .....	4,664,749.	<b>3</b>	3,161,574.
	<b>4</b> Accounts receivable, net .....	2,275.	<b>4</b>	3,100.
	<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 .....	23,755.	<b>8</b>	20,125.
	<b>9</b> Prepaid expenses and deferred charges .....	89,808.	<b>9</b>	73,560.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 942,072.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 386,761.		
	<b>11</b> Investments - publicly traded securities .....	624,559.	<b>10c</b>	555,311.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,810,722.	<b>11</b>	7,582,892.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	72,637.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	11,330,572.	<b>15</b>	146,095.	
		<b>16</b>	12,925,873.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	663,744.	<b>17</b>	1,961,167.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	494,473.	<b>19</b>	336,787.
	<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 .....		<b>23</b>	
	<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 .....	1,116,887.	<b>25</b>	1,028,360.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,275,104.	<b>26</b>	3,326,314.
<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 .....	6,239,457.	<b>27</b>	5,980,010.
	<b>28</b> Net assets with donor restrictions .....	2,816,011.	<b>28</b>	3,619,549.
	<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 .....	9,055,468.	<b>32</b>	9,599,559.
	<b>33</b> Total liabilities and net assets/fund balances .....	11,330,572.	<b>33</b>	12,925,873.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,019,305.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,996,746.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,055,468.
5	Net unrealized gains (losses) on investments	5	521,532.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,599,559.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6864272.	7026739.	9625423.	10934346.	9879320.	44330100.
<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 .....	6864272.	7026739.	9625423.	10934346.	9879320.	44330100.
<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) .....						11383404.
<b>6 Public support.</b> Subtract line 5 from line 4.						32946696.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	6864272.	7026739.	9625423.	10934346.	9879320.	44330100.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	302,716.	324,406.	217,474.	172,603.	193,471.	1210670.
<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.) .....	4,142.					4,142.
<b>11 Total support.</b> Add lines 7 through 10						45544912.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,541,212.
<b>13 First five 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 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	72.34 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	68.04 %
<b>16a 33 1/3% support test - 2019.</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 - 2018.</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 - 2019.</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 - 2018.</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"/>

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in 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 five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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

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

<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 Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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 (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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).		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**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

2015 AMOUNT: \$ 4,142.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

Multiple horizontal lines for providing additional information.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2019**

Name of the organization

**MEALS ON WHEELS AMERICA**

Employer identification number

**23-7447812**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>MEALS ON WHEELS AMERICA</b>	Employer identification number <b>23-7447812</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,832,330.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,640,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>561,033.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>539,325.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>314,891.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>MEALS ON WHEELS AMERICA</b>	Employer identification number  <b>23-7447812</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 308,063.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 274,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 264,624.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MEALS ON WHEELS AMERICA</b>	Employer identification number <b>23-7447812</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	GIFT CARDS _____ _____ _____	\$ 560,000.	12/31/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



Name of organization <b>MEALS ON WHEELS AMERICA</b>	Employer identification number <b>23-7447812</b>
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**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	
(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	
(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	
(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	



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 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 <b>MEALS ON WHEELS AMERICA</b>	Employer identification number <b>23-7447812</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

LHA  
932041 11-26-19

**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.

<b>Limits on Lobbying Expenditures</b> (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" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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					

**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		5,093.
<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		47,838.
<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 .....			52,931.
<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 ANNUAL FEDERAL APPROPRIATIONS PROCESS, FEDERAL

**Part IV** Supplemental Information (continued)

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

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **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

**2019**

**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? .....

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)? .....

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) 2019

**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
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c 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:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 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		795,206.	270,323.	524,883.
d Equipment		146,866.	116,438.	30,428.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>555,311.</b>



**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	1,028,360.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,028,360.

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.

1	Total revenue, gains, and other support per audited financial statements		1	12,614,443.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	521,532.	
b	Donated services and use of facilities	2b	104,254.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	7,800.	
e	Add lines 2a through 2d	2e		633,586.
3	Subtract line 2e from line 1	3		11,980,857.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,448.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		38,448.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		12,019,305.

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

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

1	Total expenses and losses per audited financial statements		1	12,070,352.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	104,254.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	7,800.	
e	Add lines 2a through 2d	2e		112,054.
3	Subtract line 2e from line 1	3		11,958,298.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,448.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		38,448.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		11,996,746.

**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, 2019, AND DETERMINED THAT THERE ARE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

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

COST OF GOODS SOLD 7,800.

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

COST OF GOODS SOLD 7,800.





