

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MEALS ON WHEELS AMERICA		D Employer identification number 23-7447812
	Doing business as		E Telephone number (703) 548-5558
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1550 CRYSTAL DRIVE 1004		
	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202		
	F Name and address of principal officer: ELLIE HOLLANDER SAME AS C ABOVE		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: WWW.MEALSONWHEELSAMERICA.ORG			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1976	M State of legal domicile: DC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO EMPOWER LOCAL PROGRAMS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF VULNERABLE SENIORS.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 12
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 12
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 83
	6	Total number of volunteers (estimate if necessary) 6 15
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a -417.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 24,942,844.
	9	Program service revenue (Part VIII, line 2g) 2,624,260.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 734,028.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,562.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 28,322,694.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 7,514,453.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,612,765.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 2,613,699.
	b	Total fundraising expenses (Part IX, column (D), line 25) 6,635,265.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,691,506.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25,432,423.
19	Revenue less expenses. Subtract line 18 from line 12 2,890,271.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 44,678,464.
	21	Total liabilities (Part X, line 26) 7,205,955.
	22	Net assets or fund balances. Subtract line 21 from line 20 37,472,509.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	ELLIE HOLLANDER, PRESIDENT AND CEO			
	Type or print name and title			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	FRANK SMITH	FRANK SMITH	08/07/25	P00639053
	Firm's name	Firm's EIN		
	CBIZ ADVISORS, LLC	88-1478669		
	Firm's address	Phone no.		
	1899 L STREET, NW #850	202-227-4000		
	WASHINGTON, DC 20036			

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. MEALS ON WHEELS AMERICA	Taxpayer identification number (TIN) 23-7447812
	Number, street, and room or suite no. If a P.O. box, see instructions. 1550 CRYSTAL DRIVE, 1004	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22202	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **KENNETH C. EUWEMA**

1550 CRYSTAL DRIVE, 1004 - ARLINGTON, VA 22202

Telephone No. **(571) 339-1632**

Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 **24** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25
MAIL TO: INTERNAL REVENUE SERVICE
MAIL STOP 6054
1973 N RULON WHITE BLVD.
OGDEN, UT 84201-0045

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

TO EMPOWER LOCAL COMMUNITY PROGRAMS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE SENIORS THEY SERVE SO THAT NO ONE IS LEFT HUNGRY OR ISOLATED.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 8,597,467. including grants of \$ 4,664,879.) (Revenue \$ 603,444.)

THE MEALS ON WHEELS AMERICA STRATEGY AND IMPACT TEAM PROVIDES THOUGHT LEADERSHIP, RESEARCH AND DATA, INNOVATIVE PROGRAMMING AND TOOLS, AND GRANT OPPORTUNITIES TO AID COMMUNITY-BASED PROVIDERS OUR MEMBERS IN EXTENDING THEIR REACH AND IMPACT. THE TEAM LEVERAGES BEST PRACTICES AND EVIDENCE-INFORMED PROGRAMMING TO EXPAND THE CAPACITY OF COMMUNITY-BASED PROVIDERS TO SERVE MORE SENIORS AND TO SERVE THEM IN INCREASINGLY EFFECTIVE WAYS. THE WORK ALSO INCLUDES EFFORTS TO BRING TOGETHER OUR NATIONWIDE NETWORK IN PARTNERSHIP WITH HEALTHCARE PROVIDERS AND PAYERS THAT IMPROVE HEALTH OUTCOMES AND QUALITY OF CARE, WHILE LOWERING COSTS OF HEALTHCARE'S HIGH-RISK, SPECIAL NEEDS POPULATION.

THE TRUST MEALS ON WHEELS HAS BUILT OVER DECADES OF SUPPORTING SENIORS**4b** (Code:) (Expenses \$ 6,050,113. including grants of \$ 1,791,355.) (Revenue \$ 1,784,404.)

THE MEALS ON WHEELS AMERICA MEMBERSHIP AND ADVOCACY TEAMS PROVIDE DIRECT SUPPORT TO OUR MEMBERSHIP OF COMMUNITY-BASED MEALS ON WHEELS PROVIDERS IN A VARIETY OF WAYS. THIS INCLUDES FEDERAL AND GRASSROOTS ADVOCACY, EDUCATION, TRAINING AND NETWORKING OPPORTUNITIES, AS WELL ENSURING MEMBERS ARE AWARE OF AND ENGAGED IN ALL THE PROGRAM AND CAPACITY-BUILDING RESOURCES AND SUPPORT WE PROVIDE.

THE MEMBERSHIP TEAM RECRUITS AND RETAINS MEMBERS, ENSURES MEMBERS ARE ACTIVELY ENGAGED IN OUR INITIATIVES AND OFFERINGS, AND PROVIDES RELEVANT INFORMATION, LEARNING AND NETWORKING OPPORTUNITIES DESIGNED TO STRENGTHEN AND SUPPORT THE NETWORK. LEARNING AND DEVELOPMENT OFFERINGS RANGE FROM VIRTUAL WEBINARS, SYMPOSIUMS AND NETWORKING OPPORTUNITIES,

4c (Code:) (Expenses \$ 1,238,523. including grants of \$) (Revenue \$)

THE MARKETING AND COMMUNICATIONS TEAM AT MEALS ON WHEELS AMERICA PLAYS A VITAL ROLE IN RAISING NATIONAL AWARENESS OF THE GROWING AND OFTEN OVERLOOKED CRISES OF SENIOR HUNGER AND ISOLATION. BY ELEVATING THE VISIBILITY AND DEMONSTRATING THE IMPACT OF MEALS ON WHEELS, THE TEAM HELPS DRIVE BROADER RECOGNITION OF THE ESSENTIAL SERVICES OUR NETWORK PROVIDES TO VULNERABLE OLDER ADULTS.

TO ACHIEVE THIS, THE TEAM STRATEGICALLY STRENGTHENS AND AMPLIFIES THE MEALS ON WHEELS BRAND NATIONWIDE THROUGH A COMBINATION OF THOUGHT LEADERSHIP, TARGETED PAID AND DONATED MEDIA, AND ROBUST DIGITAL MARKETING CAMPAIGNS. THESE EFFORTS ARE DESIGNED TO INSPIRE ACTION FROM INDIVIDUALS, ORGANIZATIONS, AND POLICYMAKERS TO ENSURE THAT NO SENIOR

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

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

4e Total program service expenses 15,886,103.Form **990** (2024)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	16
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 83		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
KENNETH C. EUWEMA - (571) 339-1632
1550 CRYSTAL DRIVE, 1004, ARLINGTON, VA 22202

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELLEN HOLLANDER PRESIDENT AND CEO	40.00			X				597,410.	0.	36,963.
(2) KRISTINE TEMPLIN CHIEF DEVEL. & MARKETING OFFICER	40.00				X			281,571.	0.	22,747.
(3) ROBERT HERBOLSHEIMER CHIEF LEGAL/COMPLIANCE OFFICER	40.00				X			264,189.	0.	25,508.
(4) KENNETH EUWEMA CFO & COO	40.00			X				222,415.	0.	23,881.
(5) DEIRDRE MCGINLEY-GIESER CHIEF STRATEGY & IMPACT OFFICER	40.00				X			207,319.	0.	18,205.
(6) IPYANA SPENCER CHIEF HEALTH OFFICER	40.00				X			209,170.	0.	10,037.
(7) LYNN GRESHAM CHIEF HR OFFICER	40.00				X			177,843.	0.	0.
(8) JENNIFER YOUNG VP, COMMS & CHIEF OF STAFF	40.00					X		154,047.	0.	22,843.
(9) TODD TURNER CHIEF MBRSHIP OFFICER (TIL 10/24)	40.00				X			157,681.	0.	7,517.
(10) LEA C FLORENCE VP, PROGRAMS	40.00					X		135,557.	0.	13,376.
(11) COLLEEN CLARK SR DIR, STRATEGIC PARTNERSHIPS	40.00					X		135,315.	0.	13,467.
(12) JOSHUA PROTAS CHIEF POLICY OFFICER (AS OF 4/24)	40.00					X		135,832.	0.	1,127.
(13) BRADLEY TRITSCH ASST GENERAL COUNSEL	40.00					X		123,480.	0.	10,861.
(14) LUANN OATMAN CHAIR (AS OF 8/24)	2.00	X		X				0.	0.	0.
(15) KEVIN DONNELLAN VICE CHAIR (AS OF 8/24)	1.00	X		X				0.	0.	0.
(16) JOHN MARICK SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
(17) PATTI LYONS IMM. PAST CHAIR (AS OF 8/24)	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHANIE ARCHER-SMITH DIRECTOR	1.00	X						0.	0.	0.
(19) LISA DAVIS DIRECTOR	1.00	X						0.	0.	0.
(20) HOLLY HAGLER DIRECTOR	1.00	X						0.	0.	0.
(21) MARVIN IRBY DIRECTOR	1.00	X						0.	0.	0.
(22) DERRICK MASHORE DIRECTOR	1.00	X						0.	0.	0.
(23) JENNIFER STEELE DIRECTOR	1.00	X						0.	0.	0.
(24) LISA WIDEMAN DIRECTOR	1.00	X						0.	0.	0.
(25) DOUG WRIGHT DIRECTOR	1.00	X						0.	0.	0.
(26) NATALIE ADLER DIRECTOR (TIL 8/24)	0.50	X						0.	0.	0.
1b Subtotal								2,801,829.	0.	206,532.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,801,829.	0.	206,532.

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

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MAILING SERVICES OF PITTSBURGH, INC. DBA TR 502 KEYSTONE DR, WARRENDALE, PA 15086	PROFESSIONAL FUNDRAISING COUNSEL	3,071,977.
MISSIONWIRED, 1146 19TH STREET NORTHWEST, SUITE 600, WASHINGTON, DC 20036	PROJECT CONSULTING	1,097,000.
PUBLIC INC., 26 SOHO STREET, SUITE 102, TORONTO, ONTARIO, CANADA M5T 1Z7	MARKETING & GRAPHIC DESIGN	1,075,750.
BALTIMORE MARRIOTT WATERFRONT 700 ALICEANNA ST, BALTIMORE, MD 21202	2024 MEALS ON WHEELS ANNUAL CONFERENCE &	552,379.
PROLOCITY P.O. BOX 360, BURLINGTON, KY 41005	INTERNAL USE SOFTWARE DEVELOPMENT	296,100.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

