

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

Do not enter social security numbers on this form as it may be made public.

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

# 2023

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MEALS ON WHEELS AMERICA</b>		<b>D</b> Employer identification number <b>23-7447812</b>
	Doing business as		<b>E</b> Telephone number <b>(703) 548-5558</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1550 CRYSTAL DRIVE</b>	<b>1004</b>	<b>G</b> Gross receipts \$ <b>38,605,303.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ARLINGTON, VA 22202</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>ELLIE HOLLANDER</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
<b>J</b> Website: <b>WWW.MEALSONWHEELSAMERICA.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1976</b>	<b>M</b> State of legal domicile: <b>DC</b>

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO EMPOWER LOCAL PROGRAMS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF VULNERABLE SENIORS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>74</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>17</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,975.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>19,439,682.</b>	<b>24,942,844.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,405,558.</b>	<b>2,624,260.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-564,577.</b>	<b>734,028.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>18,338.</b>	<b>21,562.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>21,299,001.</b>	<b>28,322,694.</b>
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>6,727,816.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>6,332,771.</b>	<b>7,612,765.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>2,269,344.</b>	<b>2,613,699.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>5,993,109.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>5,500,821.</b>	<b>7,691,506.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>20,830,752.</b>	<b>25,432,423.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>468,249.</b>	<b>2,890,271.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>36,789,535.</b>	<b>End of Year</b> <b>44,678,464.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,431,929.</b>	<b>7,205,955.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>32,357,606.</b>	<b>37,472,509.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>ELLIE HOLLANDER, PRESIDENT AND CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>FRANK H. SMITH</b>	<b>FRANK H. SMITH</b>	<b>11/14/24</b>		<b>P00639053</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN	Phone no.		
	<b>CBIZ ADVISORS, LLC</b> <b>1899 L STREET, NW #850</b> <b>WASHINGTON, DC 20036</b>	<b>88-1478669</b>	<b>202-227-4000</b>		

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

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

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

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

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

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

**Part I - Identification**

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

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

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

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

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

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

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

The books are in the care of **KENNETH C. EUWEMA**  
**1550 CRYSTAL DRIVE, 1004 - ARLINGTON, VA 22202**

Telephone No. **(571) 339-1632** Fax No. \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 9,752,983. including grants of \$ 5,205,337. ) (Revenue \$ 856,956. ) THE MEALS ON WHEELS AMERICA STRATEGY AND IMPACT TEAM PROVIDES THOUGHT LEADERSHIP, RESEARCH AND DATA, INNOVATIVE PROGRAMMING AND TOOLS, AND GRANT OPPORTUNITIES TO AID LOCAL PROGRAMS IN EXTENDING THEIR REACH AND IMPACT. THE TEAM LEVERAGES BEST PRACTICES AND EVIDENCE-BASED INTERVENTIONS IN THE FOUNDATIONAL SUPPORT SYSTEMS THAT ENABLE SENIORS TO LIVE INDEPENDENTLY; FOCUSED ON NUTRITION, SOCIALIZATION, SAFETY AND COMMUNITY CONNECTIONS AT BOTH THE NATIONAL AND LOCAL LEVELS. THE WORK ALSO INCLUDES MEALS ON WHEELS HEALTH THAT BRINGS TOGETHER OUR NATIONWIDE NETWORK IN PARTNERSHIP WITH HEALTHCARE PROVIDERS AND PAYERS THAT IMPROVE HEALTH OUTCOMES AND QUALITY OF CARE, WHILE LOWERING COSTS OF HEALTHCARE'S HIGH-RISK, SPECIAL NEEDS POPULATION.

4b (Code: ) (Expenses \$ 4,899,782. including grants of \$ 2,309,116. ) (Revenue \$ 1,767,303. ) THE MEALS ON WHEELS AMERICA MEMBERSHIP AND ADVOCACY TEAMS PROVIDE DIRECT MEMBER SUPPORT IN A VARIETY OF WAYS THAT INCLUDE ADVOCACY, EDUCATION AND TRAINING, PROGRAM AND CAPACITY-BUILDING SUPPORT AND NETWORKING OPPORTUNITIES.

THE MEMBERSHIP TEAM RECRUITS, ENGAGES, AND RETAINS MEMBERS, AND PROVIDES PEER-TO-PEER LEARNING, AND A DISCOUNT PROGRAM THAT DELIVERS SAVINGS ON THE PRODUCTS AND SERVICES THAT LOCAL COMMUNITY-BASED NUTRITION ORGANIZATIONS RELY ON TO RUN THEIR OPERATIONS. THEY ALSO PRODUCE TRAINING PROGRAMS AND LEARNING OPPORTUNITIES FOR LOCAL MEALS ON WHEELS PROGRAM STAFF THROUGH A NATIONAL CONFERENCE, STATE ASSOCIATION MEETINGS, WEBINARS, INFORMATION SHARING THROUGH ONLINE PLATFORMS,