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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: TRUESENSE MARKETING

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

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

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

**COPY**



**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

**2019**

**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 non-cash 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 EAST 5TH STREET AUSTIN, TX 78702	23-7202594	501(C)(3)	827,063.	432,000.	FMV	GIFT CARDS	HOME REPAIR PROJECT
OSCEOLA COUNCIL ON AGING 700 GENERATION POINT KISSIMMEE, FL 34744	59-1595398	501(C)(3)	126,380.	108,000.	FMV	GIFT CARDS	HOME REPAIR PROJECT
LIFECARE ALLIANCE 1699 W. MOUND ST. COLUMBUS, OH 43223	31-4379494	501(C)(3)	131,599.	30,000.	FMV	GIFT CARDS	HOME REPAIR PROJECT
SENIOR NEIGHBORS, INC. 678 FRONT AVE NW, STE. 205 GRAND RAPIDS, MI 49504	23-7195491	501(C)(3)	90,000.	30,000.	FMV	GIFT CARDS	HOME REPAIR PROJECT
MEALS ON WHEELS OF CENTRAL MARYLAND - 515 S. HAVEN ST. - BALTIMORE, MD 21224	52-6074723	501(C)(3)	91,474.	10,000.	FMV	GIFT CARDS	HOME REPAIR PROJECT
SOUND GENERATIONS - MEALS ON WHEELS KING COUNTY - 2208 SECOND AVENUE, SUITE 100 - SEATTLE, WA 98121	11-1111111	N/A	0.	50,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **164.**