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

432201
04-01-24

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	127,233.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,524.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	21003191.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 832,535.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a <u>CONFERENCE</u>	Business Code	900099	812,845.	734,995.		77,850.
	b <u>MEMBER DISCOUNT PROGRA</u>		900099	617,004.	617,004.		
	c <u>MEMBER DUES</u>		900099	513,083.	513,083.		
	d <u>HEALTHCARE CONTRACTS</u>		900099	444,916.	444,916.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				2,387,848.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,547,203.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a <u>MISCELLANEOUS REVENUE</u>	Business Code	900099	41,317.			41,317.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				41,317.		
	12 Total revenue. See instructions				25549678.	2,309,998.	-417.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,456,235.	6,456,235.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,262,459.	1,677,810.	312,004.	272,645.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,570,148.	2,269,857.	2,407,529.	892,762.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	135,057.	54,876.	58,080.	22,101.
9 Other employee benefits	656,738.	302,836.	254,044.	99,858.
10 Payroll taxes	492,227.	245,724.	173,028.	73,475.
11 Fees for services (nonemployees):				
a Management				
b Legal	65,573.	2,588.	62,985.	
c Accounting	100,476.	3,965.	96,511.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	3,085,435.			3,085,435.
f Investment management fees	219,192.		219,192.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,174,316.	1,966,926.	139,360.	1,068,030.
12 Advertising and promotion	982,000.	309,227.	21,909.	650,864.
13 Office expenses	340,916.	178,320.	106,345.	56,251.
14 Information technology	839,045.	390,467.	194,334.	254,244.
15 Royalties				
16 Occupancy	498,025.	230,604.	196,050.	71,371.
17 Travel	192,285.	122,394.	39,442.	30,449.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	722,844.	722,844.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	127,630.	59,641.	49,530.	18,459.
23 Insurance	28,404.	13,152.	11,181.	4,071.
24 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.)				
a MEMBER SERVICES	835,566.	835,566.		
b DUES AND SUBSCRIPTIONS	118,442.	23,659.	80,928.	13,855.
c MISCELLANEOUS	111,661.	8,851.	87,600.	15,210.
d RECRUITING COSTS	52,871.	10,561.	36,125.	6,185.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	27,067,545.	15,886,103.	4,546,177.	6,635,265.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,407,661.	1	2,123,655.
	2 Savings and temporary cash investments	3,144,518.	2	2,586,068.
	3 Pledges and grants receivable, net	3,091,204.	3	2,690,427.
	4 Accounts receivable, net	196,825.	4	210,541.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,164.	8	13,196.
	9 Prepaid expenses and deferred charges	393,616.	9	300,697.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,735,190.		
	b Less: accumulated depreciation	10b 619,637.		
		733,162.	10c	1,115,553.
	11 Investments - publicly traded securities	32,648,582.	11	32,674,773.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	3,049,732.	15	2,666,812.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	44,678,464.	16	44,381,722.	
Liabilities	17 Accounts payable and accrued expenses	2,518,572.	17	3,714,650.
	18 Grants payable		18	
	19 Deferred revenue	666,818.	19	632,427.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,020,565.	25	3,752,607.
	26 Total liabilities. Add lines 17 through 25	7,205,955.	26	8,099,684.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	35,862,482.	27	34,038,216.
	28 Net assets with donor restrictions	1,610,027.	28	2,243,822.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	37,472,509.	32	36,282,038.	
33 Total liabilities and net assets/fund balances	44,678,464.	33	44,381,722.	

Form 990 (2024)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,549,678.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,067,545.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,517,867.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,472,509.
5	Net unrealized gains (losses) on investments	5	327,396.
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	36,282,038.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

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

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	69392961.	21122863.	19439682.	24942844.	21135948.	156034298
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	69392961.	21122863.	19439682.	24942844.	21135948.	156034298
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6197490.
6 Public support. Subtract line 5 from line 4.						149836808

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	69392961.	21122863.	19439682.	24942844.	21135948.	156034298
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	202,901.	577,666.	965,999.	1341654.	1547203.	4635423.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	15.		11,366.	19,587.	41,317.	72,285.
11 Total support. Add lines 7 through 10						160742006
12 Gross receipts from related activities, etc. (see instructions)					12	10,692,337.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	93.22	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	92.90	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			
			<input type="checkbox"/>

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

Schedule A (Form 990) 2024

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Schedule A (Form 990) 2024

Part VI

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

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

2020 AMOUNT: \$ 15.
2022 AMOUNT: \$ 11,366.
2023 AMOUNT: \$ 19,587.
2024 AMOUNT: \$ 41,317.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

MEALS ON WHEELS AMERICA

23-7447812

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>3,280,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,588,235.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,264,920.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>668,455.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

23-7447812

Part II

[illegible]

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

Part III

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

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

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

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2024

Open to Public
Inspection

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

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

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

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

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

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

Name of organization

MEALS ON WHEELS AMERICA

Employer identification number (EIN)

23-7447812

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

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

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

5 Enter the names, addresses, and EINs 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) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN 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:	THEN 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:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		11,994.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		119,936.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			131,930.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

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

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

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

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

Part IV	Supplemental Information <i>(continued)</i>
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FEDERAL APPROPRIATIONS PROCESS, FEDERAL NUTRITION AND HEALTHCARE PROGRAMS, AND CHARITABLE TAX ISSUES.

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) (Rev. 12-2024)

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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 in Part XIII ☐

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

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

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

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

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

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

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

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

	Yes	No
3a(i)		
3a(ii)		
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		1,101,235.	505,411.	595,824.
d Equipment		161,850.	107,274.	54,576.
e Other		472,105.	6,952.	465,153.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,115,553.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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) SECURITY DEPOSIT	43,642.
(2) OPERATING ROU ASSET	2,623,170.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,666,812.

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) ROU LEASE LIABILITY	3,752,607.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,752,607.

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 ... ☒

Schedule D (Form 990) (Rev. 12-2024)

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	27,258,930.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	327,396.
b	Donated services and use of facilities	2b	1,582,685.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,910,081.
3	Subtract line 2e from line 1	3	25,348,849.
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	219,192.
b	Other (Describe in Part XIII.)	4b	-18,363.
c	Add lines 4a and 4b	4c	200,829.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	25,549,678.

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	28,449,401.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,582,685.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	18,363.
e	Add lines 2a through 2d	2e	1,601,048.
3	Subtract line 2e from line 1	3	26,848,353.
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	219,192.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	219,192.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	27,067,545.

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, 2024, 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 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	-17,123.
LOSS ON DISPOSAL OF FIXED ASSETS	-1,240.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-18,363.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	17,123.
LOSS ON DISPOSAL OF FIXED ASSETS	1,240.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	18,363.

Part XIII Supplemental Information (continued)

Area for supplemental information with horizontal lines.

SCHEDULE F
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA - CYPRUS	0	0	RECEIPT OF REVENUES	CONTRIBUTIONS RECEIVED FROM DONORS IN REGION	0.
3 a Subtotal	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Schedule F (Form 990) (Rev. 12-2024)

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

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of nongovernment grants
f [X] Solicitation of government grants
g [] Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [] No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes data for MAILING SERVICES OF PITTSBURGH, INC. DBA and TSM DONOR ENGAGEMENT TEAM.

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

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING

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

(I) NAME OF FUNDRAISER: TSM DONOR ENGAGEMENT TEAM

(I) ADDRESS OF FUNDRAISER: 155 COMMERCE DRIVE, FREEDOM, PA 15042

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

ON AVERAGE, IT TAKES ABOUT THREE YEARS FOR A DIRECT MAIL PROGRAM TO COVER ALL DONOR ACQUISITION COSTS AND BEGIN NETTING REVENUE. THE ORGANIZATION HAS A "PAY-AS-YOU-GROW" AGREEMENT WITH THE FUNDRAISER, WHEREBY THE COST INCURRED BY THE FUNDRAISER ARE ONLY REIMBURSABLE TO THE EXTENT OF THE REVENUE RAISED THROUGH THE APPEAL. THE FUNDRAISER COLLECTS, PROCESSES, AND DEPOSITS THE FUNDS FROM THE DIRECT MAIL APPEALS INTO A BANK ACCOUNT CONTROLLED BY THE ORGANIZATION.

Part IV	Supplemental Information <i>(continued)</i>
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number
23-7447812

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABCAP 406 W. PLUM ST. GEORGETOWN, OH 45121	31-1518993	501(C)(3)	10,000.	0.			PROJECT SUPPORT
AEOA SENIOR SERVICES 702 3RD AVE S VIRGINIA, MN 55792-2776	41-6052144	501(C)(3)	5,381.	0.			PROJECT SUPPORT
AGE WELL SENIOR SERVICES, INC. 23101 LAKE CENTER DRIVE, SUITE 325 LAKE FOREST, CA 92630	93-1163563	501(C)(3)	12,500.	0.			PROJECT SUPPORT
AGENCY ON AGING - AREA 4 1401 EL CAMINO AVENUE SACRAMENTO, CA 95815		GOVT	6,487.	0.			PROJECT SUPPORT
AGING AHEAD 14535 MANCHESTER RD. MANCHESTER, MO 63011	43-1833987	501(C)(3)	11,594.	0.			PROJECT SUPPORT
ALEUTIAN PRIBILOF ISLANDS ASSOCIATION - 1131 EAST INTERNATIONAL AIRPORT ROAD - ANCHORAGE, AK 99518	92-0143609	501(C)(3)	16,875.	0.			PROJECT SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **235.**

