Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MEALS ON WHEELS AMERICA

Doing business as

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

D Employer identification number
23-7447812

E Telephone number
(703) 548-5558

G Gross receipts $ 60,828,037.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.MEALSONWHEELSAMERICA.ORG

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

L Year of formation: 1976 **M** State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO EMPOWER LOCAL PROGRAMS TO STRENGTHEN THEIR COMMUNITIES, ONE SENIOR AT A TIME.

2 Check this box ☐ 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 2025 (Part V, line 2a)	5	77
6 Total number of volunteers (estimate if necessary)	6	13
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-2,915.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	21,135,948.	41,636,069.
	9 Program service revenue (Part VIII, line 2g)	2,387,848.	2,352,817.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,984,982.	3,631,980.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,900.	-1,815.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,549,678.	47,619,051.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,456,235.	5,658,913.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,116,629.	10,474,678.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,085,435.	4,272,104.
	b Total fundraising expenses (Part IX, column (D), line 25) 6,836,462.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,409,246.	9,087,567.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,067,545.	29,493,262.
	19 Revenue less expenses. Subtract line 18 from line 12	-1,517,867.	18,125,789.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	44,381,722.	64,293,284.
	21 Total liabilities (Part X, line 26)	8,099,684.	9,580,814.
	22 Net assets or fund balances. Subtract line 21 from line 20	36,282,038.	54,712,470.

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 if self-employed	PTIN
FRANK SMITH	FRANK SMITH	07/30/26	☐	P00639053

Firm's name CBIZ ADVISORS, LLC — Firm's EIN 88-1478669

Firm's address 1899 L STREET, NW #850
WASHINGTON, DC 20036 — Phone no. (202) 227-4000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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 X 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 X 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 $ 10,545,204. including grants of $ 5,567,913.) (Revenue $ 417,888.)
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 SENIOR NUTRITION PROVIDERS - OUR MEMBERS - IN EXTENDING THEIR REACH AND IMPACT. THE TEAM LEVERAGES BEST PRACTICES AND EVIDENCE-INFORMED PROGRAMMING TO EXPAND THE CAPACITY OF LOCAL PROVIDERS TO SERVE MORE SENIORS AND TO SERVE THEM IN INCREASINGLY EFFECTIVE WAYS. THE WORK ALSO INCLUDES EFFORTS TO FURTHER INTEGRATE MEALS ON WHEELS SERVICES INTO HEALTH CARE AND PREPARE LOCAL PROVIDERS TO ENTER THEIR OWN HEALTH CARE CONTRACTING WORK.

IN 2025, MEALS ON WHEELS AMERICA WAS ABLE TO CONTINUE ITS CAPACITY-BUILDING EFFORTS BY DRIVING RESOURCES, ESPECIALLY FUNDING, TO

4b (Code:) (Expenses $ 5,776,483. including grants of $ 0.) (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 AWARENESS AND RECOGNITION OF SENIOR HUNGER AND ISOLATION AND 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 CAMPAIGNS AS PART OF THE END THE WAIT PLATFORM, THOUGHT LEADERSHIP, STRATEGIC USE OF OUR OWNED PLATFORMS ACROSS EMAIL, WEBSITE AND SOCIAL, TARGETED PAID AND

4c (Code:) (Expenses $ 3,592,101. including grants of $ 91,000.) (Revenue $ 1,934,929.)
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 AS 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. ADDITIONALLY, THEY WORK ACROSS THE MEALS ON WHEELS AMERICA ORGANIZATION TO ENSURE ALL MEMBER ENGAGEMENT

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

4e Total program service expenses 19,913,788.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? 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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	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? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part 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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	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? *If "Yes," complete Schedule D, Part VI*	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? *If "Yes," complete Schedule D, Part VII*	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? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	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? *If "Yes," complete Schedule F, Parts I and IV*	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? *If "Yes," complete Schedule F, Parts II and IV*	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? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part I.* See instructions	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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	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? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	20		
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	77		
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? *If "No" to line 3b, provide an explanation on Schedule O*	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? *If "No," provide an explanation on Schedule O*	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 X

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.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

KENNETH C. EUWEMA - (571) 339-1632

1550 CRYSTAL DRIVE, 1004, ARLINGTON, VA 22202

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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				639,191.	0.	34,019.
(2) KRISTINE TEMPLIN CHIEF DEVEL. & MARKETING OFFICER	40.00				X			344,882.	0.	24,503.
(3) ROBERT HERBOLSHEIMER CHIEF LEGAL/COMPLIANCE OFFICER	40.00				X			336,058.	0.	22,224.
(4) KENNETH EUWEMA CFO & COO	40.00			X				260,213.	0.	21,694.
(5) DEIRDRE MCGINLEY-GIESER CHIEF STRATEGY & IMPACT OFFICER	40.00				X			247,217.	0.	28,434.
(6) IPYANA SPENCER CHIEF HEALTH OFFICER	40.00					X		243,186.	0.	13,199.
(7) JENNIFER YOUNG CHIEF MEM. OFFICER & COS (AS OF 1/25	40.00				X			214,590.	0.	30,258.
(8) JOSHUA PROTAS CHIEF POLICY OFFICER	40.00				X			213,605.	0.	7,537.
(9) LYNN GRESHAM CHIEF HR OFFICER	30.00				X			201,436.	0.	7,968.
(10) KELLY TRIMYER VP, STRATEGIC ALLIANCES	40.00					X		164,876.	0.	35,969.
(11) BRADLEY TRITSCH ASST GENERAL COUNSEL	40.00					X		162,762.	0.	20,417.
(12) LEA C FLORENCE VP, PROGRAMS	40.00					X		162,899.	0.	17,750.
(13) COLLEEN CLARK SR DIR, DEVEL. STRATEGY AND GROWTH	40.00					X		159,367.	0.	17,380.
(14) LUANN OATMAN CHAIR	2.00	X		X				0.	0.	0.
(15) KEVIN DONNELLAN VICE CHAIR	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	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 (TIL 8/25)	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) STEPHANIE FREEMAN DIRECTOR (AS OF 8/25)	1.00	X						0.	0.	0.
1b Subtotal								3,350,282.	0.	281,352.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,350,282.	0.	281,352.

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 29

		Yes	No
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*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	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 155 COMMERCE DRIVE, FREEDOM, PA 15042	DONOR DRIVE CAMPAIGN 2025	2,796,175.
MISSIONWIRED, 1146 19TH STREET NORTHWEST, SUITE 600, WASHINGTON, DC 20036	STRATEGY CONSULTING	1,164,500.
PUBLIC INC., 26 SOHO STREET, SUITE 102, TORONTO, ONTARIO, CANADA M5T 1Z7	MARKETING AND GRAPHIC DESIGN	1,160,000.
MARRIOTT INTERNATIONAL, 1965 HAWKS LANDING, LOUISVILLE, TN 37777-1401	CONFERENCE HOSTING	392,860.
PROLOCITY TECHNOLOGY SOLUTIONS P.O. BOX 360, BURLINGTON, KY 41005	SOFTWARE DEVELOPMENT	382,620.

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 14

Part VIII Statement of Revenue

Check 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	1a Federated campaigns	1a	60,707.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	41575362.				
	g Noncash contributions included in lines 1a-1f	1g	$ 822,680.				
	h **Total.** Add lines 1a-1f			41636069.			
Program Service Revenue		Business Code					
	2a CONFERENCE	900099		822,269.	723,949.		98,320.
	b MEMBER DISCOUNT PROGRA	900099		612,092.	612,092.		
	c MEMBER DUES	900099		500,568.	500,568.		
	d HEALTHCARE CONTRACTS	900099		417,888.	417,888.		
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			2,352,817.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,316,172.			2316172.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental income or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	14511119					
	b Less: cost or other basis and sales expenses 7b	13195311					
	c Gain or (loss) 7c	1315808.					
	d Net gain or (loss)			1,315,808.			1315808.
	8a 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						
	9a Gross income from gaming activities. See Part IV, line 19 9a						
	b Less: direct expenses 9b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances 10a	10,760.					
	b Less: cost of goods sold 10b	13,675.					
	c Net income or (loss) from sales of inventory			-2,915.		-2,915.	
Miscellaneous Revenue		Business Code					
	11a MISCELLANEOUS REVENUE	900099		1,100.			1,100.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			1,100.			
	12 **Total revenue.** See instructions			47619051.	2,254,497.	-2,915.	3731400.