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

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARSON CITY SENIOR CITIZEN CENTER 911 BEVERLY DRIVE CARSON CITY, NV 89706	88-0123061	501(C)(3)	25,707.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF MERCER COUNTY 320 HOLLOWBROOK DRIVE EWING, NJ 08638	22-1990231	501(C)(3)	20,309.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF ALEXANDRIA 206 N. WASHINGTON STREET, #301 ALEXANDRIA, VA 22314	54-0842806	501(C)(3)	19,333.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF TAKOMA PARK 7410 NEW HAMPSHIRE AVE. TAKOMA PARK, MD 20912	52-0943628	501(C)(3)	18,974.	0.			PROJECT SUPPORT AND OTHER SERVICES
HOMAGE - SENIOR SERVICES 5026 196TH STREET, SW LYNNWOOD, WA 98036	91-0910680	501(C)(3)	16,992.	0.			PROJECT SUPPORT AND OTHER SERVICES
PEOPLE FOR PEOPLE MEALS ON WHEELS 70 BATH ST. PROVIDENCE, RI 02908	91-0783225	501(C)(3)	16,992.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SALEM COUNTY 90 MARKET STREET SALEM, NJ 08079	22-2158433	501(C)(3)	16,266.	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)	16,175.	0.			PROJECT SUPPORT AND OTHER SERVICES
SAGE ELDERCARE 290 BROAD STREET SUMMIT, NJ 07901	22-1657929	501(C)(3)	16,175.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENDER JCC OF GREATER WASHINGTON 6125 MONTROSE ROAD ROCKVILLE, MD 20852	53-0205921	501(C)(3)	14,839.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS DIABLO REGION 1300 CIVIC DRIVE WALNUT CREEK, CA 94596	68-0044205	501(C)(3)	14,611.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS FOR GREATER HOUSTON - 3303 MAIN STREET - HOUSTON, TX 77002	74-1488102	501(C)(3)	14,063.	0.			PROJECT SUPPORT AND OTHER SERVICES
GREATER SPOKANE COUNTY MEALS ON WHEELS - 12101 EAST SPRAGUE AVENUE - SPOKANE VALLEY, WA 99206	91-1042546	501(C)(3)	12,744.	0.			PROJECT SUPPORT AND OTHER SERVICES
MAIN LINE MEALS ON WHEELS, INC. P.O. BOX 801 DEVON, PA 19333	23-1907603	501(C)(3)	12,439.	0.			PROJECT SUPPORT AND OTHER SERVICES
ATHENS COMMUNITY COUNCIL ON AGING 135 HOYT ST. ATHENS, GA 30601	58-0977680	501(C)(3)	12,306.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY - 536 GEORGE STREET - NORRISTOWN, PA 19401	23-1659451	501(C)(3)	11,874.	0.			PROJECT SUPPORT AND OTHER SERVICES
KLEINLIFE 10100 JAMISON AVE. PHILADELPHIA, PA 19116	27-0840848	501(C)(3)	11,874.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTHERN AREA MULTI-SERVICE CENTER 209 THIRTEENTH STREET PITTSBURGH, PA 15215	23-7139992	501(C)(3)	11,874.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF LANCASTER 1085 B MANHEIM PIKE LANCASTER, PA 17601	23-1705557	501(C)(3)	11,874.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SYRACUSE 300 BURT ST. SYRACUSE, NY 13202	16-0970999	501(C)(3)	11,766.	0.			PROJECT SUPPORT AND OTHER SERVICES
KNOXVILLE-KNOX COUNTY COMMUNITY ACTION COMMITTEE - P.O. BOX 51650 - KNOXVILLE, TN 37950	23-7432847	501(C)(3)	11,635.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF EASTERN KANSAS 2134 SOUTHWEST WESTPORT DRIVE TOPEKA, KS 66614	48-0792685	501(C)(3)	11,544.	0.			PROJECT SUPPORT AND OTHER SERVICES
MONTGOMERY AREA COUNCIL ON AGING 115 E. JEFFERSON STREET MONTGOMERY, AL 36104	63-0634950	501(C)(3)	10,698.	0.			PROJECT SUPPORT AND OTHER SERVICES
MARION POLK FOOD SHARE 1660 SALEM INDUSTRIAL DRIVE NE SALEM, OR 97301	94-3034161	501(C)(3)	10,270.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS PEOPLE 7710 SW 31ST AVENUE PORTLAND, OR 97219	93-0584318	501(C)(3)	10,270.	0.			PROJECT SUPPORT AND OTHER SERVICES
FOOD FOR LANE COUNTY 770 BAILEY HILL ROAD EUGENE, OR 97402	93-0888347	501(C)(3)	10,270.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SOUTH FLORIDA 451 N. STATE ROAD 7 PLANTATION, FL 33317	59-2450043	501(C)(3)	10,260.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY - 4240 FRITCH DR. - BETHLEHEM, PA 18020	23-1861779	501(C)(3)	10,239.	0.			PROJECT SUPPORT AND OTHER SERVICES
MONROE COUNTY MEALS ON WHEELS 901 POLK VALLEY ROAD STROUDSBURG, PA 18360	23-7201104	501(C)(3)	10,239.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREATER LYNCHBURG - P.O. BOX 1388 - LYNCHBURG, VA 24505	23-7399875	501(C)(3)	10,198.	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)	10,198.	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)	10,198.	0.			PROJECT SUPPORT AND OTHER SERVICES