4c (Code: ) (Expenses \$ 2,120,272. including grants of \$ ) (Revenue \$ ) THE MEALS ON WHEELS AMERICA MARKETING AND COMMUNICATIONS TEAM RAISES VISIBILITY OF THE HIDDEN AND GROWING NATIONWIDE EPIDEMICS OF SENIOR HUNGER AND ISOLATION AND THE VALUE/IMPACT OF MEALS ON WHEELS. AS SUCH, THE TEAM WORKS TO STRENGTHEN AND LEVERAGE THE MEALS ON WHEELS BRAND ACROSS AMERICA THROUGH VARIOUS THOUGHT-LEADERSHIP EFFORTS, PAID AND DONATED MEDIA AND DIGITAL MARKETING INITIATIVES. THIS WORK IS DESIGNED TO GARNER MORE FINANCIAL AND VOLUNTEER SUPPORT FOR THIS CRITICAL, YET UNDER-RESOURCED WORK, BY ENGAGING KEY INFLUENCERS ACROSS MULTIPLE SECTORS, THROUGH MULTIPLE CHANNELS, WITH A SIMPLE CALL TO ACTION TO VOLUNTEER, ADVOCATE AND/OR DONATE SO THAT NO SENIOR IS FORGOTTEN.

IN ADDITION, THIS TEAM SUPPORTS THE COMMUNICATIONS NEEDS OF OUR

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

4e Total program service expenses 16,773,037.

Part IV Checklist of Required Schedules

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

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
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

**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) ELLIE HOLLANDER PRESIDENT AND CEO	40.00			X			538,150.	0.	48,404.	
(2) LUCY THEILHEIMER CHIEF STRATEGY & IMPACT OFFICER	40.00				X		251,797.	0.	25,734.	
(3) ROBERT HERBOLSHEIMER CHIEF LEGAL & COMPLIANCE OFFICER	40.00				X		252,241.	0.	24,709.	
(4) KRISTINE TEMPLIN CHIEF DEVELOPMENT OFFICER	40.00				X		229,763.	0.	22,074.	
(5) KENNETH EUWEMA CHIEF FINANCIAL & OPERATING OFFICER	40.00			X			221,632.	0.	22,885.	
(6) IPYANA SPENCER CHIEF HEALTH OFFICER	40.00				X		205,587.	0.	14,795.	
(7) ERIKA KELLY CHIEF GOVT & EXT AFFAIRS OFFICER	40.00				X		196,007.	0.	14,835.	
(8) TODD TURNER CHIEF MEMBERSHIP OFFICER	40.00				X		199,982.	0.	7,373.	
(9) AMY BLUMKIN CHIEF MKT OFFICER UNTIL 9/23	40.00				X		172,726.	0.	1,078.	
(10) KELLY TRIMYER VP, CORPORTATE PARTNERSHIPS	40.00					X	132,129.	0.	40,990.	
(11) JENNIFER YOUNG VP, COMMUNICATIONS	40.00					X	141,130.	0.	28,201.	
(12) COLLEEN CLARK SR. DIR, STRATEGIC PARTNERSHIPS	40.00					X	144,938.	0.	12,473.	
(13) L. CARTER FLORENCE VP, PROGRAMS	40.00					X	132,760.	0.	12,121.	
(14) QINGXIN CAI SR. DIR, FINANCE	40.00					X	115,095.	0.	11,575.	
(15) PATTI LYONS CHAIR	2.00	X		X			0.	0.	0.	
(16) LUANN OATMAN VICE CHAIR AS OF 11/23	1.00	X		X			0.	0.	0.	
(17) JOHN MARICK SECRETARY/TREASURER	2.00	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) NATALIE ADLER DIRECTOR	1.00	X						0.	0.	0.
(19) STEPHANIE ARCHER-SMITH DIRECTOR	1.00	X						0.	0.	0.
(20) LISA DAVIS DIRECTOR	1.00	X						0.	0.	0.
(21) KEVIN DONNELLAN DIRECTOR	1.00	X						0.	0.	0.
(22) RAQUEL "ROCKY" EGUSQUIZA DIRECTOR	1.00	X						0.	0.	0.
(23) VINSEN FARIS DIRECTOR UNTIL 8/23	1.00	X						0.	0.	0.
(24) HOLLY HAGLER DIRECTOR	1.00	X						0.	0.	0.
(25) MARVIN IRBY DIRECTOR	1.00	X						0.	0.	0.
(26) DERRICK MASHORE DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,933,937.	0.	287,247.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,933,937.	0.	287,247.