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMADOR COUNTY SENIOR CITIZENS, INC. - 229 NEW YORK RANCH ROAD - JACKSON, CA 95642	94-2761385	501(C)(3)	25,000.	0.			PROJECT SUPPORT
APPALACHIAN AGENCY FOR SENIOR CITIZENS - PO BOX 765 - CEDAR BLUFF, VA 24609	54-0990533	501(C)(3)	41,536.	6,000.	FMV	GIFT CARD	PROJECT SUPPORT
ASHLAND COUNTY AGING UNIT, INC. 400 CHAPPLE AVENUE, SUITE 100 ASHLAND, WI 54806	39-1421886	501(C)(3)	15,000.	0.			PROJECT SUPPORT
ASTER AGING, INC. 45 W UNIVERSITY DRIVE SUITE A MESA, AZ 85201	94-2596075	501(C)(3)	15,537.	2,031.	FMV	COUPON	PROJECT SUPPORT
ATHENS COMMUNITY COUNCIL ON AGING 135 HOYT ST. ATHENS, GA 30601	58-0977680	501(C)(3)	8,743.	0.			PROJECT SUPPORT
BAY AGING P.O. BOX 610 URBANNA, VA 23175	54-1085032	501(C)(3)	29,536.	0.			PROJECT SUPPORT
BENDER JCC OF GREATER WASHINGTON 6125 MONTROSE ROAD ROCKVILLE, MD 20852	53-0205921	501(C)(3)	9,370.	0.			PROJECT SUPPORT
BERKS ENCORE 40 N 9TH ST READING, PA 19601-3657	23-1656050	501(C)(3)	37,596.	0.			PROJECT SUPPORT
BI-COUNTY NUTRITION 416 1/2 OHIO AVE NUTTER FORT, WV 26301-4510	55-0626656	501(C)(3)	10,000.	508.	FMV	COUPON	PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOMINGTON MEALS ON WHEELS 601 W 2ND STREET, PO BOX 1149 BLOOMINGTON, IN 47402	31-0941563	501(C)(3)	8,087.	0.			PROJECT SUPPORT
BOND COUNTY SENIOR CENTER 1001 E. HARRIS AVE., GREENVILLE, IL 62246	37-1013068	501(C)(3)	22,439.	0.			PROJECT SUPPORT
BRIGHAM CITY SENIOR CENTER MEALS ON WHEELS - 24 NORTH 300 WEST - BRIGHAM CITY, UT 84302		GOVT	11,389.	508.	FMV	COUPON	PROJECT SUPPORT
BROOMFIELD MEALS ON WHEELS 280 SPADER WAY, BROOMFIELD, CO 80020	84-6014589	501(C)(3)	5,356.	0.			PROJECT SUPPORT
CADDO COUNCIL ON AGING, INC. 1700 BUCKNER STREET SUITE 240 SHREVEPORT, LA 71101	72-0715821	501(C)(3)	28,850.	0.			PROJECT SUPPORT
CALDWELL MEALS ON WHEELS 1009 EVERETT STREET, CALDWELL, ID 83605	51-0166576	501(C)(3)	18,545.	0.			PROJECT SUPPORT
CARELINK PO BOX 5988 NORTH LITTLE ROCK, AR 72119	71-0521402	501(C)(3)	10,000.	0.			PROJECT SUPPORT
CARSON CITY SENIOR CITIZEN CENTER 911 BEVERLY DRIVE CARSON CITY, NV 89706	88-0123061	501(C)(3)	7,399.	508.	FMV	COUPON	PROJECT SUPPORT
CATHOLIC CHARITIES OF SOUTHERN NEVADA - 1501 LAS VEGAS BOULEVARD NORTH, - LAS VEGAS, NV 89101	88-0059425	501(C)(3)	5,270.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE DIOCESE OF ST. CLOUD - 157 ROOSEVELT RD. SUITE 200 - ST. CLOUD, MN 56301	41-0737799	501(C)(3)	7,256.	0.			PROJECT SUPPORT
CATTARAUGUS COUNTY DEPARTMENT OF THE AGING - 1 LEO MOSS DRIVE - OLEAN, NY 14760		GOVT	13,624.	1,016.	FMV	COUPON	PROJECT SUPPORT
CENTRAL OREGON COUNCIL ON AGING 1036 NORTHEAST 5TH STREET BEND, OR 97701	93-0661229	501(C)(3)	17,113.	0.			PROJECT SUPPORT
CENTRAL VERMONT COUNCIL ON AGING 59 N. MAIN ST, SUITE 200 BARRE, VT 05641	03-0276104	501(C)(3)	11,306.	0.			PROJECT SUPPORT
CHATHAM COUNTY AGING SERVICES PO BOX 715 PITTSBORO, NC 27312	56-1084260	501(C)(3)	82,000.	18,000.	FMV	GIFT CARD	PROJECT SUPPORT
CHEROKEE COUNTY MEALS ON WHEELS P.O. BOX 1886 GAFFNEY, SC 29342	57-0773044	501(C)(3)	42,000.	0.			PROJECT SUPPORT
CHESTNUT HILL MEALS ON WHEELS 1710 BETHLEHEM PIKE FLOURTOWN, PA 19031-1626	26-4192537	501(C)(3)	5,713.	0.			PROJECT SUPPORT
CHIPPEWA LUCE MACKINAC COMMUNITY ACTION AGENCY - 524 ASHMUN STREET - SAULT STE. MARIE, MI 49783	38-1798626	501(C)(3)	10,000.	1,016.	FMV	COUPON	PROJECT SUPPORT
CHURCHILL COUNTY SOCIAL CERVICES LC - 952 S MAINE ST - FALLON, NV 89406-8815	88-6000025	501(C)(3)	15,000.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CICOA FOUNDATION 8440 WOODFIELD CROSSING BLVD. INDIANAPOLIS, IN 46240	35-1859069	501(C)(3)	41,882.	6,000.	FMV	GIFT CARD	PROJECT SUPPORT
COAL CREEK MEALS ON WHEELS 455 N. BURLINGTON AVENUE, LAFAYETTE, CO 80026	84-0634856	501(C)(3)	7,026.	0.			PROJECT SUPPORT
COMFORT GOLDEN AGE CENTER 628 HIGHWAY 27 COMFORT, TX 78013	74-2501265	501(C)(3)	6,469.	0.			PROJECT SUPPORT
COMMUNITY COOPERATIVE, INC. 3429 DR MARTIN LUTHER KING BLVD FORT MEYERS, FL 22916-4403	59-2602772	501(C)(3)	24,587.	0.			PROJECT SUPPORT
COMMUNITY EMERGENCY ASSISTANCE PROGRAMS - 7051 BROOKLYN BOULEVARD - BROOKLYN CENTER, MN 55429	41-0990340	501(C)(3)	5,605.	0.			PROJECT SUPPORT
COMMUNITY EMERGENCY SERVICE 1900 11TH AVE S MINNEAPOLIS, MN 55404	41-1728341	501(C)(3)	12,500.	0.			PROJECT SUPPORT
COUNCIL ON AGING FOR HENDERSON COUNTY - 105 KING CREEK BLVD. - HENDERSONVILLE, NC 28792	56-0936674	501(C)(3)	12,377.	0.			PROJECT SUPPORT
CUMBERLAND COUNTY COUNCIL ON OLDER ADULTS - 339 DEVERS STREET - FAYETTEVILLE, NC 28303	56-0902659	501(C)(3)	32,788.	6,000.	FMV	GIFT CARD	PROJECT SUPPORT
DECATUR CATHOLIC CHARITIES 247 WEST PRAIRIE AVENUE DECATUR, IL 62523	51-0439311	501(C)(3)	24,500.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIETERT CENTER 451 GUADALUPE STREET KERRVILLE, TX 78028	74-2697204	501(C)(3)	17,966.	0.			PROJECT SUPPORT
DIGNITY HEALTH CONNECTED LIVING 200 MERCY OAKS DRIVE REDDING, CA 96003	23-7115371	501(C)(3)	15,084.	0.			PROJECT SUPPORT
DON BOSCO SENIOR CENTER 580 CAMPBELL ST., KANSAS CITY, MO 64106	44-0558260	501(C)(3)	25,700.	0.			PROJECT SUPPORT
EAC, INC.- MEALS ON WHEELS 99 QUENTIN ROOSEVELT BOULEVARD, SUI GARDEN CITY, NY 11530	23-7175609	501(C)(3)	6,739.	0.			PROJECT SUPPORT
EAST PASCO MEALS ON WHEELS 38112 15TH AVE. ZEPHYRHILLS, FL 33542	59-1565648	501(C)(3)	50,000.	0.			PROJECT SUPPORT
EASTERN AREA AGENCY ON AGING 240 STATE STREET BREWER, ME 04412	01-0328376	501(C)(3)	18,413.	0.			PROJECT SUPPORT
EASTERN NEBRASKA OFFICE ON AGING 4780 SOUTH 131ST STREET, OMAHA, NE 68137-1865	87-4184078	501(C)(3)	14,892.	0.			PROJECT SUPPORT
ELDER CARE SERVICES, INC. 2518 W TENNESSEE ST TALLAHASSEE, FL 32304	59-1426079	501(C)(3)	12,009.	0.			PROJECT SUPPORT
FAMILY SERVICE ROCHESTER 4600 18TH STREET NW ROCHESTER, MN 55901	41-0883453	501(C)(3)	94,381.	22,000.	FMV	GIFT CARD	PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICES OF MONTGOMERY COUNTY - MEALS ON WHEELS - 1976 E HIGH ST - POTTSTOWN, PA 19464-3277	23-1352361	501(C)(3)	22,500.	508.	FMV	COUPON	PROJECT SUPPORT
FARMINGTON SENIOR ACTIVITY AND WELLNESS CENTER - 340 W MAIN ST - FARMINGTON, AR 72730-2615		GOVT	5,326.	0.			PROJECT SUPPORT
FAYETTEVILLE SENIOR ACTIVITY & WELLNESS CENTER - 945 S COLLEGE AVE. - FAYETTEVILLE, AR 72701	71-0521887	501(C)(3)	5,326.	0.			PROJECT SUPPORT
FEEDMORE - MEALS ON WHEELS 1415 RHOADMILLER STREET RICHMOND, VA 23220	54-1150923	501(C)(3)	27,000.	2,031.	FMV	COUPON	PROJECT SUPPORT
FEEDMORE WNY 100 JAMES E. CASEY DR., BUFFALO, NY 14206	22-2470820	501(C)(3)	5,821.	2,031.	FMV	COUPON	PROJECT SUPPORT
FIRST TENNESSEE AREA AGENCY ON AGING AND DISABILITY - 3211 NORTH ROAN STREET - JOHNSON CITY, TN 37601	82-4338374	501(C)(3)	10,000.	0.			PROJECT SUPPORT
FORT BEND SENIORS MEALS ON WHEELS P.O. BOX 1488 ROSENBERG, TX 77471	74-1918313	501(C)(3)	6,585.	0.			PROJECT SUPPORT
FRANKLIN COUNTY COUNCIL ON AGING, INC - 202 MEDICAL HEIGHTS DR. - FRANKFORT, KY 40601	61-6041002	501(C)(3)	5,280.	0.			PROJECT SUPPORT
HOMAGE - SENIOR SERVICES 5026 196TH STREET, SW LYNNWOOD, WA 98036	91-0910680	501(C)(3)	8,916.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA ST. EUREKA, CA 95501	94-2261434	501(C)(3)	38,660.	508.	FMV	COUPON	PROJECT SUPPORT
ILLINOIS VALLEY ECONOMIC DEVELOPMENT CORPORATION - P.O. BOX 88 - GILLESPIE, IL 62033	37-6059503	501(C)(3)	7,106.	508.	FMV	COUPON	PROJECT SUPPORT
INDEPENDENCE, MEALS ON WHEELS INC. 409 N LIBERTY INDEPENDENCE, MO 64050	43-1083396	501(C)(3)	25,000.	0.			PROJECT SUPPORT
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 92123	95-1644024	501(C)(3)	33,000.	6,000.	FMV	GIFT CARD	PROJECT SUPPORT
JEWISH FAMILY SERVICES OF NORTHEASTERN NEW YORK - 184 WASHINGTON AVENUE EXTENSION, - ALBANY, NY 12033	14-1338308	501(C)(3)	22,794.	0.			PROJECT SUPPORT
KALKASKA COUNTY COMMISSION ON AGING - 303 SOUTH CORAL STREET - KALKASKA, MI 49646		GOVT	15,000.	1,016.	FMV	COUPON	PROJECT SUPPORT
KC KOSHER MEALS ON WHEELS 10147 MACKEY STREET, OVERLAND PARK, KS 66212	43-1772532	501(C)(3)	12,500.	0.			PROJECT SUPPORT
KC SHEPARD'S CENTER 9200 WARD PARKWAY, KANSAS CITY, MO 64114	43-0994417	501(C)(3)	13,122.	0.			PROJECT SUPPORT
KEARNEY HOUSING DEVELOPMENT CORPORATION - 2715 AVENUE I - KEARNEY, NE 68847	47-0782317	501(C)(3)	7,480.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENOSHA AREA FAMILY & AGING SERVICES - 7730 SHERIDAN RD - KENOSHA, WI 53143	39-1132382	501(C)(3)	35,052.	6,000.	FMV	GIFT CARD	PROJECT SUPPORT
KINSHIP CENTER 921 S. CARROLLTON AVE NEW ORLEANS, LA 70118	72-0842907	501(C)(3)	16,005.	0.			PROJECT SUPPORT
KLAMATH BASIN SENIOR CITIZENS' CENTER, INC. - 2045 ARTHUR STREET, PO BOX JE - KLAMATH FALLS, OR 97602	46-0716639	501(C)(3)	5,965.	0.			PROJECT SUPPORT
KLEINLIFE KLEINLIFE PHILADELPHIA, PA 19116	27-0840848	501(C)(3)	28,997.	0.			PROJECT SUPPORT
KNOXVILLE-KNOX COUNTY COMMUNITY ACTION COMMITTEE - P.O. BOX 51650 - KNOXVILLE, TN 37950	23-7432847	501(C)(3)	14,352.	1,016.	FMV	COUPON	PROJECT SUPPORT
LAKE COUNTY COUNCIL ON AGING 8520 EAST AVE MENTOR, OH 44060-4302	23-7266637	501(C)(3)	15,550.	508.	FMV	COUPON	PROJECT SUPPORT
LEAVENWORTH COUNTY COUNCIL ON AGING - 1830 S. BROADWAY ST. - LEAVENWORTH, KS 66048	48-6034067	501(C)(3)	37,500.	0.			PROJECT SUPPORT
LEXINGTON COUNTY RECREATION AND AGING COMMISSION - 125 PARKER STREET - LEXINGTON, SC 29072		GOVT	8,695.	0.			PROJECT SUPPORT
LICKING COUNTY AGING PROGRAM, INC. 1058 E MAIN ST NEWARK, OH 43055-6940	31-0787851	501(C)(3)	12,038.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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LIFECARE ALLIANCE 1699 W. MOUND ST. COLUMBUS, OH 43223	31-4379494	501(C)(3)	16,622.	2,031.	FMV	COUPON	PROJECT SUPPORT
LOA AREA AGENCY ON AGING 4932 FRONTAGE RD NW ROANOKE, VA 24019-2922	54-0916248	501(C)(3)	8,248.	0.			PROJECT SUPPORT
LOAVES & FISHES FAMILY KITCHEN 1534 BERGER DRIVE SAN JOSE, CA 95112	77-0370874	501(C)(3)	25,000.	0.			PROJECT SUPPORT
LONGMONT MEALS ON WHEELS 910 LONGS PEAK AVE LONGMONT, CO 80501	84-0590979	501(C)(3)	5,356.	0.			PROJECT SUPPORT
LOWER COLUMBIA CAP SENIOR SERVICES 1526 COMMERCE AVE LONGVIEW, WA 98632	91-0814141	501(C)(3)	7,384.	0.			PROJECT SUPPORT
LUTHERAN SOCIAL SERVICES OF MINNESOTA - 2485 COMO AVE - SAINT PAUL, MN 55108	41-0872993	501(C)(3)	10,246.	0.			PROJECT SUPPORT
LYON COUNTY HUMAN SERVICES 620 LAKE ST SILVER SPRINGS, NV 89429-9038		GOVT	12,000.	0.			PROJECT SUPPORT
MAC, INC. 909 PROGRESS CIRCLE, SUITE 100 SALISBURY, MD 21804	52-0992005	501(C)(3)	9,370.	508.	FMV	COUPON	PROJECT SUPPORT
MAIN LINE MEALS ON WHEELS, INC. P.O. BOX 801 DEVON, PA 19333	23-1907603	501(C)(3)	20,362.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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MEALS FOR FRIENDS 1229 JEFFERSON HEIGHTS RD PITTSBURGH, PA 15235-4826	47-1344227	501(C)(3)	6,329.	0.			PROJECT SUPPORT
MEALS ON WHEELS - ANDERSON P.O. BOX 285 ANDERSON, SC 29622	57-0634729	501(C)(3)	11,195.	0.			PROJECT SUPPORT
MEALS ON WHEELS BURLINGTON COUNTY 795 WOODLANE ROAD, WESTAMPTON, NJ 08060	21-6000107	501(C)(3)	6,651.	0.			PROJECT SUPPORT
MEALS ON WHEELS BY ACC 7375 PARK CITY DRIVE SACRAMENTO, CA 95831	30-0610870	501(C)(3)	7,988.	0.			PROJECT SUPPORT
MEALS ON WHEELS CENTRAL TEXAS 3227 E. 5TH ST AUSTIN, TX 78702	23-7202594	501(C)(3)	622,000.	382,000.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS CHICAGO 314 WEST SUPERIOR STREET CHICAGO, IL 60654	36-3667584	501(C)(3)	91,249.	0.			PROJECT SUPPORT
MEALS ON WHEELS DAVIDSON COUNTY 555-B WEST CENTER STREET LEXINGTON, NC 27295	56-6000294	501(C)(3)	10,263.	0.			PROJECT SUPPORT
MEALS ON WHEELS DELAWARE, INC 100 WEST 10TH STREET, SUITE 207 WILMINGTON, DE 19801	51-0355145	501(C)(3)	32,193.	0.			PROJECT SUPPORT
MEALS ON WHEELS DIABLO REGION 1300 CIVIC DRIVE WALNUT CREEK, CA 94596	68-0044205	501(C)(3)	33,060.	2,000.	FMV	GIFT CARD	PROJECT SUPPORT