TLC MEALS ON WHEELS PO BOX 3108 CENTENNIAL, CO 80161	84-0617651	501(C)(3)	10,124.	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)	10,124.	0.			PROJECT SUPPORT AND OTHER SERVICES
LONGMONT MEALS ON WHEELS 910 LONGS PEAK AVE LONGMONT, CO 80501	84-0590979	501(C)(3)	10,124.	0.			PROJECT SUPPORT AND OTHER SERVICES
GRAND RIVER MEALS ON WHEELS 501 AIRPORT ROAD RIFLE, CO 81650	11-1111111	N/A	10,124.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAKERSFIELD SENIOR CENTER, INC. 530 4TH STREET BAKERSFIELD, CA 93304	77-0013149	501(C)(3)	9,611.	0.			PROJECT SUPPORT AND OTHER SERVICES
FIVE CITIES MEALS ON WHEELS P.O. BOX 156 PISMO BEACH, CA 93448	95-2932124	501(C)(3)	9,611.	0.			PROJECT SUPPORT AND OTHER SERVICES
LAKEWOOD MEALS ON WHEELS 5510 CLARK AVE. LAKEWOOD, CA 90712	95-2929207	501(C)(3)	9,611.	0.			PROJECT SUPPORT AND OTHER SERVICES
TRAINING, EMPLOYMENT & COMMUNITY HELP, INC. - 112 E. 2ND ST. - ALTURAS, CA 96101	94-2578204	501(C)(3)	9,611.	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)	9,611.	0.			PROJECT SUPPORT AND OTHER SERVICES
THE HEALTH TRUST 3180 NEWBERRY DRIVE SAN JOSE, CA 95118	94-6050231	501(C)(3)	9,611.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. VINCENT MEALS ON WHEELS 2303 MIRAMAR STREET LOS ANGELES, CA 90057	95-3696693	501(C)(3)	9,611.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS YOLO COUNTY 40 N. EAST ST. SUITE C WOODLAND, CA 95776	94-1599229	501(C)(3)	9,611.	0.			PROJECT SUPPORT AND OTHER SERVICES
BIG VALLEY 50 PLUS P.O. BOX 586 BIEBER, CA 96009	94-2654948	501(C)(3)	9,611.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERSIDE MEALS ON WHEELS, INC. 4845 BROCKTON AVE. RIVERSIDE, CA 92506	23-7262925	501(C)(3)	9,611.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS BY ACC 7375 PARK CITY DRIVE SACRAMENTO, CA 95831	30-0610870	501(C)(3)	9,611.	0.			PROJECT SUPPORT AND OTHER SERVICES
SPECTRUM COMMUNITY SERVICES 2621 BARRINGTON CT HAYWARD, CA 94545	94-1748275	501(C)(3)	9,611.	0.			PROJECT SUPPORT AND OTHER SERVICES
SMOKY MOUNTAIN MEALS ON WHEELS 3509 TUCKALEECHEE PIKE MARYVILLE, TN 37803	62-1561673	501(C)(3)	9,135.	0.			PROJECT SUPPORT AND OTHER SERVICES
WARREN COUNTY COMMUNITY SERVICES, INC. - 570 NORTH STATE RT. 741 - LEBANON, OH 45036	31-0872922	501(C)(3)	9,099.	0.			PROJECT SUPPORT AND OTHER SERVICES
WESLEY COMMUNITY SERVICES 2091 RADCLIFF DRIVE CINCINNATI, OH 45204	31-0537097	501(C)(3)	9,099.	0.			PROJECT SUPPORT AND OTHER SERVICES
THE SENIOR CONNECTION PO BOX 28 HAILEY, ID 83333	82-0315917	501(C)(3)	9,096.	0.			PROJECT SUPPORT AND OTHER SERVICES
VNA MEALS ON WHEELS 1440 W. MOCKINGBIRD LANE DALLAS, TX 75247	75-0800692	501(C)(3)	9,063.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SAN ANTONIO ATTN: MR. VINSEN FARIS SAN ANTONIO, TX 78229	74-1948646	501(C)(3)	9,063.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AEOA SENIOR SERVICES 702 THIRD AVENUE SOUTH VIRGINIA, MN 55792	41-6052144	501(C)(3)	8,899.	0.			PROJECT SUPPORT AND OTHER SERVICES
FAMILY SERVICE ROCHESTER 4600 18TH STREET NW ROCHESTER, MN 55901	41-0883453	501(C)(3)	8,899.	0.			PROJECT SUPPORT AND OTHER SERVICES
CATHOLIC CHARITIES OF THE DIOCESE OF ST. CLOUD - 157 ROOSEVELT RD. - ST. CLOUD, MN 56301	41-0737799	501(C)(3)	8,899.	0.			PROJECT SUPPORT AND OTHER SERVICES
METRO MEALS ON WHEELS-MINNEAPOLIS 1200 WASHINGTON AVE S. MINNEAPOLIS, MN 55415	31-1501057	501(C)(3)	8,899.	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)	8,496.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR LIFE RESOURCES, MEALS ON WHEELS - 1824 FOWLER STREET - RICHLAND, WA 99352	91-0909913	501(C)(3)	8,496.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MASON & THURSTON COUNTIES - 222 COLUMBIA ST., NW - OLYMPIA, WA 98501	91-0907573	501(C)(3)	8,496.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. JOSEPH COMMUNITY SERVICES P.O. BOX 910 MERRIMACK, NH 03054	02-0335003	501(C)(3)	8,188.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF DELAWARE 100 WEST 10TH STREET, SUITE 207 WILMINGTON, DE 19801	51-0355145	501(C)(3)	8,114.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS NORTH JERSEY 100 MADISON AVENUE, SUITE 3 WESTWOOD, NJ 07675	22-2340025	501(C)(3)	8,087.