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	5,658,913.	5,658,913.		
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	2,600,829.	1,813,229.	348,747.	438,853.
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	6,423,976.	4,370,090.	990,920.	1,062,966.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	129,415.	80,505.	25,819.	23,091.
9 Other employee benefits	726,128.	401,485.	162,694.	161,949.
10 Payroll taxes	594,330.	394,720.	107,007.	92,603.
11 Fees for services (nonemployees):				
a Management				
b Legal	75,259.	27,327.	34,959.	12,973.
c Accounting	57,283.	35,448.	13,205.	8,630.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	4,272,104.			4,272,104.
f Investment management fees	260,229.		260,229.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,672,255.	3,442,650.	31,727.	197,878.
12 Advertising and promotion	1,134,829.	853,158.		281,671.
13 Office expenses	318,376.	187,566.	70,548.	60,262.
14 Information technology	807,613.	250,539.	491,533.	65,541.
15 Royalties				
16 Occupancy	420,842.	260,430.	97,012.	63,400.
17 Travel	205,495.	159,667.	15,022.	30,806.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	766,660.	746,142.	19,486.	1,032.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	214,619.	151,382.	27,938.	35,299.
23 Insurance	36,721.	22,724.	8,465.	5,532.
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	975,533.	975,533.		
b DUES AND SUBSCRIPTIONS	112,580.	76,424.	15,223.	20,933.
c RECRUITING COSTS	19,795.	2,243.	17,006.	546.
d MISCELLANEOUS	9,478.	3,613.	5,472.	393.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	29,493,262.	19,913,788.	2,743,012.	6,836,462.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	2,123,655.	1	2,633,609.
	2	Savings and temporary cash investments	2,586,068.	2	2,815,298.
	3	Pledges and grants receivable, net	2,690,427.	3	15,381,656.
	4	Accounts receivable, net	210,541.	4	63,027.
	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	13,196.	8	13,196.
	9	Prepaid expenses and deferred charges	300,697.	9	797,111.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 2,027,056.			
	b	Less: accumulated depreciation — 10b: 834,256.	1,115,553.	10c	1,192,800.
	11	Investments - publicly traded securities	32,674,773.	11	38,992,753.
	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	2,666,812.	15	2,403,834.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	44,381,722.	16	64,293,284.
Liabilities	17	Accounts payable and accrued expenses	3,714,650.	17	5,443,318.
	18	Grants payable		18	
	19	Deferred revenue	632,427.	19	672,766.
	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	3,752,607.	25	3,464,730.
	26	**Total liabilities.** Add lines 17 through 25	8,099,684.	26	9,580,814.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	34,038,216.	27	34,260,678.
	28	Net assets with donor restrictions	2,243,822.	28	20,451,792.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	36,282,038.	32	54,712,470.
	33	Total liabilities and net assets/fund balances	44,381,722.	33	64,293,284.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,619,051.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,493,262.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,125,789.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,282,038.
5	Net unrealized gains (losses) on investments	5	304,643.
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	54,712,470.

Part XII Financial Statements and Reporting

Check 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: ☐ Cash ☒ Accrual ☐ 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: ☐ Separate basis ☐ Consolidated basis ☐ 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: ☒ Separate basis ☐ Consolidated basis ☐ 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		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2025

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).

(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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21122863.	19439682.	24942844.	21135948.	41636069.	128277406
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	21122863.	19439682.	24942844.	21135948.	41636069.	128277406
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)						19433045.
6 **Public support.** Subtract line 5 from line 4.						108844361

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	21122863.	19439682.	24942844.	21135948.	41636069.	128277406
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	577,666.	965,999.	1341654.	1547203.	2316172.	6748694.
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.)		11,366.	19,587.	41,317.	1,100.	73,370.
11 **Total support.** Add lines 7 through 10						135099470

12 Gross receipts from related activities, etc. (see instructions) ..... 12 11,432,750.

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 2025 (line 6, column (f), divided by line 11, column (f)) ..... 14 80.57 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 ..... 15 93.22 %

16a **33 1/3% support test - 2025.** 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 ..... ☒

b **33 1/3% support test - 2024.** 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 ..... ☐

17a **10% -facts-and-circumstances test - 2025.** 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 ..... ☐

b **10% -facts-and-circumstances test - 2024.** 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 ..... ☐

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 ..... ☐

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
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 its supported organization(s)? *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 each of its 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, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct 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**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**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 - *provide details in* **Part VI**)	**5**	
6 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2025**	**(iii)** **Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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

2022 AMOUNT: $ 11,366.

2023 AMOUNT: $ 19,587.

2024 AMOUNT: $ 41,317.

2025 AMOUNT: $ 1,100.

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

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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).

Name of organization: MEALS ON WHEELS AMERICA

Employer identification number: 23-7447812

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 11,440,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 6,300,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 2,780,000.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
4		$ 2,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 1,443,825.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 1,052,675.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: MEALS ON WHEELS AMERICA

Employer identification number: 23-7447812

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	GIFT CARDS	$ 600,000.	07/16/25
		$	
		$	
		$	
		$	
		$	

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

2025

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	Employer identification number (EIN)
MEALS ON WHEELS AMERICA	23-7447812

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

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

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

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

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.		

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? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2022	(b) 2023	(c) 2024	(d) 2025	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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		13,000.
d Mailings to members, legislators, or the public?	X		22,591.
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		212,106.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		799.
i Other activities?		X	
j Total. Add lines 1c through 1i			248,496.
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:

- MEDIA ADVERTISEMENTS IN PERIODICALS FREQUENTLY READ BY MEMBERS OF CONGRESS, THEIR STAFF, AND ADMINISTRATION OFFICIALS ADVOCATING FOR RENEWAL OF THE OLDER AMERICANS ACT AND RENEWED FEDERAL APPROPRIATIONS FOR SENIOR NUTRITION AND HEALTHCARE PROGRAMS.

- 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

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

PROGRAMS NATIONWIDE.

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

- PRESENTATIONS/SPEECHES PROVIDING RESEARCH AND NEEDS DATA AT CONFERENCES ORGANIZED BY OTHERS TO RAISE AWARENESS OF AND SUPPORT FOR SENIOR NUTRITION PROGRAMS AMONG GRANT MAKERS, INCLUDING MEMBERS OF CONGRESS, THEIR STAFF, AND ADMINISTRATION OFFICIALS.

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ 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 $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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.	606,657.	494,578.
d Equipment		182,743.	127,222.	55,521.
e Other		743,078.	100,377.	642,701.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,192,800.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

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	3,464,730.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	3,464,730.

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 ... X

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	47,838,599.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	304,643.		
b	Donated services and use of facilities	2b	161,459.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	466,102.
3	Subtract line 2e from line 1			3	47,372,497.
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	260,229.		
b	Other (Describe in Part XIII.)	4b	-13,675.		
c	Add lines 4a and 4b			4c	246,554.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	47,619,051.

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	29,408,167.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	161,459.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	13,675.		
e	Add lines 2a through 2d			2e	175,134.
3	Subtract line 2e from line 1			3	29,233,033.
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	260,229.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	260,229.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	29,493,262.

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, 2025, 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 -13,675.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD 13,675.

Part XIII Supplemental Information *(continued)*

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

MEALS ON WHEELS AMERICA

Employer identification number

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	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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 532071 04-01-25

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

Part V **Supplemental Information**

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

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** [ ] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of nongovernment grants
- **f** [ ] 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.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
MAILING SERVICES OF PITTSBURGH, INC. DBA	PROFESSIONAL FUNDRAISING COUNSEL		X	5,241,342.	3,833,431.	1,407,911.
PUBLISHING CONCEPTS, LP - 875 REGAL ROW, DALLAS, TX 75247	PROFESSIONAL FUNDRAISER		X	3,320.	5,473.	-2,153.
APERIO PHILANTHROPY LLC - 300 CADMAN PLAZA WEST, UNIT 8600,	PROFESSIONAL FUNDRAISING COUNSEL		X	0.	433,200.	-433,200.
Total				5,244,662.	4,272,104.	972,558.

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

SEE PART IV FOR CONTINUATIONS

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	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ 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: APERIO PHILANTHROPY LLC
(I) ADDRESS OF FUNDRAISER:
300 CADMAN PLAZA WEST, UNIT 8600, BROOKLYN, NY 11201

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

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

CONTROLLED BY THE ORGANIZATION.

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? ..... [X] 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
ACTIONS, INC OF BRAZORIA COUNTY 1524 EAST MULBERRY, SUITE 135 ANGLETON, TX 77515	74-1957799	501(C)(3)	5,438.	0.			PROJECT SUPPORT
AEOA SENIOR SERVICES 702 3RD AVENUE SOUTH VIRGINIA, MN 55792-2776	41-6052144	501(C)(3)	6,891.	0.			PROJECT SUPPORT
AGING AHEAD 14535 MANCHESTER ROAD MANCHESTER, MO 63011-3960	43-1833987	501(C)(3)	6,475.	0.			PROJECT SUPPORT
ALEUTIAN PRIBILOF ISLANDS ASSOCIATION - 1131 EAST INTL AIRPORT ROAD - ANCHORAGE, AK 99518-1408	92-0073013	501(C)(3)	15,000.	0.			PROJECT SUPPORT
APPALACHIAN AGENCY FOR SENIOR CITIZENS - P.O. BOX 765 - CEDAR BLUFF, VA 24609-0765	54-0990533	501(C)(3)	37,881.	3,000.	FMV	GIFT CARD	PROJECT SUPPORT
ASTER AGING, INC. 45 WEST UNIVERSITY DRIVE, SUITE A MESA, AZ 85201-5831	94-2596075	501(C)(3)	17,293.	0.			PROJECT SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 177.