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MEALS ON WHEELS ERIE 4408 PEACH ST. ERIE, PA 16509	51-0200640	501(C)(3)	11,297.	0.			PROJECT SUPPORT
MEALS ON WHEELS FOR GREATER HOUSTON - 3303 MAIN STREET - HOUSTON, TX 77002	74-1488102	501(C)(3)	18,951.	0.			PROJECT SUPPORT
MEALS ON WHEELS IN HUNTERDON, INC. 5 WALTER FORAN BLVD., STE. 2006 FLEMINGTON, NJ 08822	22-3084358	501(C)(3)	7,843.	0.			PROJECT SUPPORT
MEALS ON WHEELS KITSAP 2817 WHEATON WAY, SUITE 208, BREMERTON, WA 98310	91-1197374	501(C)(3)	9,290.	0.			PROJECT SUPPORT
MEALS ON WHEELS LINN, BENTON, LINCOLN - 1400 QUEEN AVE. SE, SUITE 206, - ALBANY, OR 97322	93-0584306	501(C)(3)	10,000.	0.			PROJECT SUPPORT
MEALS ON WHEELS MASON & THURSTON COUNTIES - 222 COLUMBIA ST., NW - OLYMPIA, WA 98501	91-0907573	501(C)(3)	6,717.	0.			PROJECT SUPPORT
MEALS ON WHEELS MESA COUNTY - ST. MARY'S HOSPITAL - 551 CHIPETA AVENUE - GRAND JUNCTION, CO 81501	84-0425720	501(C)(3)	5,356.	1,016.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS MONTGOMERY COUNTY 111 SOUTH 2ND STREET CONROE, TX 77301	23-7310650	501(C)(3)	35,954.	0.			PROJECT SUPPORT
MEALS ON WHEELS NEW MEXICO 5901 HARPER DRIVE NE PO BOX 92614 ALBUQUERQUE, NM 87199	85-0307043	501(C)(3)	16,417.	1,016.	FMV	COUPON	PROJECT SUPPORT

Schedule I (Form 990)

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MEALS ON WHEELS NORTH CENTRAL TEXAS - 106 EAST KILPATRICK STREET - CLEBURNE, TX 76031	75-1555153	501(C)(3)	4,472.	2,031.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS NORTH JERSEY 100 MADISON AVENUE, SUITE 3 WESTWOOD, NJ 07675	22-2340025	501(C)(3)	9,587.	0.			PROJECT SUPPORT
MEALS ON WHEELS NORTHEAST TENNESSEE - 704 ROLLING HILLS DRIVE, - JOHNSON CITY, TN 37604-7264	62-0928394	501(C)(3)	13,481.	1,016.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS NORTHEASTERN ILLINOIS - 1723 SIMPSON ST - EVANSTON, IL 60201	36-2662113	501(C)(3)	19,647.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF ASHEVILLE-BUNCOMBE COUNTY - 146 VICTORIA ROAD - ASHEVILLE, NC 28801	56-1115597	501(C)(3)	25,000.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF BOULDER 3701 CANFIELD ST., BOULDER, CO 80301	84-0594180	501(C)(3)	5,356.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF CENTRAL INDIANA 708 E MICHIGAN ST INDIANAPOLIS, IN 46202	35-1182075	501(C)(3)	39,665.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF CENTRAL MARYLAND - 515 S HAVEN ST - BALTIMORE, MD 21224	52-6074723	501(C)(3)	157,286.	30,000.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF CHEMUNG COUNTY 409 WILLIAM ST ELMIRA, NY 14901-2562	16-1353247	501(C)(3)	5,443.	508.	FMV	COUPON	PROJECT SUPPORT

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

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MEALS ON WHEELS OF CHESAPEAKE PO BOX 15343 CHESAPEAKE, VA 23328	54-1080366	501(C)(3)	31,143.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF CHEYENNE 2015 S GREELEY HWY CHEYENNE, WY 82007-3431	83-0211345	501(C)(3)	41,790.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF EASTERN KANSAS, INC - 2134 SW WESTPORT DRIVE - TOPEKA, KS 66614	48-0883888	501(C)(3)	4,878.	1,016.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS OF GREATER HYDE PARK, INC. - 1 CHURCH STREET - HYDE PARK, NY 12538	14-1585991	501(C)(3)	5,062.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF GREATER LYNCHBURG - P.O. BOX 1388 - LYNCHBURG, VA 24505	23-7399875	501(C)(3)	5,462.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF GREELEY AND WELD COUNTY - 2131 9TH ST - GREELEY, CO 80631	84-0673693	501(C)(3)	5,356.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF GREENVILLE COUNTY - 15 OREGON STREET, - GREENVILLE, SC 29605	57-0531378	501(C)(3)	42,223.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF HILLSBOROUGH COUNTY - PO BOX 910 - MERRIMACK, NH 03054	02-0335003	501(C)(3)	10,716.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF LAPORTE COUNTY 301 E. 8TH STREET, SUITE 110 MICHIGAN CITY, IN 46360	35-1314352	501(C)(3)	6,839.	0.			PROJECT SUPPORT

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MEALS ON WHEELS OF LONG BEACH, INC. - P.O. BOX 15688 - LONG BEACH, CA 90815	95-2829715	501(C)(3)	6,567.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF MERCER COUNTY 320 HOLLOWBROOK DRIVE EWING, NJ 08638	22-1990231	501(C)(3)	39,582.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF METRO TULSA 5151 E. 51ST ST. TULSA, OK 74135	73-1125389	501(C)(3)	30,775.	7,016.	FMV	COUPON AND GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF NEPA 541 WYOMING AVENUE SCRANTON, PA 18509	23-1856098	501(C)(3)	15,802.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF NEW ROCHELLE 50 PINTARD AVENUE NEW ROCHELLE, NY 10801	13-3186919	501(C)(3)	8,622.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF NORTHWEST INDIANA - 8446 VIRGINIA STREET, - MERRILLVILLE, IN 46410-6233	31-1168281	501(C)(3)	5,468.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF OCEAN COUNTY 1144 HOOPER AVE., SUITE 201C TOMS RIVER, NJ 08753	22-2070381	501(C)(3)	16,372.	2,031.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS OF ROWAN P.O. BOX 1914 SALISBURY, NC 28145	56-1152417	501(C)(3)	25,000.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF SALEM COUNTY 457 SHIRLEY ROAD ELMER, NJ 08318	22-2158433	501(C)(3)	5,027.	0.			PROJECT SUPPORT