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NORTHWEST INDIANA - 8446 VIRGINIA STREET - MERRILLVILLE, IN 46410	31-1168281	501(C)(3)	7,894.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF TAMPA 550 WEST HILLSBOROUGH AVE. TAMPA, FL 33603	59-1679915	501(C)(3)	7,760.	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)	7,760.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS PLUS OF MANATEE 811 23RD AVENUE EAST BRADENTON, FL 34208	59-1420986	501(C)(3)	7,760.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SARASOTA, INC. 421 N. LIME AVE. SARASOTA, FL 34237	59-1391249	501(C)(3)	7,760.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS FOR FRIENDS 1229 JEFFERSON HEIGHTS ROAD PITTSBURGH, PA 15235	47-1344227	501(C)(3)	7,739.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NEPA 541 WYOMING AVENUE SCRANTON, PA 18509	23-1856098	501(C)(3)	7,739.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. PAUL'S MEALS ON WHEELS, INC. 416 CENTER AVENUE PITCAIRN, PA 15140	46-3362083	501(C)(3)	7,739.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN CONNECTIONS COMMUNITY CENTER - 20-C GOTHAM PLACE - RED LION, PA 17356	23-2289794	501(C)(3)	7,739.	0.			PROJECT SUPPORT AND OTHER SERVICES
VOLUNTARY ACTION CENTER OF THE IOWA GREAT LAKES, INC. - 800 21ST STREET - SPIRIT LAKE, IA 51360	42-1021005	501(C)(3)	7,738.	0.			PROJECT SUPPORT AND OTHER SERVICES
THE FRIENDLY KITCHEN 1771 W. HARVARD AVE. ROSEBURG, OR 97471	93-0779289	501(C)(3)	7,703.	0.			PROJECT SUPPORT AND OTHER SERVICES
BLUE LEDGE, INC. P.O. BOX 1332 AMHERST, VA 24521	71-1020696	501(C)(3)	7,648.	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)	7,648.	0.			PROJECT SUPPORT AND OTHER SERVICES
SILVER KEY SENIOR SERVICES 1625 S. MURRAY BLVD. COLORADO SPRINGS, CO 80916	23-7109922	501(C)(3)	7,593.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR HUB MEALS ON WHEELS 10190 BANNOCK STREET NORTH GLENN, CO 80260	74-2412032	501(C)(3)	7,593.	0.			PROJECT SUPPORT AND OTHER SERVICES
JEWISH COMMUNITY CENTER OF LOUISVILLE - 3600 DUTCHMANS LANE - LOUISVILLE, KY 40205	61-0444704	501(C)(3)	7,593.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR RESOURCE ASSOCIATION 694 14TH STREET VERO BEACH, FL 32960	59-1539957	501(C)(3)	7,500.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS GUERNSEY COUNTY 1022 CARLISLE AVE. CAMBRIDGE, OH 43725	31-0814891	501(C)(3)	7,464.	0.			PROJECT SUPPORT AND OTHER SERVICES
MAC, INC. 909 PROGRESS CIRCLE, SUITE 100 SALISBURY, MD 21804	52-0992005	501(C)(3)	7,420.	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)	7,305.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY - 3963 THREE MILE ROAD - TRAVERSE CITY, MI 49686	38-2027389	501(C)(3)	7,232.	0.			PROJECT SUPPORT AND OTHER SERVICES
FRIENDSHIP CENTERS OF EMMET COUNTY 1322 ANDERSON RD. PETOSKEY, MI 49770	23-7000317	501(C)(3)	7,232.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MECOSTA COUNTY 12954 80TH AVE. MECOSTA, MI 49332	38-2902050	501(C)(3)	7,232.	0.			PROJECT SUPPORT AND OTHER SERVICES
MIDDLETOWN SENIOR CENTER 21256 WASHINGTON STREET MIDDLETOWN, CA 95461	94-2832316	501(C)(3)	7,208.	0.			PROJECT SUPPORT AND OTHER SERVICES
PENINSULA VOLUNTEERS, INC. 800 MIDDLE AVE. MENLO PARK, CA 94025	94-1294939	501(C)(3)	7,208.	0.			PROJECT SUPPORT AND OTHER SERVICES
RADIANT HEALTH CENTERS 17982 SKY PARK CIR, SUITE J IRVINE, CA 92614	33-0126481	501(C)(3)	7,208.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN SERVICES ASSOCIATION 6800 FLORENCE AVE. BELL GARDENS, CA 90201	95-1816054	501(C)(3)	7,208.	0.			PROJECT SUPPORT AND OTHER SERVICES
RODERICK HAYFORK SENIOR NUTRITION CENTER - P.O. BOX 723 - HAYFORK, CA 96041	68-0112469	501(C)(3)	7,208.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS DAVIDSON COUNTY 555-B WEST CENTER STREET LEXINGTON, NC 27295	11-1111111	N/A	6,983.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ROCKINGHAM COUNTY P.O. BOX 1915 REIDSVILLE, NC 27323	56-1480312	501(C)(3)	6,983.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF DURHAM, INC. 2522 ROSS RD. DURHAM, NC 27703	56-1729111	501(C)(3)	6,983.	0.			PROJECT SUPPORT AND OTHER SERVICES