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

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
ATHENS COMMUNITY COUNCIL ON AGING AKA ACCA - 135 HOYT STREET - ATHENS, GA 30601-2646	58-0977680	501(C)(3)	5,203.	0.			PROJECT SUPPORT
BAY AGING 5306 OLD VIRGINIA STREET, P.O. BOX URBANNA, VA 23175	54-1085032	501(C)(3)	13,381.	0.			PROJECT SUPPORT
BENDER JCC OF GREATER WASHINGTON 6125 MONTROSE ROAD ROCKVILLE, MD 20852-4860	53-0205921	501(C)(3)	8,842.	0.			PROJECT SUPPORT
BETHLEHEM CENTERS, CHARLOTTE HOT LUNCH - 1417 CHARLOTTE AVENUE - NASHVILLE, TN 37203-3413	62-0843073	501(C)(3)	10,000.	0.			PROJECT SUPPORT
BI-COUNTY NUTRITION -SENIOR MEALS IN MOTION - 416 1/2 OHIO AVENUE - NUTTER FORT, WV 26301-4510	55-0626656	501(C)(3)	12,000.	0.			PROJECT SUPPORT
BLUE LEDGE, INC. P.O. BOX 1332 AMHERST, VA 24521-1332	71-1020696	501(C)(3)	5,881.	0.			PROJECT SUPPORT
ADRC OF WASHBURN COUNTY - BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 304 2ND STREET, P.O. BOX 316 - SHELL LAKE, WI	39-6005753	501(C)(3)	19,487.	0.			PROJECT SUPPORT
CADDO COUNCIL ON AGING, INC. 1700 BUCKNER STREET, SUITE 240 SHREVEPORT, LA 71101-4407	72-0715821	501(C)(3)	20,000.	0.			PROJECT SUPPORT
CARELINK P.O. BOX 5988 NORTH LITTLE ROCK, AR 72119-5988	71-0521402	501(C)(3)	9,450.	0.			PROJECT SUPPORT

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
CARSON CITY SENIOR CITIZEN CENTER 911 BEVERLY DRIVE CARSON CITY, NV 89706-3115	88-0123061	501(C)(3)	6,689.	0.			PROJECT SUPPORT
CATHOLIC CHARITIES OF SOUTHERN NEVADA - 1501 LAS VEGAS BOULEVARD NORTH - LAS VEGAS, NV 89101-1120	88-0059425	501(C)(3)	26,689.	0.			PROJECT SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF ST. CLOUD - 16555 WEBER ROAD - CREST HILL, IL 60403	51-1018810	501(C)(3)	21,891.	0.			PROJECT SUPPORT
CATHOLIC YOUTH ASSOCIATION OF PITTSBURGH, INC. - 286 MAIN STREET - PITTSBURGH, PA 15201-2808	25-0984596	501(C)(3)	15,000.	0.			PROJECT SUPPORT
CHATHAM COUNTY AGING SERVICES P.O. BOX 715 PITTSBORO, NC 27312-0715	56-1084260	501(C)(3)	69,000.	16,000.	FMV	GIFT CARD	PROJECT SUPPORT
CHEROKEE COUNTY MEALS ON WHEELS P.O. BOX 1886 GAFFNEY, SC 29342-1886	57-0773044	501(C)(3)	34,500.	0.			PROJECT SUPPORT
CICOA FOUNDATION 8440 WOODFIELD CROSSING BOULEVARD, SUITE 175 - INDIANAPOLIS, IN 46240-4359	35-1310387	501(C)(3)	23,000.	2,000.	FMV	GIFT CARD	PROJECT SUPPORT
CITYMEALS ON WHEELS 355 LEXINGTON AVENUE, 3RD, FLOOR NEW YORK, NY 10017-6603	13-3634381	501(C)(3)	10,000.	0.			PROJECT SUPPORT
COALITION FOR SENIOR CITIZENS GENERATIONS JOINED WNP - LIFE CENTER - 952 SOUTH MAINE STREET - FALLON, NV 89406-8815	88-6000025	501(C)(3)	12,500.	0.			PROJECT SUPPORT

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
COMFORT GOLDEN AGE CENTER 628 FRONT STREET COMFORT, TX 78013	74-2501265	501(C)(3)	5,438.	0.			PROJECT SUPPORT
COMMUNITY ACTION ALGER MARQUETTE 1125 COMMERCE DRIVE MARQUETTE, MI 49855-8630	38-1797320	501(C)(3)	14,819.	0.			PROJECT SUPPORT
COMMUNITY EMERGENCY ASSISTANCE PROGRAMS, INC. - CEAP - 7051 BROOKLYN BOULEVARD - BROOKLYN CENTER, MN 55429-1371	41-0990340	501(C)(3)	6,891.	0.			PROJECT SUPPORT
COMMUNITY EMERGENCY SERVICE 1900 11TH AVENUE SOUTH MINNEAPOLIS, MN 55404-2012	41-1728341	501(C)(3)	11,500.	0.			PROJECT SUPPORT
COUNCIL ON AGING OF CENTRAL OREGON 1036 NORTHEAST 5TH ST. BEND, OR 97701-4502	93-0661229	501(C)(3)	13,500.	0.			PROJECT SUPPORT
CRAWFORD COUNTY COMMISSION ON AGING - 4388 WEST M-72 HIGHWAY - GRAYLING, MI 49738-1862	38-6004907	501(C)(3)	5,500.	0.			PROJECT SUPPORT
CUMBERLAND COUNTY COUNCIL ON OLDER ADULTS - 339 DEVERS STREET - FAYETTEVILLE, NC 28303-4750	56-0902659	501(C)(3)	33,000.	2,000.	FMV	GIFT CARD	PROJECT SUPPORT
DIETERT CENTER 451 GUADALUPE STREET KERRVILLE, TX 78028-5162	74-2697204	501(C)(3)	14,303.	0.			PROJECT SUPPORT
DIGNITY HEALTH CONNECTED LIVING 200 MERCY OAKS DRIVE REDDING, CA 96003-8641	23-7115371	501(C)(3)	9,743.	0.			PROJECT SUPPORT

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
DOUGLAS COUNTY SENIOR SERVICES 1036 SOUTHEAST DOUGLAS AVENUE, RM 2 ROSEBURG, OR 97470-3301	93-6002293	501(C)(3)	5,539.	0.			PROJECT SUPPORT
FAMILY SERVICE ROCHESTER 4600 18TH AVENUE NORTHWEST ROCHESTER, MN 55901-2116	41-0883453	501(C)(3)	113,891.	23,000.	FMV	GIFT CARD	PROJECT SUPPORT
FIRST TENNESSEE AREA AGENCY ON AGING AND DISABILITY - 3211 NORTH ROAN STREET - JOHNSON CITY, TN 37601-1213	82-4338374	501(C)(3)	35,000.	0.			PROJECT SUPPORT
FISH - KITTITAS COUNTY'S FOOD RESOURCE - 804 ELMVIEW ROAD - ELLENSBURG, WA 98926	91-1059920	501(C)(3)	10,000.	0.			PROJECT SUPPORT
FOOTHILLS CARING CORPS, INC. P.O. BOX 831 CAREFREE, AZ 85377-0831	26-4341807	501(C)(3)	15,000.	0.			PROJECT SUPPORT
MEALS ON WHEELS GREATER FRANKFORT - FRANKLIN COUNTY COUNCIL ON AGING, INC - 202 MEDICAL HEIGHTS DRIVE - FRANKFORT, KY 40601-6521	61-6041002	501(C)(3)	15,229.	0.			PROJECT SUPPORT
GASTON COUNTY HEALTH AND HUMAN SERVICES SOCIAL SERVICES DIVISION - 330 DRIVE MARTIN LUTHER KING JR WAY - GASTONIA, NC 28052-2332	56-6000300	501(C)(3)	10,000.	0.			PROJECT SUPPORT
GREATER SPOKANE COUNTY MEALS ON WHEELS - 12101 EAST SPRAGUE AVENUE - SPOKANE VALLEY, WA 99206	91-1042546	501(C)(3)	20,075.	0.			PROJECT SUPPORT
HERITAGE AREA AGENCY ON AGING 6301 KIRKWOOD BOULEVARD SOUTHWEST CEDAR RAPIDS, IA 52404-5260	83-0545648	501(C)(3)	14,482.	0.			PROJECT SUPPORT