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MEALS ON WHEELS OF SOLANO COUNTY 95 MARINA CENTER SUISUN CITY, CA 94585	94-2453452	501(C)(3)	7,626.	1,016.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS OF STATEN ISLAND, INC. - 304 PORT RICHMOND AVE. - STATEN ISLAND, NY 10302	13-2894978	501(C)(3)	3,783.	2,031.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS OF TAKOMA PARK 6909 LAUREL AVENUE TAKOMA PARK, MD 20915	52-0943628	501(C)(3)	37,210.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF TAMPA 5320 NORTH BOULEVARD TAMPA, FL 33603	59-1679915	501(C)(3)	10,144.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF TEXOMA 4114 AIRPORT DR., DENISON, TX 75020	75-1691230	501(C)(3)	3,752.	2,031.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY - 1302 N. SHERMAN ST. - ALLENTOWN, PA 18109	23-1861779	501(C)(3)	5,772.	2,031.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS OF THE MONTEREY PENINSULA INC. - 700 JEWELL AVENUE - PACIFIC GROVE, CA 93950	94-2157521	501(C)(3)	28,216.	6,000.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF THE PALM BEACHES, INC. - PO BOX 247 - WEST PALM BEACH, FL 33402-0247	27-2891297	501(C)(3)	20,217.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF WAKE COUNTY 1001 BLAIR DRIVE, SUITE 100 RALEIGH, NC 27603	56-1061085	501(C)(3)	11,807.	0.			PROJECT SUPPORT

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MEALS ON WHEELS OF WESTERN MICHIGAN - 2900 WILSON AVE SW STE 500 - GRANDVILLE, MI 49418-1395	38-2535537	501(C)(3)	37,322.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF WILLIAMSON & BURNET COUNTIES - 604 HIGH TECH DRIVE - GEORGETOWN, TX 78626-8185	74-6075213	501(C)(3)	10,814.	0.			PROJECT SUPPORT
MEALS ON WHEELS ORANGE COUNTY, NC PO BOX 2102 CHAPEL HILL, NC 27515	59-1721954	501(C)(3)	26,565.	0.			PROJECT SUPPORT
MEALS ON WHEELS PEOPLE 7710 SW 31ST AVENUE PORTLAND, OR 97219	93-0584318	501(C)(3)	15,007.	2,031.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS PLUS OF MANATEE 811 23RD AVENUE EAST BRADENTON, FL 34208	59-1420986	501(C)(3)	30,367.	0.			PROJECT SUPPORT
MEALS ON WHEELS PROGRAMS & SERVICES OF ROCKLAND, INC. - 121 WEST NYACK ROAD - NANUET, NY 10954	13-2831197	501(C)(3)	15,124.	0.			PROJECT SUPPORT
MEALS ON WHEELS SAN ANTONIO 4306 NORTHWEST LOOP 410 SAN ANTONIO, TX 78229	74-1948646	501(C)(3)	84,469.	14,031.	FMV	COUPON AND GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS SAN DIEGO COUNTY 2254 SAN DIEGO AVE. #200 SAN DIEGO, CA 92110	95-2660509	501(C)(3)	5,851.	0.			PROJECT SUPPORT
MEALS ON WHEELS SOUTH FLORIDA 451 N. STATE ROAD 7 PLANTATION, FL 33317	59-2450043	501(C)(3)	20,596.	0.			PROJECT SUPPORT

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MEALS ON WHEELS SOUTH TEXAS 603 E MURRAY ST, VICTORIA, TX 77901	74-2116391	501(C)(3)	22,469.	1,016.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS SPOKANE 1222 W. 2ND AVE. SPOKANE, WA 99201	91-0833015	501(C)(3)	14,717.	508.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS WACO 501 W. WACO DRIVE WACO, TX 76707	74-1776447	501(C)(3)	12,469.	2,031.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS WEST 1823 MICHIGAN AVE., STE A SANTA MONICA, CA 90404	95-4613280	501(C)(3)	5,196.	0.			PROJECT SUPPORT
MEALS ON WHEELS WESTERN SOUTH DAKOTA - 1621 SHERIDAN LAKE ROAD, SUITE C - RAPID CITY, SD 57702	46-0362991	501(C)(3)	3,615.	2,031.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS YOLO COUNTY P.O. BOX 528, WOODLAND, CA 95776	94-1599229	501(C)(3)	11,500.	2,031.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS, ETC. 2801 S. FINANCIAL CT. SANFORD, FL 32773	59-2977907	501(C)(3)	5,606.	508.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS, INC. 1025 PENNSYLVANIA AVENUE LINDEN, NJ 07036	57-0634729	501(C)(3)	2,973.	2,031.	FMV	COUPON	PROJECT SUPPORT
MEALS ON WHEELS, INC. OF TARRANT COUNTY - 5740 AIRPORT FREEWAY - FORT WORTH, TX 76117	75-1568798	501(C)(3)	31,782.	8,031.	FMV	COUPON AND GIFT CARD	PROJECT SUPPORT

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METRO MEALS ON WHEELS-MINNEAPOLIS 1200 WASHINGTON AVE S. MINNEAPOLIS, MN 55415	31-1501057	501(C)(3)	5,687.	0.			PROJECT SUPPORT
METROPOLITAN INTER-FAITH ASSOCIATION - 910 VANCE AVENUE - MEMPHIS, TN 38126	62-0803601	501(C)(3)	42,601.	0.			PROJECT SUPPORT
MID-EAST COMMUNITY ACTION AGENCY P.O. BOX 790 KINGSTON, TN 37763	62-0725458	501(C)(3)	12,481.	0.			PROJECT SUPPORT
MILESTONE SENIOR SERVICES 918 JASPER ST. KALAMAZOO, MI 49001	71-0424427	501(C)(3)	34,341.	6,000.	FMV	GIFT CARD	PROJECT SUPPORT
MINUTEMAN SENIOR SERVICES 26 CROSBY DR. BEDFORD, MA 01730	04-2587212	501(C)(3)	5,412.	0.			PROJECT SUPPORT
MOBILE MEAL SERVICE OF SPARTANBURG COUNTY - 419 EAST MAIN STREET - SPARTANBURG, SC 29302	57-0653452	501(C)(3)	25,373.	0.			PROJECT SUPPORT
MOBILE MEALS OF TOLEDO 2200 JEFFERSON AVE. TOLEDO, OH 43604	34-1019610	501(C)(3)	12,475.	0.			PROJECT SUPPORT
MONROE COUNTY MEALS ON WHEELS 901 POLK VALLEY ROAD STROUDSBURG, PA 18360	23-7201104	501(C)(3)	7,054.	0.			PROJECT SUPPORT
MOORESBERG COMMUNITY ASSOCIATION 318 MCNEIL CIRCLE MOORESBERG, TN 37811	94-3416521	501(C)(3)	24,500.	0.			PROJECT SUPPORT