EASTERN AREA AGENCY ON AGING 450 ESSEX STREET BANGOR, ME 04401	01-0328376	501(C)(3)	6,971.	0.			PROJECT SUPPORT AND OTHER SERVICES
KEARNEY HOUSING DEVELOPMENT CORPORATION - 2715 AVENUE I, OFC - KEARNEY, NE 68848	47-0782317	501(C)(3)	6,926.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTH AREA MEALS ON WHEELS 413 CHURCH STREET NORTH SYRACUSE, NY 13212	22-2296486	501(C)(3)	6,766.	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)	6,766.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF CHEMUNG COUNTY 409 WILLIAM STREET ELMIRA, NY 14901	16-1353247	501(C)(3)	6,766.	0.			PROJECT SUPPORT AND OTHER SERVICES
FOODNET MEALS ON WHEELS 2422 NORTH TRIPHAMMER RD. ITHACA, NY 14850	16-1285569	501(C)(3)	6,766.	0.			PROJECT SUPPORT AND OTHER SERVICES
CORNING MEALS ON WHEELS 144 CEDAR ST. CORNING, NY 14830	16-0912403	501(C)(3)	6,766.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WESTERN BROOME 705 WEST MAIN ST. ENDICOTT, NY 13760	16-0975652	501(C)(3)	6,766.	0.			PROJECT SUPPORT AND OTHER SERVICES
OSWEGO COUNTY OPPORTUNITIES, INC. 239 ONEIDA STREET FULTON, NY 13069	16-0979876	501(C)(3)	6,766.	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)	6,766.	0.			PROJECT SUPPORT AND OTHER SERVICES
LUTHERAN SOCIAL SERVICES OF MINNESOTA - 2485 COMO AVE - SAINT PAUL, MN 55108	41-0872993	501(C)(3)	6,674.	0.			PROJECT SUPPORT AND OTHER SERVICES
LIFESPAN, INC. 314 E. 8TH AVE. HOMESTEAD, PA 15120	23-7319621	501(C)(3)	6,635.	0.			PROJECT SUPPORT AND OTHER SERVICES
RAINBOW SENIOR CENTER 17 OLD SAN ANTONIO RD. BOERNE, TX 78006	74-2323883	501(C)(3)	6,563.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF DENTON COUNTY 1800 MALONE ST. DENTON, TX 76201	75-1497010	501(C)(3)	6,563.	0.			PROJECT SUPPORT AND OTHER SERVICES
AIDS SERVICES OF AUSTIN 7215 CAMERON RD. AUSTIN, TX 78752	74-2440845	501(C)(3)	6,563.	0.			PROJECT SUPPORT AND OTHER SERVICES
HALE COUNTY MEALS ON WHEELS, INC. 401 MESA CIRCLE PLAINVIEW, TX 79072	52-1705453	501(C)(3)	6,563.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF JOHNSON & ELLIS COUNTIES - 106 E. KILPATRICK ST. - CLEBURNE, TX 76031	75-1555153	501(C)(3)	6,563.	0.			PROJECT SUPPORT AND OTHER SERVICES
CITY OF CORPUS CHRISTI SENIOR COMMUNITY SERVICES - P.O. BOX 9277 - CORPUS CHRISTI, TX 78469	11-1111111	N/A	6,563.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SHEBOYGAN COUNTY - 1004 S. TAYLOR DRIVE - SHEBOYGAN, WI 53081	39-1238290	501(C)(3)	6,433.	0.			PROJECT SUPPORT AND OTHER SERVICES
MILWAUKEE COUNTY DEPARTMENT ON AGING - 1220 W. VLIET STREET, SUITE 302 - MILWAUKEE, WI 53205	39-6005720	501(C)(3)	6,433.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTHWEST DANE SENIOR SERVICES 1837 BOURBON RD. CROSS PLAINS, WI 53528	39-1691930	501(C)(3)	6,433.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF MIDDLE GEORGIA PO BOX 6333 MACON, GA 31208	23-7412434	501(C)(3)	6,408.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR CITIZENS, INC. 3025 BULL STREET SAVANNAH, GA 31405	58-0864009	501(C)(3)	6,408.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ATLANTA 1705 COMMERCE DR. NW ATLANTA, GA 30318	58-0960309	501(C)(3)	6,408.	0.			PROJECT SUPPORT AND OTHER SERVICES
ELDER SERVICES OF WORCESTER AREA, INC. - 67 MILLBROOK STREET - WORCESTER, MA 01606	04-2545221	501(C)(3)	6,391.	0.			PROJECT SUPPORT AND OTHER SERVICES
HIGHLAND VALLEY ELDER SERVICES 320 RIVERSIDE DRIVE, SUITE B FLORENCE, MA 01062	04-2563340	501(C)(3)	6,391.	0.			PROJECT SUPPORT AND OTHER SERVICES
MINUTEMAN SENIOR SERVICES 26 CROSBY DR. BEDFORD, MA 01730	04-2587212	501(C)(3)	6,391.	0.			PROJECT SUPPORT AND OTHER SERVICES
GREATER LYNN SENIOR SERVICES 8 SILSBEE STREET LYNN, MA 01901	04-2581129	501(C)(3)	6,391.	0.			PROJECT SUPPORT AND OTHER SERVICES
SPRINGWELL, INC. 307 WAVERLEY OAKS ROAD, SUITE 205 WALTHAM, MA 02452	04-2616064	501(C)(3)	6,391.	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)	6,391.	0.			PROJECT SUPPORT AND OTHER SERVICES
LIFEPATH, INC. 101 MUNSON STREET, SUITE 201 GREENFIELD, MA 01301	04-2542539	501(C)(3)	6,391.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOULA AGING SERVICES 337 STEPHENS AVE. MISSOULA, MT 59801	81-0379543	501(C)(3)	6,257.	0.			PROJECT SUPPORT AND OTHER SERVICES