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
HIGHLAND COUNTY COMMUNITY ACTION ORGANIZATION - 1487 NORTH HIGH STREET, SUITE 500 - HILLSBORO, OH 45133-6812	31-0720523	501(C)(3)	15,790.	0.			PROJECT SUPPORT
HOMAGE - SENIOR SERVICES 1715 100TH PLACE SOUTHEAST EVERETT, WA 98208	91-0910680	501(C)(3)	5,075.	0.			PROJECT SUPPORT
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA, CA 95501-2870	94-2261434	501(C)(3)	43,743.	0.			PROJECT SUPPORT
IREDELL COUNCIL ON AGING 322 EAST FRONT STREET STATESVILLE, NC 28677-5907	23-7322660	501(C)(3)	21,110.	0.			PROJECT SUPPORT
JEWISH COMMUNITY CENTER OF LOUISVILLE - 3600 DUTCHMANS LANE - LOUISVILLE, KY 40205-3302	61-0444765	501(C)(3)	5,229.	0.			PROJECT SUPPORT
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 92123-1506	95-1644024	501(C)(3)	36,000.	4,000.	FMV	GIFT CARD	PROJECT SUPPORT
KALKASKA COUNTY COMMISSION ON AGING - 303 SOUTH CORAL STREET - KALKASKA, MI 49646	38-6004861	501(C)(3)	15,000.	0.			PROJECT SUPPORT
KENOSHA AREA FAMILY & AGING SERVICES - 7730 SHERIDAN ROAD - KENOSHA, WI 53143-1518	39-1132382	501(C)(3)	31,750.	3,000.	FMV	GIFT CARD	PROJECT SUPPORT
KINSHIP CENTER 921 SOUTH CARROLLTON AVENUE NEW ORLEANS, LA 70118-1143	72-0842907	501(C)(3)	5,868.	0.			PROJECT SUPPORT

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
KITCHEN ANGELS 1222 SILER ROAD SANTA FE, NM 87507-4106	85-0423492	501(C)(3)	10,000.	0.			PROJECT SUPPORT
KNOXVILLE-KNOX COUNTY COUNCIL ON AGING - P.O. BOX 51650 - KNOXVILLE, TN 37950-1650	62-1451534	501(C)(3)	6,362.	0.			PROJECT SUPPORT
LANE COUNCIL OF GOVERNMENTS SENIOR & DISABILITY SERVICES - 1015 WILLAMETTE STREET - EUGENE, OR 97401-3113	93-6014373	501(C)(3)	5,539.	0.			PROJECT SUPPORT
LEAVENWORTH COUNTY COUNCIL ON AGING - 711 MARSHALL STREET, SUITE 100 - LEAVENWORTH, KS 66048	48-6034067	501(C)(3)	15,000.	0.			PROJECT SUPPORT
LEGACY LINK INC P.O. BOX 1480, 4080 MUNDY MILL ROAD OAKWOOD, GA 30566-0025	58-8231789	501(C)(3)	5,203.	0.			PROJECT SUPPORT
LICKING COUNTY AGING PROGRAM, INC. 1058 EAST MAIN STREET NEWARK, OH 43055-6940	31-0787851	501(C)(3)	9,540.	0.			PROJECT SUPPORT
LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223-1809	31-4379494	501(C)(3)	27,692.	2,000.	FMV	GIFT CARD	PROJECT SUPPORT
LOWER COLUMBIA CAP SENIOR SERVICES 1526 COMMERCE AVENUE LONGVIEW, WA 98632-4102	91-0814141	501(C)(3)	5,075.	0.			PROJECT SUPPORT
LUTHERAN SOCIAL SERVICES OF MINNESOTA - 2485 COMO AVENUE - SAINT PAUL, MN 55108-1445	41-0872993	501(C)(3)	21,891.	0.			PROJECT SUPPORT

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
LYON COUNTY HUMAN SERVICES P.O. BOX 1141 SILVER SPRINGS, NV 89429-1141	88-6000097	501(C)(3)	5,098.	0.			PROJECT SUPPORT
MAC, INC. 909 PROGRESS CIRCLE, SUITE 100 SALISBURY, MD 21804-2324	52-0992005	501(C)(3)	8,842.	0.			PROJECT SUPPORT
MARION COUNTY SENIOR CITIZENS CENTER INC MCSC - P.O. BOX 728 - FLIPPIN, AR 72634-0728	71-0521887	501(C)(3)	15,000.	0.			PROJECT SUPPORT
OPEN HAND - MEALS ON WHEELS GEORGIA - 1380 WEST MARIETTA STREET NORTHWEST - ATLANTA, GA 30318	58-1816778	501(C)(3)	10,000.	0.			PROJECT SUPPORT
MEALS ON WHEELS AND MORE, INC. AKA MEALS ON WHEELS CENTRAL TEXAS - 3227 EAST 5TH STREET - AUSTIN, TX 78702-4907	23-7202594	501(C)(3)	640,000.	370,000.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS DAVIDSON COUNTY 555-B WEST CENTER STREET EXT. LEXINGTON, NC 27295	56-6000294	501(C)(3)	27,110.	0.			PROJECT SUPPORT
MEALS ON WHEELS DELAWARE INC 100 WEST 10TH STREET, SUITE 207 WILMINGTON, DE 19801-1641	51-0355145	501(C)(3)	7,062.	0.			PROJECT SUPPORT
MEALS ON WHEELS DIABLO REGION AKA MOW DIABLO REGION - 390 NORTH WIGET LANE - WALNUT CREEK, CA 94598	68-0044205	501(C)(3)	42,743.	5,000.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS IN HUNTERDON, INC. 5 WALTER EAST FORAN BOULEVARD, SUITE 2006 - FLEMINGTON, NJ 08822-4674	22-3084358	501(C)(3)	6,402.	0.			PROJECT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS IN METUCHEN, EDISON AND WOODBRIDGE - 2 GEORGE FREDERICK PLAZA - WOODBRIDGE TOWNSHIP, NJ 07095	22-2063538	501(C)(3)	6,402.	0.			PROJECT SUPPORT
MEALS ON WHEELS INC OF TARRANT COUNTY ENDOWMENT FUND - 5740 AIRPORT FREEWAY - FORT WORTH, TX 76117-6005	75-1568798	501(C)(3)	53,438.	5,000.			PROJECT SUPPORT
MEALS ON WHEELS MISSOULA COUNTY 337 STEPHENS AVENUE MISSOULA, MT 59801-3816	81-0379543	501(C)(3)	17,223.	0.			PROJECT SUPPORT
MEALS ON WHEELS MONTGOMERY COUNTY 111 SOUTH 2ND STREET CONROE, TX 77301-3651	23-7310650	501(C)(3)	13,438.	0.			PROJECT SUPPORT
MEALS ON WHEELS NORTH CAROLINA 404 CROSSWICK ROAD CLEMMONS, NC 27012	83-3370195	501(C)(3)	10,000.	0.			PROJECT SUPPORT
MEALS ON WHEELS NORTH CENTRAL TEXAS - 203 KIMBERLY DRIVE - CLEBURNE, TX 76031-8714	75-1555153	501(C)(3)	10,938.	0.			PROJECT SUPPORT
MEALS ON WHEELS NORTH JERSEY 32 PASCACK ROAD WOODCLIFF LAKE, NJ 07677	22-2340025	501(C)(3)	6,402.	0.			PROJECT SUPPORT
MEALS ON WHEELS NORTHEAST TENNESSEE - 704 ROLLING HILLS DRIVE - JOHNSON CITY, TN 37604-7264	62-0928394	501(C)(3)	31,362.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF ASHEVILLE-BUNCOMBE COUNTY - 146 VICTORIA ROAD - ASHEVILLE, NC 28801-4812	56-1115597	501(C)(3)	37,000.	0.			PROJECT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF CENTRAL INDIANA 708 EAST MICHIGAN STREET INDIANAPOLIS, IN 46202	35-1182075	501(C)(3)	46,885.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF CENTRAL MARYLAND - 515 SOUTH HAVEN STREET - BALTIMORE, MD 21224	52-6074723	501(C)(3)	164,842.	26,000.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF CHARLOTTE COUNTY, INC. - 3082 TAMIAMI TRAIL - PORT CHARLOTTE, FL 33952-8001	59-1358912	501(C)(3)	17,500.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF CHARLOTTESVILLE-ALBEMARLE - 704 ROSE HILL DRIVE - CHARLOTTESVILLE, VA 22903-5254	54-1061454	501(C)(3)	5,881.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF CHESAPEAKE P.O. BOX 15343 CHESAPEAKE, VA 23328-5343	54-1080366	501(C)(3)	20,881.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF CHEYENNE 2015 SOUTH GREELEY HIGHWAY CHEYENNE, WY 82007-3431	83-0211345	501(C)(3)	41,878.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF DENTON COUNTY 1800 MALONE STREET DENTON, TX 76201-1746	75-1497010	501(C)(3)	10,938.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF DURHAM, INC. 2522 ROSS ROAD DURHAM, NC 27703-2410	56-1729111	501(C)(3)	14,610.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF HILLSBOROUGH COUNTY - 46 MILFORD STREET - MANCHESTER, NH 03102	20-0335003	501(C)(3)	13,459.	0.			PROJECT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF MERCER COUNTY RIDER UNIVERSITY, 2083 LAWRENCEVILLE ROAD - LAWRENCEVILLE, NJ 08638-2008	22-1990231	501(C)(3)	6,402.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF METRO TULSA 5151 EAST 51ST STREET TULSA, OK 74135	73-1125389	501(C)(3)	25,523.	2,000.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF MIDDLE GEORGIA P.O. BOX 6333 MACON, GA 31208-6333	23-7412434	501(C)(3)	5,203.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF NEPA 541 WYOMING AVENUE SCRANTON, PA 18509-3000	23-1856098	501(C)(3)	21,741.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF OCEAN COUNTY P.O. BOX 610 MANAHAWKIN, NJ 08050-0610	22-2070381	501(C)(3)	29,907.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF POLK COUNTY 620 6TH STREET NORTHWEST WINTER HAVEN, FL 33881-4011	59-1427004	501(C)(3)	13,750.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF ROWAN, INC. P.O. BOX 1914 SALISBURY, NC 28145-1914	56-1152417	501(C)(3)	10,000.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF SALEM COUNTY 457 SHIRLEY ROAD, P.O. BOX 888 ELMER, NJ 08318	22-2158433	501(C)(3)	6,402.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF SHEBOYGAN COUNTY, INC DBA FRESH MEALS ON WHEELS - 1004 SOUTH TAYLOR DRIVE - SHEBOYGAN, WI 53081-4773	39-1238290	501(C)(3)	5,500.	0.			PROJECT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF SOLANO COUNTY 1000 UNION AVENUE FAIRFIELD, CA 94533	94-2454352	501(C)(3)	17,743.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF TAKOMA PARK 7410 NEW HAMPSHIRE AVE. TAKOMA PARK, MD 20912	52-0943628	501(C)(3)	8,842.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF THE MONTEREY PENINSULA INC. - 700 JEWELL AVENUE, MEALS ON WHEELS COMMUNITY CENTER - PACIFIC GROVE, CA 93950	94-2157521	501(C)(3)	42,743.	5,000.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF THE SANDHILLS, INC. - 1975 JUNIPER LAKE ROAD, UNIT A1 NC - WEST END, NC 27376	58-2144702	501(C)(3)	66,610.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF WAKE COUNTY 1001 BLAIR DRIVE, SUITE 100 RALEIGH, NC 27603-2030	56-1061085	501(C)(3)	12,110.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF WEST LOS ANGELES, INC. - P.O. BOX 241576 - LOS ANGELES, CA 90024-9376	95-4847907	501(C)(3)	18,000.	0.			PROJECT SUPPORT
MEALS ON WHEELS ORANGE COUNTY, NC P.O. BOX 2102 CHAPEL HILL, NC 27515-2102	59-1721954	501(C)(3)	10,000.	0.			PROJECT SUPPORT
MEALS ON WHEELS PEOPLE 7710 SOUTHWEST 31ST AVENUE PORTLAND, OR 97219-2420	93-0584318	501(C)(3)	20,539.	0.			PROJECT SUPPORT
MEALS ON WHEELS PLUS OF MANATEE 811 23RD AVENUE EAST BRADENTON, FL 34208	59-1420986	501(C)(3)	185,684.	0.			PROJECT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS SAN ANTONIO 2718 DANBURY STREET SAN ANTONIO, TX 78217	74-1948646	501(C)(3)	77,938.	8,000.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS SAN FRANCISCO 2142 JERROLD AVENUE SAN FRANCISCO, CA 94124-1735	94-1741155	501(C)(3)	7,743.	0.			PROJECT SUPPORT
MEALS ON WHEELS SOUTH TEXAS - FORMERLY KNOWN AS VICTORIA COUNTY SENIOR CITIZENS - 603 EAST MURRAY STREET - VICTORIA, TX 77901	74-2116391	501(C)(3)	23,438.	0.			PROJECT SUPPORT
MEALS ON WHEELS WEST 1823 MICHIGAN AVENUE SANTA MONICA, CA 90404	95-4613280	501(C)(3)	24,743.	0.			PROJECT SUPPORT
MEALS ON WHEELS WILSON COUNTY 2101 TARBORO STREET SOUTHWEST, SUIT WILSON, NC 27893-3431	56-1407529	501(C)(3)	14,610.	0.			PROJECT SUPPORT
MEALS ON WHEELS YOLO COUNTY - PEOPLE RESOURCES, INC. - P.O. BOX 528 - WOODLAND, CA 95776-0528	94-1599229	501(C)(3)	15,000.	0.			PROJECT SUPPORT
MEALS ON WHEELS, ETC. 2801 SOUTH FINANCIAL COURT SANFORD, FL 32773-6418	59-2977907	501(C)(3)	14,895.	0.			PROJECT SUPPORT
MEALS ON WHEELS, INC. AKA AKA MEALS ON WHEELS OF GREATER LYNCHBURG - P.O. BOX 1388 - LYNCHBURG, VA 24505-1388	23-7399875	501(C)(3)	5,881.	0.			PROJECT SUPPORT
METRO MEALS ON WHEELS-MINNEAPOLIS 1200 WASHINGTON AVENUE SOUTH, SUITE 380 - MINNEAPOLIS, MN 55415-1590	31-1501057	501(C)(3)	6,891.	0.			PROJECT SUPPORT