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NEIGHBORHOOD ALLIANCE 1536 EAST 30TH STREET LORAIN, OH 44055	34-0714471	501(C)(3)	5,540.	0.			PROJECT SUPPORT
NEIGHBORLY CARE NETWORK 13945 EVERGREEN AVE. CLEARWATER, FL 33762	59-1218100	501(C)(3)	77,980.	0.			PROJECT SUPPORT
NORTH AREA MEALS ON WHEELS 413 CHURCH STREET NORTH SYRACUSE, NY 13212	22-2296486	501(C)(3)	5,617.	0.			PROJECT SUPPORT
NORTH STAR COUNCIL ON AGING 1424 MOORE STREET FAIRBANKS, AK 99701	92-0037749	501(C)(3)	99,294.	24,508.	FMV	COUPON AND GIFT CARD	PROJECT SUPPORT
NORTHEAST KANSAS AREA AGENCY ON AGING - 1803 OREGON AVENUE - HIAWATHA, KS 66434	48-0802891	501(C)(3)	11,187.	0.			PROJECT SUPPORT
NORTHERN AREA MULTI-SERVICE CENTER 209 13TH ST PITTSBURGH, PA 15215-2418	23-7139992	501(C)(3)	17,624.	0.			PROJECT SUPPORT
NORTHWEST DANE SENIOR SERVICES 1837 BOURBON RD. CROSS PLAINS, WI 53528	39-1691930	501(C)(3)	7,992.	0.			PROJECT SUPPORT
NOURISH MEALS ON WHEELS 92 E ARAPAHOE ROAD LITTLETON, CO 80122	84-0617651	501(C)(3)	10,030.	0.			PROJECT SUPPORT
OLD COLONY ELDER SERVICES 144 MAIN STREET, BROCKTON, MA 02301	04-2545236	501(C)(3)	5,217.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN ARMS OF MINNESOTA 2500 BLOOMINGTON AVE, MINNEAPOLIS, MN 55404	41-1681317	501(C)(3)	10,840.	0.			PROJECT SUPPORT
OSCEOLA COUNCIL ON AGING 700 GENERATION POINT KISSIMMEE, FL 34744	59-1595398	501(C)(3)	152,000.	74,000.	FMV	GIFT CARD	PROJECT SUPPORT
PENDER ADULT SERVICES, INC. PO BOX 1251 BURGAW, NC 28425	58-1482588	501(C)(3)	10,000.	0.			PROJECT SUPPORT
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD. STE 1006 NEWPORT NEWS, VA 23606	51-0151069	501(C)(3)	29,536.	0.			PROJECT SUPPORT
PEOPLE FOR PEOPLE MEALS ON WHEELS 1008 W. AHTANUM ROAD, STE. 3 UNION GAP, WA 98903	91-0783225	501(C)(3)	31,203.	1,016.	FMV	COUPON	PROJECT SUPPORT
PIEDMONT AGENCY ON AGING PO BOX 997 808 S EMERALD ROAD GREENWOOD, SC 29648	57-0524221	501(C)(3)	9,195.	508.	FMV	COUPON	PROJECT SUPPORT
PITT COUNTY COUNCIL ON AGING 4551 COUNTY HOME ROAD GREENVILLE, NC 27858	52-1042008	501(C)(3)	6,005.	0.			PROJECT SUPPORT
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038	95-4115863	501(C)(3)	10,000.	0.			PROJECT SUPPORT
PUTNAM COUNTY SENIOR CITIZENS ORGANIZATION - 116 S 17TH ST - UNIONVILLE, MO 63565-1631	43-1063546	501(C)(3)	14,594.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERSIDE MEALS ON WHEELS, INC. 4845 BROCKTON AVE RIVERSIDE, CA 92506-0134	23-7262925	501(C)(3)	11,199.	0.			PROJECT SUPPORT
ROSE CENTERS FOR AGING WELL 11890 FAIRHILL ROAD CLEVELAND, OH 44120	34-0714482	501(C)(3)	12,695.	0.			PROJECT SUPPORT
SAGE ELDERCARE 290 BROAD STREET SUMMIT, NJ 07901	22-1657929	501(C)(3)	5,027.	0.			PROJECT SUPPORT
SAGINAW COUNTY COMMISSION ON AGING 2355 SCHUST ROAD SAGINAW, MI 48603		GOVT	10,000.	0.			PROJECT SUPPORT
SALT LAKE COUNTY AGING AND ADULT SERVICES - 2001 SOUTH STATE STREET, STE S1-600 - SALT LAKE CITY, UT 84190-4575		GOVT	10,990.	1,016.	FMV	COUPON	PROJECT SUPPORT
SENIOR CITIZENS, INC. 3025 BULL STREET SAVANNAH, GA 31405	58-0864009	501(C)(3)	62,244.	0.			PROJECT SUPPORT
SENIOR COASTSIDERS 925 MAIN STREET HALF MOON BAY, CA 94019	94-3119310	501(C)(3)	10,000.	0.			PROJECT SUPPORT
SENIOR COMMUNITY CENTER OF OWENSBORO-DAVIESS COUNTY - 1650 WEST 2ND STREET, - OWENSBORO, KY 42301	31-1044915	501(C)(3)	15,000.	0.			PROJECT SUPPORT
SENIOR NEIGHBORS, INC. 678 FRONT AVE NW, STE. 205 GRAND RAPIDS, MI 49504	23-7195491	501(C)(3)	131,141.	32,000.	FMV	GIFT CARD	PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR RESOURCE ASSOCIATION 694 14 ST. VERO BEACH, FL 32960	59-1539957	501(C)(3)	5,217.	0.			PROJECT SUPPORT
SENIOR RESOURCES OF GUILFORD 1401 BENJAMIN PARKWAY GREENSBORO, NC 27408	56-1181577	501(C)(3)	6,534.	0.			PROJECT SUPPORT
SENIOR SERVICES OF ALEXANDRIA 206 N. WASHINGTON STREET, #301 ALEXANDRIA, VA 22314	54-0842806	501(C)(3)	19,884.	0.			PROJECT SUPPORT
SENIOR SERVICES PLUS 2603 N. RODGERS AVE. ALTON, IL 62002	37-0975762	501(C)(3)	33,660.	2,031.	FMV	COUPON	PROJECT SUPPORT
SENIOR SERVICES, INC. 2895 SHOREFAIR DR., WINSTON-SALEM, NC 27105	56-1085968	501(C)(3)	10,761.	0.			PROJECT SUPPORT
SENIOR SERVICES, INC. OF WICHITA 200 SOUTH WALNUT WICHITA, KS 67213	48-0757988	501(C)(3)	15,701.	0.			PROJECT SUPPORT
SENIOR SOLUTIONS 38 PLEASANT STREET SPRINGFIELD, VT 05156	22-2738766	501(C)(3)	17,501.	0.			PROJECT SUPPORT
SENIORS FIRST, INC. 5395 L.B. MCLEOD RD. ORLANDO, FL 32811	59-2759603	501(C)(3)	6,725.	0.			PROJECT SUPPORT
SILVER KEY SENIOR SERVICES 1625 S. MURRAY BLVD. COLORADO SPRINGS, CO 80916	23-7109922	501(C)(3)	9,460.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUND GENERATIONS MEALS ON WHEELS KING COUNTY - 2208 2ND AVENUE - SEATTLE, WA 98121	91-0823767	501(C)(3)	5,339.	0.			PROJECT SUPPORT
SOURCEPOINT 800 CHESHIRE RD. DELAWARE, OH 43015	31-1354284	501(C)(3)	32,000.	1,016.	FMV	COUPON	PROJECT SUPPORT
SOUTH LOUISVILLE COMMUNITY MINISTRIES - 415 1/2 WEST ASHLAND AVENUE, - LOUISVILLE, KY 40214	31-0891259	501(C)(3)	15,000.	0.			PROJECT SUPPORT
SOUTHWEST COMMUNITY MINISTRIES 8504 TERRY ROAD, LOUISVILLE, KY 40258	62-1257195	501(C)(3)	6,000.	0.			PROJECT SUPPORT
SOUTHWESTERN VERMONT COUNCIL ON AGING - 143 MAPLE STREET, - RUTLAND, VT 05701	03-0273983	501(C)(3)	12,500.	0.			PROJECT SUPPORT
SPECTRUM GENERATIONS ONE WESTON COURT, 109 AUGUSTA, ME 04330	01-0318051	501(C)(3)	13,314.	0.			PROJECT SUPPORT
SPRINGWELL, INC. 307 WAVERLEY OAKS ROAD, SUITE 205 WALTHAM, MA 02452	04-2616064	501(C)(3)	7,117.	0.			PROJECT SUPPORT
ST. JOHNS COUNTY COUNCIL ON AGING, INC. - 180 MARINE STREET - ST. AUGUSTINE, FL 32084	59-1525829	501(C)(3)	5,217.	0.			PROJECT SUPPORT
ST. VINCENT MEALS ON WHEELS 2303 MIRAMAR STREET LOS ANGELES, CA 90057	95-3696693	501(C)(3)	8,768.	2,031.	FMV	COUPON	PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STOREY COUNTY SENIOR CENTER PO BOX 786 VIRGINIA CITY, NV 89512	94-2811382	501(C)(3)	7,500.	0.			PROJECT SUPPORT
THE FRIENDLY KITCHEN/MEALS ON WHEELS OF ROSEBURG - 1140 UMPQUA COLLEGE ROAD, - ROSEBURG, OR 97470	93-0779289	501(C)(3)	5,156.	0.			PROJECT SUPPORT
THE HEALTH TRUST 3180 NEWBERRY DRIVE SAN JOSE, CA 95118	94-6050231	501(C)(3)	7,713.	0.			PROJECT SUPPORT
THE JUST ONE PROJECT 1401 NORTH DECATUR BOULEVARD SUITE LAS VEGAS, NV 89108	47-2348577	501(C)(3)	27,019.	0.			PROJECT SUPPORT
THE LORD IS MY HELP 1205 DESOTO STREET OCEAN SPRINGS, MS 39564	64-0776091	501(C)(3)	25,000.	0.			PROJECT SUPPORT
UNITED WAY OF CENTRAL ALABAMA 3600 8TH AVENUE SOUTH BIRMINGHAM, AL 35232	63-0288846	501(C)(3)	12,670.	0.			PROJECT SUPPORT
UR MEDICINE HOME CARE-MEALS ON WHEELS - 2180 EMPIRE BLVD. - WEBSTER, NY 14580	82-5091873	501(C)(3)	5,569.	0.			PROJECT SUPPORT
VALLEY PROGRAM FOR AGING SERVICES, INC. - 325 PINE AVENUE PO BOX 817 - WAYNESBORO, VA 22980-0603	54-0958526	501(C)(3)	6,054.	1,016.	FMV	COUPON	PROJECT SUPPORT
VAN BUREN COUNTY AGING PROGRAM 311 YELLOWJACKET LANE, SUITE 2 CLINTON, AR 72031	71-0693353	501(C)(3)	11,000.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE ASSOCIATION 1420 WEST MOCKINGBIRD LANE, STE 700 DALLAS, TX 75247	75-1633963	501(C)(3)	25,550.	0.			PROJECT SUPPORT
VNA MEALS ON WHEELS 1440 WEST MOCKINGBIRD LANE DALLAS, TX 75247	75-0800692	501(C)(3)	5,079.	0.			PROJECT SUPPORT
WARREN COUNTY HOME DELIVERY MEALS, INC. - 106 EAST END DRIVE - MCMINNVILLE, TN 37110	59-1766201	501(C)(3)	7,500.	0.			PROJECT SUPPORT
WASHINGTON COUNTY COMMISSION ON AGING, INC. - 535 E FRANKLIN ST - HAGERSTOWN, MD 21740-5056	52-0899001	501(C)(3)	10,000.	0.			PROJECT SUPPORT
WASHINGTON-MORGAN COMMUNITY ACTION 218 PUTNAM ST MARIETTA, OH 45750-3014	31-0738285	501(C)(3)	7,000.	508.	FMV	COUPON	PROJECT SUPPORT
WASHTENAW COUNTY OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT - 415 WEST MICHIGAN AVENUE SUITE 2200 - YPSILANTI, MI 48197	86-1265258	501(C)(3)	25,000.	0.			PROJECT SUPPORT
WAYNE ACTION GROUP FOR ECONOMIC SOLVENCY - 601 ROYALL AVENUE - GOLDSBORO, NC 27534	56-6070824	501(C)(3)	15,000.	0.			PROJECT SUPPORT
WESTERN COMMUNITIES ACTION NETWORK 5213 SHORELINE DRIVE MOUND, MN 55364	41-1466409	501(C)(3)	8,000.	0.			PROJECT SUPPORT
WHITE RIVER AREA AGENCY ON AGING PO BOX 2637 BATESVILLE, AR 72503	71-0521442	501(C)(3)	11,032.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAMSBURG AREA MEALS ON WHEELS 1769 JAMESTOWN ROAD WILLIAMSBURG, VA 23185	54-0952118	501(C)(3)	8,000.	0.			PROJECT SUPPORT
YADKIN VALLEY ECONOMIC DEVELOPMENT DISTRICT, INC. (YVEDDI) - PO BOX 309 533 N. CAROLINA AVE., HWY 601 N. - BOONVILLE, NC 27011-0309	56-0851147	501(C)(3)	28,263.	0.			PROJECT SUPPORT
YARNELL REGIONAL COMMUNITY CENTER PO BOX 641 YARNELL, AZ 85362	74-2467916	501(C)(3)	14,000.	0.			PROJECT SUPPORT
YWCA METROPOLITAN PHOENIX 8561 N 61ST AVE GLENDALE, AZ 85302	86-0098936	501(C)(3)	4,952.	1,016.	FMV	COUPON	PROJECT SUPPORT

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

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

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

ALL GRANTEEES MUST COMPLETE GRANT REPORTING DURING AND AFTER THE GRANT PERIOD THAT DOCUMENTS HOW FUNDS WERE USED, NOTING ANY VARIANCE FROM USES THAT WERE DESCRIBED IN THEIR ORIGINAL GRANT PROPOSAL. THE ASSOCIATION GENERALLY RESERVES THE RIGHT TO DISQUALIFY ANY UNAPPROVED USE OF GRANT FUNDS AND, IF NECESSARY, REQUIRES REFUND OF UNAPPROVED AND/OR UNUSED GRANT FUNDS. THE EXCEPTION TO THIS PROCEDURE IS THE SUBARU SHARE THE LOVE GRANT PROGRAM (WHERE GRANTS ARE FOR UNRESTRICTED GENERAL OPERATING PURPOSES); THIS GRANT IS AWARDED DURING THE CAMPAIGN AND IS MONITORED AFTER DISTRIBUTION BY THE MEMBERSHIP AND DEVELOPMENT TEAMS FOR APPROPRIATE USAGE.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