FAYETTEVILLE SENIOR ACTIVITY & WELLNESS CENTER - 945 S COLLEGE AVE. - FAYETTEVILLE, AR 72701	71-0521887	501(C)(3)	6,105.	0.			PROJECT SUPPORT AND OTHER SERVICES
BOONE COUNTY SENIOR ACTIVITY & WELLNESS CENTER - 1516 ROCK SPRINGS ROAD - HARRISON, AR 72601	71-0521887	501(C)(3)	6,105.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIORS FIRST, INC. 5395 L.B. MCLEOD RD. ORLANDO, FL 32811	59-2759603	501(C)(3)	5,820.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS, ETC. 2801 S. FINANCIAL CT. SANFORD, FL 32773	59-2977907	501(C)(3)	5,820.	0.			PROJECT SUPPORT AND OTHER SERVICES
BLUEPRINTS 150 W. BEAU ST., STE. 304 WASHINGTON, PA 15301	25-1153028	501(C)(3)	5,805.	0.			PROJECT SUPPORT AND OTHER SERVICES
KEYSTONE HOSPICE 8765 STENTON AVENUE WYNDMOOR, PA 19038	23-2757697	501(C)(3)	5,805.	0.			PROJECT SUPPORT AND OTHER SERVICES
WEST HILLS - MEALS ON WHEELS 1205 RIDGE AVENUE CORAOPOLIS, PA 15108	81-2355167	501(C)(3)	5,805.	0.			PROJECT SUPPORT AND OTHER SERVICES
PLUM SENIOR COMMUNITY CENTER 499 CENTER NEW TEXAS RD. PITTSBURGH, PA 15239	25-1413004	501(C)(3)	5,805.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF GREATER LAFAYETTE - 2000 ELMWOOD AVENUE - LAFAYETTE, IN 47904	35-1607101	501(C)(3)	5,787.	0.			PROJECT SUPPORT AND OTHER SERVICES
SWIRCA & MORE 16 W. VIRGINIA STREET EVANSVILLE, IN 47710	35-1330782	501(C)(3)	5,787.	0.			PROJECT SUPPORT AND OTHER SERVICES
TERRE HAUTE AREA MEALS ON WHEELS 300 SOUTH 5TH STREET TERRE HAUTE, IN 47807	35-1185194	501(C)(3)	5,787.	0.			PROJECT SUPPORT AND OTHER SERVICES
ANN ARBOR MEALS ON WHEELS 2025 TRAVERWOOD DRIVE ANN ARBOR, MI 48105	11-1111111	N/A	5,424.	0.			PROJECT SUPPORT AND OTHER SERVICES
DETROIT AREA AGENCY ON AGING 1333 BREWERY PARK BOULEVARD, SUITE DETROIT, MI 48207	38-2320421	501(C)(3)	5,424.	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)	5,237.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS GUILFORD COUNTY 1401 BENJAMIN PARKWAY GREENSBORO, NC 27408	56-1181577	501(C)(3)	5,237.	0.			PROJECT SUPPORT AND OTHER SERVICES
CHATHAM COUNTY COUNCIL ON AGING 365 HIGHWAY 87 N PITTSBORO, NC 27312	56-1084260	501(C)(3)	5,237.	0.			PROJECT SUPPORT AND OTHER SERVICES
WASHINGTON COUNTY SENIOR CENTER PO BOX 1007 PLYMOUTH, NC 27962	11-1111111	N/A	5,237.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN MAINE AGENCY ON AGING 136 US ROUTE ONE SCARBOROUGH, ME 04074	01-0360259	501(C)(3)	5,228.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF LEE'S SUMMIT PO BOX 1393 LEES SUMMIT, MO 64063	43-1886433	501(C)(3)	5,147.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIORAGE AREA AGENCY ON AGING 1735 S. FORT AVE SPRINGFIELD, MO 65807	43-1018538	501(C)(3)	5,147.	0.			PROJECT SUPPORT AND OTHER SERVICES
PUTNAM COUNTY SENIOR CITIZENS ORGANIZATION - 116 S. 17TH STREET - UNIONVILLE, MO 63565	43-1063546	501(C)(3)	5,147.	0.			PROJECT SUPPORT AND OTHER SERVICES
DAVISS COUNTY MULTI-PURPOSE SENIOR CENTER, INC. - 109 S. MAIN ST. - GALLATIN, MO 64640	43-1037501	501(C)(3)	5,147.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGING AHEAD 14535 MANCHESTER RD. MANCHESTER, MO 63011	43-1833987	501(C)(3)	5,147.	0.			PROJECT SUPPORT AND OTHER SERVICES
DOUGLAS COUNTY SENIOR SERVICES 1036 SE DOUGLAS AVE., ROOM 221 ROSEBURG, OR 97470	11-1111111	N/A	5,135.	0.			PROJECT SUPPORT AND OTHER SERVICES
FEEDMORE - MEALS ON WHEELS 1415 RHOADMILLER STREET RICHMOND, VA 23220	54-1150923	501(C)(3)	5,099.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CHARLOTTESVILLE-ALBEMARLE - 704 ROSE HILL DRIVE - CHARLOTTESVILLE, VA 22903	54-1061454	501(C)(3)	5,099.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATTARAUGUS COUNTY DEPARTMENT OF THE AGING - 1 LEO MOSS DRIVE - OLEAN, NY 14760	11-1111111	N/A	5,074.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NEW ROCHELLE 50 PINTARD AVENUE NEW ROCHELLE, NY 10801	13-3186919	501(C)(3)	5,074.	0.			PROJECT SUPPORT AND OTHER SERVICES
DUNKIRK-FREDONIA MEALS ON WHEELS 196 NEWTON STREET FREDONIA, NY 14063	16-1188087	501(C)(3)	5,074.	0.			PROJECT SUPPORT AND OTHER SERVICES
SUMMIT COUNTY COMMUNITY AND SENIOR CENTER - P.O. BOX 1845 - FRISCO, CO 80443	84-0989154	501(C)(3)	5,062.	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)	5,062.	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:**