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
METROPOLITAN INTER-FAITH ASSOCIATION - 910 VANCE AVENUE - MEMPHIS, TN 38126-2911	62-0803601	501(C)(3)	31,651.	0.			PROJECT SUPPORT
MID-CITY CONCERNS, INC. AKA MEALS ON WHEELS SPOKANE - 1222 WEST 2ND AVE. - SPOKANE, WA 99201-4606	91-0833015	501(C)(3)	5,075.	0.			PROJECT SUPPORT
MID-CUMBERLAND HUMAN RESOURCE AGENCY - 25 CENTURY BLVD., SUITE 500, SUITE 500 - NASHVILLE, TN 37214	62-0923487	501(C)(3)	10,000.	0.			PROJECT SUPPORT
MID-EAST COMMISSION AREA AGENCY ON AGING - 1502 NORTH MARKET STREET, SUITE A - WASHINGTON, NC 27889-3377	56-0905636	501(C)(3)	7,110.	0.			PROJECT SUPPORT
MID-EAST COMMUNITY ACTION AGENCY P.O. BOX 790 KINGSTON, TN 37763-0790	62-0725458	501(C)(3)	6,362.	0.			PROJECT SUPPORT
MINUTEMAN SENIOR SERVICES 1 BURLINGTON WOODS DRIVE, SUITE 101 BURLINGTON, MA 01803-4503	42-2587212	501(C)(3)	6,116.	0.			PROJECT SUPPORT
MOBILE MEALS OF TOLEDO 2200 JEFFERSON AVENUE TOLEDO, OH 43604-7101	34-1019610	501(C)(3)	17,808.	0.			PROJECT SUPPORT
MONROE COUNTY MEALS ON WHEELS 901 POLK VALLEY ROAD STROUDSBURG, PA 18360-9589	23-7201104	501(C)(3)	8,131.	0.			PROJECT SUPPORT
MOORESBURG COMMUNITY ASSOCIATION 313 OLD HIGHWAY 11 WEST MOORESBURG, TN 37811-2421	94-3416521	501(C)(3)	10,000.	0.			PROJECT SUPPORT

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
NEIGHBORHOOD CONNECTIONS P.O. BOX 207 LONDONDERRY, VT 05148	26-4547219	501(C)(3)	14,868.	0.			PROJECT SUPPORT
NEIGHBORHOOD HOUSE 1020 SOUTH MATTHEW STREET PEORIA, IL 61605-3546	37-0661229	501(C)(3)	10,000.	0.			PROJECT SUPPORT
NEIGHBORLY CARE NETWORK 5225 TECH DATA DRIVE, SUITE 102 CLEARWATER, FL 33760-3133	59-1218100	501(C)(3)	19,500.	0.			PROJECT SUPPORT
NORTH PORT MEALS ON WHEELS 13600 TAMIAMI TRAIL NORTH PORT, FL 34287	59-2106997	501(C)(3)	37,040.	0.			PROJECT SUPPORT
NORTH STAR COUNCIL ON AGING 1424 MOORE STREET FAIRBANKS, AK 99701-5716	92-0037749	501(C)(3)	122,000.	23,000.	FMV	GIFT CARD	PROJECT SUPPORT
NORTHWEST SENIOR & DISABILITY SERVICES - 3410 CHERRY AVENUE NORTHEAST - KEIZER, OR 97303-4924	93-0811191	501(C)(3)	5,539.	0.			PROJECT SUPPORT
MINNEAPOLIS KITCHEN & CAMPUS - OPEN ARMS OF MINNESOTA - 2500 BLOOMINGTON AVENUE - MINNEAPOLIS, MN 55404	41-1681317	501(C)(3)	9,200.	0.			PROJECT SUPPORT
OREGON CASCADES WEST SENIOR SERVICES FOUNDATION AKA MEALS ON WHEELS LINN, BENTON - 1400 QUEEN AVENUE SOUTHEAST, SUITE 206 -	93-0584306	501(C)(3)	5,539.	0.			PROJECT SUPPORT
OSCEOLA COUNCIL ON AGING - MEALS ON WHEELS OSCEOLA - 700 GENERATION PT - KISSIMMEE, FL 34744-5957	59-1595398	501(C)(3)	180,000.	65,000.	FMV	GIFT CARD	PROJECT SUPPORT