--	--	--

1b X

2 X

--	--	--

4a X

4b X

4c X

--	--	--

5a X

5b X

--	--	--

6a X

6b X

--	--	--

7 X

8 X

--	--	--

9

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELLEN HOLLANDER PRESIDENT AND CEO	(i)	521,238.	75,000.	1,172.	20,696.	16,267.	634,373.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTINE TEMPLIN CHIEF DEVEL. & MARKETING OFFICER	(i)	278,559.	0.	3,012.	11,262.	11,485.	304,318.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT HERBOLSHEIMER CHIEF LEGAL/COMPLIANCE OFFICER	(i)	262,989.	0.	1,200.	9,157.	16,351.	289,697.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KENNETH EUWEMA CFO & COO	(i)	222,323.	0.	92.	8,845.	15,036.	246,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DEIRDRE MCGINLEY-GIESER CHIEF STRATEGY & IMPACT OFFICER	(i)	207,250.	0.	69.	0.	18,205.	225,524.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) IPYANA SPENCER CHIEF HEALTH OFFICER	(i)	208,778.	300.	92.	2,154.	7,883.	219,207.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LYNN GRESHAM CHIEF HR OFFICER	(i)	177,289.	0.	554.	0.	0.	177,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JENNIFER YOUNG VP, COMMS & CHIEF OF STAFF	(i)	150,455.	3,500.	92.	6,544.	16,299.	176,890.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TODD TURNER CHIEF MBRSHIP OFFICER (TIL 10/24)	(i)	156,735.	0.	946.	6,271.	1,246.	165,198.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

BEGINNING FEBRUARY 1, 2024, MEALS ON WHEELS AMERICA BEGAN OPERATING UNDER A FLEXIBLE HYBRID WORK POLICY WHERE STAFF MEMBERS ARE AFFORDED THE OPPORTUNITY TO WORK FROM HOME. ALL EMPLOYEES ARE THEREFORE PROVIDED THE OPPORTUNITY TO ANNUALLY CHOOSE A MONTHLY \$100 STIPEND FOR SUPPLIES AND EXPENSES RELATED TO WORKING FROM HOME, WHICH IS TAXABLE INCOME, OR THE EQUIVALENT VALUE OF NON-TAXABLE PUBLIC TRANSPORTATION VOUCHERS, OR PARKING BENEFITS.

PART I, LINE 7:

DURING THE YEAR ENDED DECEMBER 31, 2024, THE PRESIDENT/CEO RECEIVED A DISCRETIONARY BONUS AS APPROVED BY THE BOARD OF DIRECTORS. OTHER OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES WHO RECEIVED DISCRETIONARY BONUSES WERE AS APPROVED BY THE PRESIDENT/CEO.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	58,112.	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	650,000.	FULL REDEEMABLE VALU
26 Other (FOOD VOUCHERS ()	X	1	124,423.	ESTIMATED FMV
27 Other ()				
28 Other ()				

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

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II.

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

Yes No

30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):
THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, PART I, LINE 32B:
THE ORGANIZATION USES A THIRD PARY INVESTMENT BROKER (MORGAN STANLEY) TO SELL ALL PUBLICLY TRADED STOCK DONATIONS UPON TRANSFER TO OUR BROKERAGE ACCOUNT.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	MEALS ON WHEELS AMERICA	Employer identification number	23-7447812
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IN THEIR COMMUNITIES MEANS OUR PROVIDERS ARE INVITED INTO THE HOMES OF
THEIR CLIENTS REGULARLY, AND ABLE TO IDENTIFY CONCERNING CHANGES IN
THEIR CONDITION OR HOME SAFETY HAZARDS THAT MAY NEED ATTENTION. AS
SUCH, MEALS ON WHEELS IS ALSO RAISING AWARENESS WITH HEALTH CARE
STAKEHOLDERS ABOUT THE HEALTH SERVICES THEY ARE ABLE TO PROVIDE TO OUR
MOST VULNERABLE OLDER AMERICANS THAT HELPS AVERT HEALTH CRISES BEFORE
THEY HAPPEN AND TO SUPPORT TRANSITIONS OUT OF HOSPITALS, NURSING HOMES
AND REHAB CENTERS BACK INTO THEIR HOMES.

IN 2024, MEALS ON WHEELS AMERICA WAS ABLE TO CONTINUE ITS CAPACITY
BUILDING EFFORTS BY DRIVING RESOURCES, ESPECIALLY FUNDING TO MEMBERS.
OUR FUNDING SUPPORTED CAPACITY BUILDING BROADLY AND SPECIFIC GRANTS FOR
MEETING UNMET NEEDS OF CLIENTS, EXPANDING AVAILABILITY OF MEDICALLY
TAILORED MEALS SUITED TO THE NEEDS OF OLDER ADULTS WITH CHRONIC
CONDITIONS, INCREASING AVAILABILITY OF SOCIAL CONNECTION OPPORTUNITIES
TO REDUCE ISOLATION AMONG HIGH-RISK OLDER ADULTS AND SUPPORT THE
HUMAN-ANIMAL BOND, SUPPORT IN-HOME SAFETY THROUGH MAJOR AND MINOR HOME
REPAIRS, AND RELIEF AND RECOVERY EFFORTS ASSOCIATED WITH EMERGENCIES.
ALONGSIDE THESE FUNDING OPPORTUNITIES, RESOURCES LIKE A NEW MEDICALLY
TAILORED MEAL TOOLKIT, AIMED AT INSPIRING AND EQUIPPING PROVIDERS WITH
THE KNOWLEDGE, RESOURCES AND TOOLS TO START OFFERING MEDICALLY TAILORED
MEALS, WERE MADE AVAILABLE TO THE MEMBERSHIP. IN PARTNERSHIP WITH OTHER
DEPARTMENTS, WE OFFER THE MORE (MEMBER OFFERS, REWARDS & EXPERTISE)
PROGRAM, WHICH HELPS MEMBERS REDUCE OPERATIONAL COSTS AND INCREASE
EFFICIENCY THROUGH DISCOUNTED PRICING, TRUSTED GUIDANCE AND REWARDS ON
THE PRODUCTS AND SERVICES THEY USE MOST.

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.

- SUPPORTED EFFORTS, FUNDED THROUGH THE DEPARTMENT OF HEALTH AND HUMAN
SERVICES, TO BOOST VACCINATION RATES AMONG OLDER AMERICANS BY
LEVERAGING OUR NETWORK IN AN EFFORT TO INCREASE VACCINE AWARENESS AMONG
THIS HIGH-RISK POPULATION.

- DEEPENED OUR INVESTMENT IN A RANGE OF SUPPORTIVE SERVICES THAT
AUGMENT THE CORE NUTRITION COMPONENT OF THE MEALS ON WHEELS OFFERING
THROUGH STRATEGIC PARTNERSHIPS WITH ORGANIZATIONS LIKE:

1. THE HOME DEPOT FOUNDATION IN AN INITIATIVE THAT ENABLED HOME
REPAIRS AND SAFETY MODIFICATIONS (SUCH AS INSTALLING RAMPS AND GRAB
BARS) TO BE MADE BY LOCAL PROGRAMS TO KEEP SENIORS SAFE AND REDUCE FALL
RISKS. TOGETHER IN 2024, WE COMPLETED 604 HOME MODIFICATIONS AND REPAIR
PROJECTS IN 19 LOCATIONS ACROSS THE COUNTRY. AS A RESULT OF THIS
PARTNERSHIP, WE HAVE REACHED MORE THAN 3,500 VETERANS AND THEIR
FAMILIES WITH CRITICAL HOME REPAIRS SERVED BY MEALS ON WHEELS AMERICA
MEMBERS.

2. PETSMART CHARITIES, WHICH UNDERWROTE OUR NATIONAL STRATEGY AND
LOCAL GRANTMAKING TO HELP SENIORS KEEP AND CARE FOR THEIR BELOVED PETS.
TOGETHER, WE FUNDED MORE THAN 70 COMMUNITY-BASED PROVIDERS, ACCELERATED
ACCESS TO VETERINARY CARE AND INCREASED PET FOOD AVAILABILITY IN 33
STATES, EXPANDED LOCAL MARKETING AND STORYTELLING FOR PROGRAM

Name of the organization	MEALS ON WHEELS AMERICA	Employer identification number	23-7447812
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SUSTAINABILITY AND SERVED THOUSANDS OF THE FURRY COMPANIONS OF MEALS ON WHEELS CLIENTS.

3. CAESARS FOUNDATION, WHICH INVESTED IN ESSENTIAL INFRASTRUCTURE AND FUNDING TO SUPPORT OUR MEETING UNMET NEED AND SOCIAL CONNECTION GRANT PROGRAMS.

4. WALMART, SUBARU AND FOOD LION CAME TOGETHER TO SUPPORT OUR EMERGENCY RESPONSE FUND PROVIDING RELIEF AND RECOVERY FUNDING TO PROVIDERS AFFECTED BY HURRICANES IN THE LATER PART OF THE YEAR.

AS MORE THAN 12,000 AMERICANS TURN 60 EVERY DAY, THIS WORK SUPPORTS OUR COMMITMENT TO ENSURING THAT LOCAL MEALS ON WHEELS PROVIDERS 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: ACCESS TO A PEER-TO-PEER ONLINE FORUM, AND THE FOUR-DAY ANNUAL GATHERING OF SENIOR NUTRITION PROFESSIONS EACH AUGUST.

THE ADVOCACY TEAM RESPONDS TO THE NEEDS OF OUR MEMBERSHIP AND THE SENIORS THEY SERVE TO SET ANNUAL FEDERAL POLICY PRIORITIES, CREATE INFORMATION AND RESOURCES TO SUPPORT INDIVIDUAL MEMBER ADVOCACY EFFORTS, SHARE OPPORTUNITIES FOR ENGAGEMENT AROUND EXECUTIVE AND LEGISLATIVE POLICY MATTERS, AND LEADS DIRECT FEDERAL ADVOCACY EFFORTS ON BEHALF OF THE MEMBERSHIP IN THE AREAS OF SENIOR HUNGER AND SOCIAL ISOLATION. WE EDUCATE THE ADMINISTRATION AND MEMBERS OF CONGRESS AND THEIR STAFF ABOUT THE CRITICAL ASSISTANCE PROVIDED BY LOCAL MEALS ON WHEELS PROVIDERS AND WORK TO ADVANCE LEGISLATION TO STRENGTHEN AND EXPAND ACCESS TO HOME-DELIVERED AND CONGREGATE SENIOR NUTRITION PROGRAMS, INCREASE FEDERAL FUNDING TO MEET THE NEEDS OF A RAPIDLY GROWING SENIOR POPULATION AND RISING COSTS, AND BETTER SUPPORT VOLUNTEERS AND CHARITABLE GIVING THAT ARE ESSENTIAL FOR THE WORK OF OUR NETWORK. THE ADVOCACY TEAM HAS ALSO WORKED CLOSELY WITH THE ADMINISTRATION FOR COMMUNITY LIVING AND OTHER FEDERAL AGENCIES TO IMPROVE THE IMPLEMENTATION OF FEDERAL POLICIES AND MAXIMIZE THE EFFECTIVENESS AND IMPACT OF CRITICAL PROGRAMS THAT SERVE THE OLDER ADULT POPULATION.