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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 ..... **1b**

**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? ..... **2**

**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? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- 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? ..... **5a**
- b** Any related organization? ..... **5b**
- 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? ..... **6a**
- b** Any related organization? ..... **6b**
- 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 ..... **7**

**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 ..... **8**

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2019

**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 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)	320,660.	0.	0.	9,620.	18,225.	348,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT HERBOLSHEIMER CHIEF LEGAL AND COMPLIANCE OFFICER	(i)	195,128.	0.	0.	0.	1,301.	196,429.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LUCY THEILHEIMER CHIEF STRATEGY AND IMPACT OFFICER	(i)	173,467.	0.	0.	5,204.	15,803.	194,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KRISTINE TEMPLIN CHIEF DEVELOPMENT OFFICER	(i)	172,633.	0.	0.	5,179.	9,011.	186,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SUSAN WALDMAN CHIEF MARKETING AND COMM. OFFICER	(i)	168,302.	0.	0.	5,049.	13,346.	186,697.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PAMELA FURNEAUX CHIEF FINANCIAL AND ADMIN. OFFICER	(i)	166,244.	0.	0.	2,045.	15,705.	183,994.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ERIKA KELLY CHIEF MEMBERSHIP & ADVOCACY OFFICER	(i)	140,419.	0.	0.	4,213.	7,020.	151,652.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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	5	13,853.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( GIFT CARDS )	X	1	560,000.	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, COLUMN (B):

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

Multiple horizontal lines for data entry.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

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:

(CONTINUATION FROM PART III, LINE 4A ON PAGE 2)

BECAUSE OF THE TRUST MEALS ON WHEELS HAS BUILT OVER DECADES OF  
SUPPORTING SENIORS IN THEIR COMMUNITIES, WE ARE INVITED INTO HOMES  
DAILY AND THEREFORE ABLE TO IDENTIFY IF THERE HAS BEEN A CHANGE OF  
CONDITION OR SAFETY HAZARD THAT NEEDS ATTENTION. AS SUCH, MEALS ON  
WHEELS IS PART OF THE HEALTHCARE CONTINUUM, ABLE TO PROVIDE  
PREVENTATIVE SUPPORT TO OUR MOST VULNERABLE OLDER AMERICANS TO HELP  
AVERT A HEALTH CRISIS BEFORE IT HAPPENS AND TO HELP THEM TRANSITION 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  
TO MEET THE GROWING DEMAND FOR SERVICES IN THEIR COMMUNITIES.

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

(CONTINUATION FROM PART III, LINE 4B ON PAGE 2)

THE TEAM IS ALSO ENGAGED IN ONGOING ADVOCACY INITIATIVES AND ACTIVITIES  
AIMED AT HELPING LOCAL PROGRAMS MEET THE NEEDS OF THEIR COMMUNITIES,

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

Schedule O (Form 990 or 990-EZ) (2019)

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MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

INCLUDING COMBATING THE GROWING PROBLEMS OF SENIOR HUNGER AND ISOLATION. TO THAT END, WE WORK TO BUILD SUPPORT ON CAPITOL HILL AND WITHIN THE 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 VI, SECTION A, LINE 6:

THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION CONSISTING OF GENERAL MEMBERSHIP.

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

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

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

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

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

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

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

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

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

ALL BOARD OF DIRECTORS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND SUBMIT A DISCLOSURE STATEMENT AT THE BOARD OF DIRECTORS MEETING HELD IN CONJUNCTION WITH THE ANNUAL CONFERENCE. IT IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS TO BRING ANY CONFLICTS UP AS THEY ARISE. THE ORGANIZATION REGULARLY AND CONSISTENTLY REQUIRES BOARD MEMBERS TO RECUSE THEMSELVES FROM PARTICIPATING IN ANY MATTER IN WHICH THEY HAVE A PERSONAL INTEREST. THIS IS REQUIRED IN THE ORGANIZATION'S BYLAWS. FURTHER, THE ORGANIZATION HAS A COMPLIANCE OFFICER TO OVERSEE COMPLIANCE WITH CONFLICT OF INTEREST AND OTHER ORGANIZATIONAL POLICIES.

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

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

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

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

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

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