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
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BOULEVARD, SUITE 1006 - NEWPORT NEWS, VA 23606-3585	51-0151069	501(C)(3)	5,881.	0.			PROJECT SUPPORT
PEOPLE FOR PEOPLE MEALS ON WHEELS 1008 WEST AHTANUM ROAD, SUITE 3 UNION GAP, WA 98903-1897	91-0783225	501(C)(3)	5,075.	0.			PROJECT SUPPORT
PIEDMONT AGENCY ON AGING P.O. BOX 997, 808 SOUTH EMERALD RD. GREENWOOD, SC 29648-0997	57-0524221	501(C)(3)	20,771.	0.			PROJECT SUPPORT
PIEDMONT SENIOR RESOURCES AREA AGENCY ON AGING, INC - 1413 SOUTH MAIN STREET - FARMVILLE, VA 23901-2531	54-1025127	501(C)(3)	13,381.	0.			PROJECT SUPPORT
PIONEER COMMUNITY CENTER 615 5TH STREET OREGON CITY, OR 97045	93-6002230	501(C)(3)	5,539.	0.			PROJECT SUPPORT
PITT COUNTY COUNCIL ON AGING 4551 COUNTY HOME ROAD GREENVILLE, NC 27858-8039	52-1042008	501(C)(3)	14,610.	0.			PROJECT SUPPORT
PRESCOTT MEALS ON WHEELS 1280 EAST ROSSER STREET, SUITE A PRESCOTT, AZ 86301-5653	86-0417621	501(C)(3)	6,000.	0.			PROJECT SUPPORT
PROJECT ANGEL HEART 4950 WASHINGTON STREET DENVER, CO 80216-2026	84-1199481	501(C)(3)	9,200.	0.			PROJECT SUPPORT
PUTNAM COUNTY AGING PROGRAM, INC. 2558 WINFIELD ROAD SAINT ALBANS, WV 25177-7804	31-1149267	501(C)(3)	14,352.	0.			PROJECT SUPPORT

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
RVCOG - SENIOR SERVICES OFFICE_FOOD & FRIENDS, JACKSON COUNTY - 2860 STATE STREET - MEDFORD, OR 97504-8474	74-3058786	501(C)(3)	5,539.	0.			PROJECT SUPPORT
SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY - 536 GEORGE STREET - NORRISTOWN, PA 19401-4638	23-1659451	501(C)(3)	14,800.	0.			PROJECT SUPPORT
SENIOR CITIZENS, INC. 3025 BULL STREET SAVANNAH, GA 31405-2016	58-0864009	501(C)(3)	45,203.	0.			PROJECT SUPPORT
SENIOR LIFE RESOURCES - MID-COLUMBIA MEALS ON WHEELS - 1824 FOWLER STREET - RICHLAND, WA 99352	91-0909913	501(C)(3)	15,000.	0.			PROJECT SUPPORT
SENIOR NEIGHBORS, INC. 678 FRONT AVENUE NORTHWEST, SUITE 2 GRAND RAPIDS, MI 49504-5372	23-7195491	501(C)(3)	160,319.	31,000.	FMV	GIFT CARD	PROJECT SUPPORT
SENIOR RESOURCES OF GUILFORD 1401 BENJAMIN PARKWAY GREENSBORO, NC 27408-4518	56-1181577	501(C)(3)	14,610.	0.			PROJECT SUPPORT
SENIOR SERVICES FOR SOUTH SOUND 222 COLUMBIA STREET NORTHWEST OLYMPIA, WA 98501-8208	91-0907573	501(C)(3)	5,075.	0.			PROJECT SUPPORT
SENIOR SERVICES INC - MILESTONE SENIOR SERVICES SOUTHWEST MICHIGAN - 918 JASPER STREET - KALAMAZOO, MI 49001-2853	38-1747660	501(C)(3)	45,000.	5,000.	FMV	GIFT CARD	PROJECT SUPPORT
SENIOR SERVICES OF ALEXANDRIA 206 NORTH WASHINGTON STREET, SUITE ALEXANDRIA, VA 22314-2528	54-0842806	501(C)(3)	5,881.	0.			PROJECT SUPPORT

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 SERVICES, INC. 2895 SHOREFAIR DRIVE WINSTON SALEM, NC 27105-4237	56-1085968	501(C)(3)	47,000.	0.			PROJECT SUPPORT
SENIOR SOLUTIONS - COUNCIL ON AGING FOR SE VT - 38 PLEASANT STREET - SPRINGFIELD, VT 05156-2614	22-2738766	501(C)(3)	7,500.	0.			PROJECT SUPPORT
SENIORS FIRST 12183 LOCKSLEY LANE, SUITE 205 AUBURN, CA 95602-2052	68-0430154	501(C)(3)	12,000.	0.			PROJECT SUPPORT
SKAGIT COUNTY MEALS ON WHEELS P.O. BOX 693 MOUNT VERNON, WA 98273	91-0890910	501(C)(3)	5,075.	0.			PROJECT SUPPORT
SOURCEPOINT 800 CHESHIRE ROAD DELAWARE, OH 43015-6038	31-1354284	501(C)(3)	26,500.	0.			PROJECT SUPPORT
THE FRIENDLY KITCHEN/MEALS ON WHEELS OF ROSEBURG - 1140 UMPQUA COLLEGE ROAD - ROSEBURG, OR 97470	93-0779289	501(C)(3)	5,539.	0.			PROJECT SUPPORT
THE JUST ONE PROJECT 1401 NORTH DECATUR BOULEVARD LAS VEGAS, NV 89108-1223	47-2348577	501(C)(3)	20,000.	0.			PROJECT SUPPORT
THE SOUP KITCHEN 8655 BOYNTON BEACH BOULEVARD BOYNTON BEACH, FL 33472-4415	59-2628415	501(C)(3)	7,500.	0.			PROJECT SUPPORT
THE SPAN CENTER - SENIOR CONNECTIONS THE CAPITAL AREA AGENCY ON AGING - 1300 SEMMES AVE. - RICHMOND, VA 23224	54-0950714	501(C)(3)	24,500.	0.			PROJECT SUPPORT

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
THE VISITING NURSE ASSOCIATION OF TEXAS AKA VNA - 2377 NORTH STEMMONS FREEWAY, SUITE 279 - DALLAS, TX 75207	75-0800692	501(C)(3)	27,938.	0.			PROJECT SUPPORT
TRI COUNTY SENIOR NUTRITION PROJECT INCORPORATED - MEALS ON WHEELS OF TEXOMA - 610 SULLIVAN STREET, FIRST, FLOOR - BERLIN, NH	20-0267404	501(C)(3)	12,600.	0.			PROJECT SUPPORT
TRI-VALLEY, INC. 10 MILL STREET DUDLEY, MA 01571-3377	42-2594201	501(C)(3)	17,075.	0.			PROJECT SUPPORT
UNION COUNTY SENIOR NUTRITION 2330 CONCORD AVENUE MONROE, NC 28110	56-6000345	501(C)(3)	80,525.	0.			PROJECT SUPPORT
VALLEY PROGRAM FOR AGING SERVICES, INC. - P.O. BOX 817 - WAYNESBORO, VA 22980-0603	54-0958526	501(C)(3)	5,881.	0.			PROJECT SUPPORT
VANTAGE AGING - MEALS ON WHEELS OF NORTHEAST OHIO - 388 SOUTH MAIN STREET, SUITE 325 - AKRON, OH 44311	51-0148544	501(C)(3)	13,808.	0.			PROJECT SUPPORT
VIVALON - FORMERLY KNOWN AS MARIN SENIOR COORDINATING COUNCIL WHISTLESTOP - 930 TAMALPAIS AVENUE - SAN RAFAEL, CA 94901-3325	94-1422463	501(C)(3)	10,243.	0.			PROJECT SUPPORT
VOLUNTARY ACTION CENTER MEALS ON WHEELS - 1606 BETHANY ROAD - SYCAMORE, IL 60178-3120	36-2798257	501(C)(3)	10,000.	0.			PROJECT SUPPORT
VOLUNTEER CENTER OF SAN GABRIEL VALLEY - 119 WEST PALM AVENUE - MONROVIA, CA 91016	95-1691331	501(C)(3)	12,743.	0.			PROJECT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARREN COUNTY HOME DELIVERY MEALS, INC. - 106 EAST END DR. - MC MINNVILLE, TN 37110	59-1766201	501(C)(3)	10,000.	0.			PROJECT SUPPORT
WAGES - WAYNE ACTION GROUP FOR ECONOMIC SOLVENCY - 601 ROYALL AVENUE - GOLDSBORO, NC 27534-2570	56-6070824	501(C)(3)	10,000.	0.			PROJECT SUPPORT
WESLEYLIFE MEALS ON WHEELS 3206 UNIVERSITY AVENUE DES MOINES, IA 50311	20-3970256	501(C)(3)	17,500.	0.			PROJECT SUPPORT
WESTERN COMMUNITIES ACTION NETWORK 5213 SHORELINE DRIVE MOUND, MN 55364-1770	41-1466409	501(C)(3)	8,000.	0.			PROJECT SUPPORT
WHATCOM COUNTY COUNCIL ON AGING - MEALS ON WHEELS AND MORE - 315 HALLECK STREET - BELLINGHAM, WA 98225-4013	91-0784024	501(C)(3)	5,075.	0.			PROJECT SUPPORT
YARNELL REGIONAL COMMUNITY CENTER P.O. BOX 641 YARNELL, AZ 85362-0641	74-2467916	501(C)(3)	10,000.	0.			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 GRANTEES MUST COMPLETE GRANT REPORTING DURING AND AFTER THE GRANT PERIOD THAT DOCUMENTS HOW FUNDS WERE USED, NOTING ANY VARIANCE FROM USES THAT WERE DESCRIBED IN THEIR ORIGINAL GRANT PROPOSAL. THE ASSOCIATION GENERALLY RESERVES THE RIGHT TO DISQUALIFY ANY UNAPPROVED USE OF GRANT FUNDS AND, IF NECESSARY, REQUIRES REFUND OF UNAPPROVED AND/OR UNUSED GRANT FUNDS. THE EXCEPTION TO THIS PROCEDURE IS THE SUBARU SHARE THE LOVE GRANT PROGRAM (WHERE GRANTS ARE FOR UNRESTRICTED GENERAL OPERATING PURPOSES); THIS GRANT IS AWARDED DURING THE CAMPAIGN AND IS MONITORED AFTER 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