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

IN ADDITION TO PUBLIC-FACING CAMPAIGNS, THE TEAM PROVIDES ESSENTIAL COMMUNICATIONS SUPPORT TO THE ORGANIZATION'S HEALTHCARE INITIATIVES, MEMBER SERVICES, AND ADVOCACY EFFORTS. THIS WORK ENSURES THAT OUR NATIONAL NETWORK REMAINS INFORMED, ENGAGED, AND EMPOWERED TO BUILD A SUSTAINABLE AND EFFECTIVE FUTURE FOR AMERICA'S OLDER ADULTS.

FORM 990, PART VI, SECTION A, LINE 6:
THE ASSOCIATION IS A MEMBERSHIP ORGANIZATION CONSISTING OF GENERAL MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7A:
THE MEMBERS OF THE ASSOCIATION ROUTINELY ELECT MEMBERS OF THE BOARD OF DIRECTORS AS NEEDED, INCLUDING DIRECTORS FOR THREE YEAR TERMS AND OFFICERS FOR TWO YEAR TERMS.

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

Name of the organization	MEALS ON WHEELS AMERICA	Employer identification number	23-7447812
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GENERAL MEMBERS OF THE ASSOCIATION HAVE AUTHORITY TO AMEND OR REPEAL THE BYLAWS, AND ELECT OR REMOVE MEMBERS OF THE BOARD OF DIRECTORS.

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

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

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

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

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

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

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

AK,AL,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,LA,MA,MD,ME,MI,MN,MO,MS,NC,ND,NH,NJ,NM,NV,NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

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

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

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

CONSULTING SERVICES (INCLUDING DIRECT MAIL PROCESSING):

PROGRAM SERVICE EXPENSES	1,312,486.
MANAGEMENT AND GENERAL EXPENSES	92,992.
FUNDRAISING EXPENSES	0.

Employer identification number

23-7447812

1,405,478.

570,747.

40,438.

891,874.

503,059.

83,693.

5,930.

76,156.

265,779.

, 174, 316.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

For calendar year 2024 or other tax year beginning _____, and ending _____

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

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

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

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		MEALS ON WHEELS AMERICA	23-7447812
		Number, street, and room or suite no. If a P.O. box, see instructions. 1550 CRYSTAL DRIVE, 1004	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year 44,381,722.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			

H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>
J Enter the number of attached Schedules A (Form 990-T) 1
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation
L The books are in care of KENNETH C. EUWEMA Telephone number (571) 339-1632

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4a Amount from Form 4255, Part I, line 3, column (q)	4a	
b Other tax amounts. See instructions	4b	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2	0.	
3a Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a		
b Amount due from Form 8611	3b		
c Amount due from Form 8697	3c		
d Amount due from Form 8866	3d		
e Other amounts due (see instructions)	3e		
f Total amounts due. Add lines 3a through 3e	3f	0.	
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.	

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

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

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
459900		\$ 777.	
		\$	
		\$	
		\$	
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	FRANK SMITH	FRANK SMITH	08/07/25	
	Firm's name	Firm's EIN		PTIN
	CBIZ ADVISORS, LLC	88-1478669		P00639053
	1899 L STREET, NW #850			
	Firm's address WASHINGTON, DC 20036		Phone no. 202-227-4000	

Form 990-T (2024)

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2024

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

A Name of the organization MEALS ON WHEELS AMERICA		B Employer identification number 23-7447812	
C Unrelated business activity code (see instructions) 459900		D Sequence: 1 of 1	

E Describe the unrelated trade or business MERCHANDISE SALES

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 16,706.			
b	Less returns and allowances	1 c	16,706.	
2	Cost of goods sold (Part III, line 8)	2	17,123.	
3	Gross profit. Subtract line 2 from line 1c	3	-417.	-417.
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4 a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	-417.	-417.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8 a	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 1	14	1,750.
15	Total deductions. Add lines 1 through 14	15	1,750.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-2,167.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-2,167.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

N/A

1	Inventory at beginning of year	1	0.
2	Purchases	2	0.
3	Cost of labor	3	0.
4	Additional section 263A costs (attach statement)	4	0.
5	Other costs (attach statement) STATEMENT 3	5	17,123.
6	Total. Add lines 1 through 5	6	17,123.
7	Inventory at end of year	7	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	17,123.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2024

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	
B	
C	
D	

Enter amounts for each periodical listed above in the corresponding column.

A	B	C	D

2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

3 Direct advertising costs by periodical					
a Add columns A through D. Enter here and on Part I, line 11, column (B)		0.			

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1	0.
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Part XI	Supplemental Information (see instructions)
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FORM 990-T (A)		OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION			AMOUNT
TAX PREPARATION FEES			1,750.
TOTAL TO SCHEDULE A, PART II, LINE 14			1,750.

990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/19	1,590.	1,590.	0.	0.
12/31/20	1,806.	1,806.	0.	0.
12/31/21	1,030.	253.	777.	777.
NOL CARRYOVER AVAILABLE THIS YEAR			777.	777.

FORM 990-T (A)		COST OF GOODS SOLD - OTHER COSTS	STATEMENT 3
DESCRIPTION			AMOUNT
COSTS OF GOODS SOLD			17,123.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 5			17,123.

Name of corporation
MEALS ON WHEELS AMERICA

Employer identification number (EIN)
23-7447812

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? ☐ Yes ☒ No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? ☐ Yes ☒ No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended 12/31/2023	(b) Second Preceding Year Ended 12/31/2022	(c) Third Preceding Year Ended 12/31/2021
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a 5,114,903.	-1,419,993.	-227,395.
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f 5,114,903.	-1,419,993.	-227,395.
2 Adjustments (see instructions):			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return	2b		
c Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511)	2j -5,114,903.	1,419,993.	227,395.
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4 -5,114,903.	1,419,993.	227,395.
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5	6		
7 3-year average annual AFSI (see instructions)	7		

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) (continued)

- 8** Is line 7 more than \$1 billion?
☐ **Yes.** Continue to line 9.
☐ **No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
☐ **Yes.** Continue to line 10.
☐ **No.** Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
10 AFSI for purposes of the \$100 million test before adjustments:			
a AFSI from line 5	10a		
b Aggregation differences (see instructions)	10b		
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c		
11 Adjustments:			
a Income not effectively connected to a U.S. trade or business	11a		
b Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions)	11b		
c Reserved for future use - Other adjustments 1	11c		
d Reserved for future use - Other adjustments 2	11d		
12 Total adjustments. Combine lines 11a and 11b	12		
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13		
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13			14
15 3-year average annual AFSI for purposes of the \$100 million test			15
16 Is line 15 \$100 million or more? <input type="checkbox"/> Yes. Continue to Part II. <input type="checkbox"/> No. STOP here. Attach to your tax return.			

Form **4626** (2024)

Part II Corporate Alternative Minimum Tax (CAMT)

1 Net income or loss per AFS (see instructions):		
a Consolidated net income or loss per the AFS of the corporation	1a	- 3,167.
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d Adjustment for certain consolidating entries (see instructions)	1d	
e Specified additional net income or loss item D. Reserved for future use	1e	
f AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	- 3,167.
2 Adjustments (see instructions):		
a Financial statements covering different tax years	2a	
b Reserved for future use - Adjustment 2b	2b	
c Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3	2e	
f Amounts that are not effectively connected to a U.S. trade or business	2f	
g Certain taxes. Enter the amount from Part III, line 7	2g	
h Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i Alaska native corporations	2i	
j Certain credits	2j	
k Mortgage servicing income	2k	
l Covered benefit plans described in section 56A(c)(11)(B)	2l	
m Tax-exempt entities (organizations subject to tax under section 511)	2m	
n Depreciation	2n	
o Qualified wireless spectrum	2o	
p Covered transactions	2p	
q Adjustments related to bankruptcy and insolvency	2q	
r Certain insurance company adjustments	2r	
s AFSI adjustment S - Reserved for future use	2s	
t AFSI adjustment T - Reserved for future use	2t	
u AFSI adjustment U - Reserved for future use	2u	
z Other *	2z	
3 Total adjustments. Combine lines 2a through 2z	3	
4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	- 3,167.
5 Financial statement net operating loss (FSNOL) (see instructions)	5	
6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7 Multiply line 6 by 15% (0.15)	7	
8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9	
10 Regular tax liability (see instructions)	10	
11 Base erosion minimum tax (see instructions)	11	
12 Combine lines 10 and 11	12	
13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1 Current income tax provision - Foreign	1	
2 Current income tax provision - Federal	2	
3 Deferred income tax provision - Foreign	3	
4 Deferred income tax provision - Federal	4	
5 Income taxes included in equity method investment income	5	
6a Adjustment A - Reserved for future use	6a	
b Adjustment B - Reserved for future use	6b	
c Adjustment C - Reserved for future use	6c	
d Adjustment D - Reserved for future use	6d	
e Adjustment E - Reserved for future use	6e	
f Adjustment F - Reserved for future use	6f	
g Adjustment G - Reserved for future use	6g	
h Adjustment H - Reserved for future use	6h	
z Income taxes in other places	6z	
7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit**Section I - CAMT Foreign Tax Credit**

1	Domestic corporation CAMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g.....		2	
3	Allowable CFC CAMT foreign income taxes:			
a	Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Other	3b		
c	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3c		
d	Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c		3d	
e	Percentage specified in section 55(b)(2)(A)(i)	3e	15%	
f	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions)	3f		
g	CFC CAMT FTC limitation (multiply line 3e by line 3f)		3g	
h	Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g)		3h	
4	CAMT FTC Line 4 - Reserved for future use		4	
5	CAMT FTC Line 5 - Reserved for future use		5	
6	Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8.....		6	

Form **4626** (2024)

FORM 4626	AMT CONTRIBUTIONS	STATEMENT 4
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2019		
FOR TAX YEAR 2020		
FOR TAX YEAR 2021		
FOR TAX YEAR 2022		
FOR TAX YEAR 2023		
TOTAL CARRYOVER		
CURRENT YEAR CONTRIBUTIONS		6,467,715
TOTAL CONTRIBUTIONS		6,467,715
10% OF TAXABLE INCOME AS ADJUSTED		0
EXCESS CONTRIBUTIONS		6,467,715
ALLOWABLE CONTRIBUTIONS		0
AMT CHARITABLE DEDUCTION		0
REGULAR CONTRIBUTION DEDUCTION		0
AMT CONTRIBUTION ADJUSTMENT		0

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. MEALS ON WHEELS AMERICA	Taxpayer identification number (TIN) 23-7447812
	Number, street, and room or suite no. If a P.O. box, see instructions. 1550 CRYSTAL DRIVE, 1004	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22202	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **KENNETH C. EUWEMA**

1550 CRYSTAL DRIVE, 1004 - ARLINGTON, VA 22202

Telephone No. **(571) 339-1632**

Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **24** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25
**MAIL TO: INTERNAL REVENUE SERVICE
 MAIL STOP 6054
 1973 N RULON WHITE BLVD.
 OGDEN, UT 84201-0045**