		Yes	No
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.		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		
	☐ Travel for companions ☒ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**		X
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.		
	☒ Compensation committee ☐ Written employment contract		
	☒ Independent compensation consultant ☒ Compensation survey or study		
	☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? **6a**		X
b	Any related organization? **6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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	(i)	550,525.	87,347.	1,319.	22,738.	11,281.	673,210.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTINE TEMPLIN	(i)	295,202.	47,417.	2,263.	13,035.	11,468.	369,385.	0.
CHIEF DEVEL. & MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT HERBOLSHEIMER	(i)	288,556.	45,066.	2,436.	10,878.	11,346.	358,282.	0.
CHIEF LEGAL/COMPLIANCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KENNETH EUWEMA	(i)	227,994.	31,017.	1,202.	10,295.	11,399.	281,907.	0.
CFO & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DEIRDRE MCGINLEY-GIESER	(i)	214,260.	31,763.	1,194.	9,916.	18,518.	275,651.	0.
CHIEF STRATEGY & IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) IPYANA SPENCER	(i)	213,765.	29,005.	416.	2,496.	10,703.	256,385.	0.
CHIEF HEALTH OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JENNIFER YOUNG	(i)	188,634.	25,788.	168.	9,016.	21,242.	244,848.	0.
CHIEF MEM. OFFICER & COS (AS OF 1/25	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOSHUA PROTAS	(i)	192,213.	20,965.	427.	6,305.	1,232.	221,142.	0.
CHIEF POLICY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LYNN GRESHAM	(i)	173,609.	27,227.	600.	7,968.	0.	209,404.	0.
CHIEF HR OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KELLY TRIMYER	(i)	139,512.	23,990.	1,374.	7,249.	28,720.	200,845.	0.
VP, STRATEGIC ALLIANCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BRADLEY TRITSCH	(i)	141,533.	19,921.	1,308.	5,923.	14,494.	183,179.	0.
ASST GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LEA C FLORENCE	(i)	138,234.	22,758.	1,907.	6,531.	11,219.	180,649.	0.
VP, PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) COLLEEN CLARK	(i)	138,161.	20,497.	709.	6,209.	11,171.	176,747.	0.
SR DIR, DEVEL. STRATEGY AND GROWTH	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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:
MEALS ON WHEELS AMERICA OPERATES 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:
THE BOARD OF DIRECTORS APPROVED A PERFORMANCE BASED INCENTIVE BONUS PLAN FOR ALL FULL-TIME STAFF OF THE ASSOCIATION. THE TRIGGER FOR PAYOUT OF ANY BONUSES IS TIED TO ACHIEVING A SPECIFIC LEVEL OF CHANGE IN NET ASSETS (ESTABLISHED BY THE BOARD ANNUALLY, BEFORE THE BEGINNING OF THE PLAN YEAR), AND BELOW THAT LEVEL NO BONUSES ARE PAID OUT. SPECIFIC DETERMINATION OF AMOUNT TO BE PAID TO AN INDIVIDUAL IS THEN BASED ON THE LEVELS OF PERFORMANCE AGAINST INDIVIDUAL AND ORGANIZATIONAL GOALS/MEASURES. THE PAYOUT IS DEFERRED TO MAY OF THE FOLLOWING YEAR(S) TO ENSURE VERIFICATION THAT THE TRIGGER HAS BEEN MET BASED ON AUDITED FINANCIAL STATEMENTS OF THE PLAN YEAR. ALL FULL-TIME STAFF WHO JOIN THE ORGANIZATION PRIOR TO JULY 1 OF A GIVEN PLAN YEAR ARE ELIGIBLE TO PARTICIPATE IN THE PLAN HOWEVER, THEY MUST ALSO STILL BE EMPLOYED WITH THE ORGANIZATION ON THE DATE OF PAYOUT OR FORFEIT ANY POTENTIAL BONUS.

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

2025

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	25	222,680.	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	600,000.	FULL REDEEMABLE VALU
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

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

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

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

SCHEDULE M, PART I, LINE 32B:
THE ORGANIZATION USES A THIRD PARTY 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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
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, SUPPORTING IN-HOME SAFETY THROUGH MAJOR AND MINOR HOME REPAIRS, AND SUPPORTING RELIEF AND RECOVERY EFFORTS ASSOCIATED WITH EMERGENCIES. ALONGSIDE THESE FUNDING OPPORTUNITIES, WE PROVIDED MEMBERS WITH A ROBUST END THE WAIT ASSET LIBRARY FULL OF TEMPLATES AND RESOURCES TO HELP LOCAL PROVIDERS DRIVE GREATER ENGAGEMENT AND SUPPORT IN THEIR COMMUNITIES, A SOCIAL CONNECTION TOOLKIT TO EQUIP PROVIDERS WITH PRACTICAL TOOLS AND STRATEGIES TO FOSTER LIFE-CHANGING MOMENTS OF CONNECTION WITH SENIORS, A DATA TO ACTION TOOLKIT TO HELP PROVIDERS USE DATA AND RESEARCH MAKE THE CASE FOR SUPPORT TO VARIOUS CONSTITUENTS, AND ADDED RESOURCES TO OUR MEDICALLY TAILORED MEALS TOOLKIT TO SUPPORT MEMBERS IN THE PRODUCTION AND PROCUREMENT OF MEALS DESIGNED TO HELP ADDRESS MEDICAL CONDITIONS. IN PARTNERSHIP WITH OTHER DEPARTMENTS, WE EXPANDED 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:
-ENGAGED 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.
-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, WHICH SUPPORTS THE HELPING HOMEBOUND HEROES GRANT PROGRAM, ENABLED 20 PROVIDERS TO DELIVER NECESSARY HOME REPAIRS AND SAFETY MODIFICATIONS THAT HELP VETERAN SENIORS. IN 2025, WE CELEBRATED A MAJOR MILESTONE REPAIRING OUR 4,000TH VETERAN HOME.
2. PETSMART CHARITIES, WHICH UNDERWROTE OUR NATIONAL COMMITMENT TO REDUCING ISOLATION AND LONELINESS BY ENSURING THAT SENIORS HAVE THE COMPANIONSHIP AND SUPPORT THEY DESERVE. THIS YEAR, WE CELEBRATED THE DELIVERY OF OUR 15 MILLIONTH PET MEAL THROUGH THIS PARTNERSHIP, AND PETSMART CHARITIES RENEWED THEIR COMMITMENT FOR ANOTHER THREE YEARS.
3. CAESARS FOUNDATION POWERED GRANTS TO HELP 18 MEMBERS EXPAND NUTRITION AND SOCIAL CONNECTION PROGRAMMING AND SUPPORTED OUR FIRST-EVER COLLABORATIVE ACCELERATOR INITIATIVE, WORKING WITH SIX ORGANIZATIONS TO STRENGTHEN THEIR SUSTAINABLE FUNDRAISING AND INFRASTRUCTURE LOCALLY.

AS 11,000 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:

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

DONATED MEDIA, AND WORKING WITH CELEBRITY AMBASSADORS TO AMPLIFY OUR MISSION AND REACH NEW AUDIENCES. THESE EFFORTS ARE DESIGNED TO INSPIRE ACTION FROM INDIVIDUALS, ORGANIZATIONS, AND POLICYMAKERS TO ENSURE THAT NO SENIOR IS FORGOTTEN.

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

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
EFFORTS ARE COORDINATED, STRATEGIC AND TIMELY. LEARNING AND DEVELOPMENT OFFERINGS RANGE FROM VIRTUAL WEBINARS, SYMPOSIUMS AND NETWORKING OPPORTUNITIES, ACCESS TO A PEER-TO-PEER ONLINE FORUM, AND THE FOUR-DAY ANNUAL GATHERING OF SENIOR NUTRITION PROFESSIONALS 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 MEMBER ADVOCACY EFFORTS, SHARE OPPORTUNITIES FOR ENGAGEMENT AROUND EXECUTIVE AND LEGISLATIVE POLICY MATTERS, AND LEAD DIRECT FEDERAL ADVOCACY EFFORTS IN SUPPORT OF FUNDING AND POLICIES THAT ADDRESS SENIOR HUNGER AND SOCIAL ISOLATION ON BEHALF OF THE MEMBERSHIP. WE EDUCATE THE ADMINISTRATION AND MEMBERS OF CONGRESS AND THEIR STAFF ABOUT THE CRITICAL ASSISTANCE DELIVERED 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 OUR AGING NETWORK PARTNERS, 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 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:
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

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

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:
THE ASSOCIATION MAINTAINS A CONFLICT OF INTEREST POLICY WHICH REQUIRES THAT ALL ACTUAL OR POTENTIAL CONFLICTS BE DISCLOSED PROMPTLY AND FULLY. THIS POLICY APPLIES TO ALL OFFICERS AND DIRECTORS OF THE BOARD AND EMPLOYEES OF THE ASSOCIATION. ANY MEMBER OF THE BOARD OR EMPLOYEE HAVING A CONFLICT OF INTEREST ON ANY MATTER, INCLUDING BUT NOT LIMITED TO CONSIDERATION FOR AN ASSOCIATION OFFICE OR AWARD, NEITHER PARTICIPATES IN THE DELIBERATION NOR VOTES ON ANY SUCH MATTER.

ALL MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND SUBMIT A DISCLOSURE STATEMENT ANNUALLY.

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, INFORMAL SURVEYS OF SIMILAR ORGANIZATIONS, AND PRO-BONO ADVICE/COUNSEL FROM AN EXECUTIVE COMPENSATION CONSULTANT. 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	1,109,157.
MANAGEMENT AND GENERAL EXPENSES	31,727.
FUNDRAISING EXPENSES	123,628.
TOTAL EXPENSES	1,264,512.

CONTRACTED SERVICES - MARKETING & PUBLIC RELATIONS:

PROGRAM SERVICE EXPENSES	2,161,025.

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

MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	16,761.
TOTAL EXPENSES	2,177,786.
CONTRACTED SERVICES - WEB DESIGN & DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	172,468.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	57,489.
TOTAL EXPENSES	229,957.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,672,255.

Form **990-T**

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

For calendar year 2025 or other tax year beginning _____, and ending _____.

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

OMB No. 1545-0047

2025

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

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Name of organization (☐ Check box if name changed and see instructions.)
MEALS ON WHEELS AMERICA

Number and street. If a P.O. box, see instructions.
1550 CRYSTAL DRIVE

Room or suite no.
1004

City or town
ARLINGTON

State or province
VA

Country

ZIP or foreign postal code
22202

C Book value of all assets at end of year 64,293,284.

D Employer identification number
23-7447812

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ 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 ☐

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? ☐ Yes ☒ 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 for future use	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: ☐ Tax rate schedule or ☐ 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). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.

Part III Tax and Payments *(continued)*

5 a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5a	0.
b	First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15		5b	
6 a	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 ☐	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		
k	Section 1062 applicable net tax liability. Enter amount from 1062, line 14	6k		
7	**Total payments and section 1062 applicable net tax liability.** Add lines 6a through 6k		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed		9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid		10	
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** _____ **Refunded** For Refunded amount, also complete and attach Form 8050. See instructions.		11	

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

		Yes	No
1	At any time during the 2025 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 _____		X
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	$ 2,944.
	$
	$
	$

6 a	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 | PRESIDENT AND CEO (Title)

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

Paid Preparer Use Only

Enter preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
FRANK SMITH	FRANK SMITH	07/30/26		P00639053

Firm's name CBIZ ADVISORS, LLC — Firm's EIN 88-1478669

Firm's address 1899 L STREET, NW #850 WASHINGTON, DC 20036 — Phone no. (202) 227-4000

Form **990-T** (2025)

523711 01-13-26

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).

OMB No. 1545-0047

2025

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
1a	Gross receipts or sales 10,760.				
b	Less returns and allowances c Balance	1c	10,760.		
2	Cost of goods sold (Part III, line 8)	2	13,675.		
3	Gross profit. Subtract line 2 from line 1c	3	-2,915.		-2,915.
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c	Capital loss deduction for trusts	4c			
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	-2,915.		-2,915.

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	8a		8b	
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	-4,665.
17	Deduction for net operating loss. See instructions			17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	-4,665.

For Paperwork Reduction Act Notice, see instructions. **Schedule A (Form 990-T) 2025**

LHA 523741 01-13-26

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	13,675.
6	**Total.** Add lines 1 through 5	6	13,675.
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	13,675.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☒ 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 ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
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 ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
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: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations: 7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. 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	

Part IX Advertising Income

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.

Part XI Supplemental Information (see instructions)

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.
12/31/24	2,167.	0.	2,167.	2,167.
NOL CARRYOVER AVAILABLE THIS YEAR			2,944.	2,944.

FORM 990-T (A) COST OF GOODS SOLD - OTHER COSTS STATEMENT 3

DESCRIPTION	AMOUNT
COSTS OF GOODS SOLD	13,675.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 5	13,675.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning ______________, 2025, and ending ______________, 20___

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2025

Name of filer: MEALS ON WHEELS AMERICA

EIN or SSN: 23-7447812

Name and title of officer or person subject to tax: ELLIE HOLLANDER
PRESIDENT AND CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	X	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	47,619,051.
2a	**Form 990-EZ** check here		b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here		b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here		b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here		b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here		b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here		b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here		b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here		b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here		b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) ______________, (EIN) ______________ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize CBIZ ADVISORS, LLC (ERO firm name) to enter my PIN 18990 (Enter five numbers, but do not enter all zeros)

as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signed by: Ellie Hollander
AD4A86648C744C4...

Signature of officer or person subject to tax   Date 7/30/2026 | 1:47 CDT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 78145874660
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature FRANK SMITH   Date 07/30/26

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____ , 2025, and ending _____ , 20 ___

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2025

Name of filer
MEALS ON WHEELS AMERICA

EIN or SSN
23-7447812

Name and title of officer or person subject to tax
ELLIE HOLLANDER
PRESIDENT AND CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	☐	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here	☐	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	☐	**b**	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	☐	**b**	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☒	**b**	**Total tax** (Form 990-T, Part III, line 4)	6b	0.
7a	**Form 4720** check here	☐	**b**	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	**b**	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____ , (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize CBIZ ADVISORS, LLC to enter my PIN 18990

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax — Signed by: Ellie Hollander — Date 7/30/2026 | 1:47 CDT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 78145874660

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature FRANK SMITH Date 07/30/26

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2025) Created 5/1/25

LHA 502521 12-18-25

VA-8879C
Virginia Department of Taxation

Virginia Corporation Income Tax e-file Signature Authorization

Tax Year 2025

DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Corporation Name	Federal ID Number
MEALS ON WHEELS AMERICA	23-7447812

Part I Tax Return Information

1.	Federal Taxable Income (Form 500, Page 2, Line 1)	1.
2.	Virginia Taxable Income (Form 500, Page 2, Line 7)	2.
3.	Income tax (Form 500, Page 2, Line 9)	3.
4.	Total payments and credits (Form 500, Page 2, Line 16)	4.
5.	Total due (Form 500, Page 2, Line 21)	5.
6.	Amount to be refunded (Form 500, Page 2, Line 24)	6.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2025 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2025 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.

Officer's e-File PIN: check one box only

[X] I authorize the ERO named below to enter my e-File PIN 18990 as my signature on the corporation's 2025 electronic Virginia corporation income tax return.

Do not enter all zeros

CBIZ ADVISORS, LLC

ERO Firm Name

[ ] I will enter my e-File PIN as my signature on the corporation's 2025 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature Signed by: Ellie Hollander AD3A86626C744C4... Date 7/30/2026 | 1:47 CDT

Part III Certification and Authentication

ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 78145874660

Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2025 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature FRANK SMITH Date 07/30/26

Form VA-8879C (REV 8/25)

583481 01-05-26 1019