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 21

	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 502 KEYSTONE DR, WARRENDALE, PA 15086	PROFESSIONAL FUNDRAISING COUNSEL	2,592,571.
MISSIONWIRED, 650 MASSACHUSETTS AVE NW, WASHINGTON, DC 20001	PROJECT CONSULTING	1,240,000.
MARRIOTT INTERNATIONAL, INC. 7750 WISCONSIN AVENUE, BETHESDA, MD 20814	CONFERENCE SERVICES	545,918.
SITUATION INTERACTIVE, 469 7TH AVENUE, SUITE 1300, NEW YORK, NY 10018	PROJECT CONSULTING	537,327.
WELLSPRING, 198 AMITY ROAD, 2ND FLOOR, WOODBRIIDGE, CT 06525	PROJECT CONSULTING	383,000.

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 12

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (checkboxes for Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Sandy Noe, Jennifer Steele, Lisa Wideman, Doug Wright, and Calvin Moore.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b> 52,054.				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 91,188.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 24799602.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b> \$1,000,281.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		24942844.			
Program Service Revenue	<b>2 a</b>	<b>HEALTHCARE CONTRACTS</b>	Business Code 900099	856,956.	856,956.		
	<b>b</b>	<b>CONFERENCE</b>	900099	758,088.	682,888.	75,200.	
	<b>c</b>	<b>MEMBERSHIP DUES</b>	900099	524,123.	524,123.		
	<b>d</b>	<b>MEMBER DISCOUNT PROG.</b>	900099	485,093.	485,093.		
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		2,624,260.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		1,341,654.		1341654.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	<b>7a</b> 9505719.	154,404.		
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b> 10103673	164,076.			
	<b>c</b>	Gain or (loss)	<b>7c</b> -597954.	-9,672.			
<b>d</b>	Net gain or (loss)		-607,626.		-607,626.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
		<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
		<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	16,835.				
		<b>10b</b>	14,860.				
<b>c</b>	Net income or (loss) from sales of inventory		1,975.		1,975.		
Miscellaneous Revenue	<b>11 a</b>	<b>MISCELLANEOUS REVENUE</b>	Business Code 900099	19,587.		19,587.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		19,587.			
<b>12</b>	<b>Total revenue.</b> See instructions		28322694.	2,549,060.	1,975.	828,815.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,469,453.	7,469,453.		
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	45,000.	45,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,449,772.	1,959,818.	171,483.	318,471.
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	4,149,811.	2,129,154.	1,340,566.	680,091.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	102,266.	81,814.	7,158.	13,294.
9 Other employee benefits	460,504.	368,402.	32,237.	59,865.
10 Payroll taxes	450,412.	360,329.	31,529.	58,554.
11 Fees for services (nonemployees):				
a Management				
b Legal	104,401.	25,625.	78,776.	
c Accounting	83,917.		83,917.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,613,699.			2,613,699.
f Investment management fees	192,073.		192,073.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,556,273.	592,656.	250,845.	712,772.
12 Advertising and promotion	2,324,889.	1,149,847.		1,175,042.
13 Office expenses	591,658.	270,385.	105,889.	215,384.
14 Information technology	294,905.	169,000.	125,905.	
15 Royalties				
16 Occupancy	391,265.	233,193.	96,828.	61,244.
17 Travel	176,113.	119,224.	21,273.	35,616.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	665,624.	665,624.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	71,961.	48,653.	10,530.	12,778.
23 Insurance	26,985.	16,083.	6,678.	4,224.
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 <b>MEMBER SERVICES</b>	1,012,127.	1,012,127.		
b <b>DUES AND SUBSCRIPTIONS</b>	106,838.	56,650.	18,113.	32,075.
c <b>MISCELLANEOUS</b>	48,786.		48,786.	
d <b>RECRUITING COSTS</b>	27,705.		27,705.	
e All other expenses	15,986.		15,986.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>25,432,423.</b>	<b>16,773,037.</b>	<b>2,666,277.</b>	<b>5,993,109.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,640,760.	<b>1</b>	1,407,661.
	<b>2</b> Savings and temporary cash investments .....	63,624.	<b>2</b>	3,144,518.
	<b>3</b> Pledges and grants receivable, net .....	2,896,582.	<b>3</b>	3,091,204.
	<b>4</b> Accounts receivable, net .....	440,136.	<b>4</b>	196,825.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	24,409.	<b>8</b>	13,164.
	<b>9</b> Prepaid expenses and deferred charges .....	200,519.	<b>9</b>	393,616.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,310,503.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 577,341.	387,632.	<b>10c</b> 733,162.
	<b>11</b> Investments - publicly traded securities .....	28,917,140.	<b>11</b>	32,648,582.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,218,733.	<b>15</b>	3,049,732.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	36,789,535.	<b>16</b>	44,678,464.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,885,696.	<b>17</b>	2,518,572.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	609,949.	<b>19</b>	666,818.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,936,284.	<b>25</b>	4,020,565.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,431,929.	<b>26</b>	7,205,955.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	29,752,342.	<b>27</b>	35,862,482.
	<b>28</b> Net assets with donor restrictions .....	2,605,264.	<b>28</b>	1,610,027.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	32,357,606.	<b>32</b>	37,472,509.
	<b>33</b> Total liabilities and net assets/fund balances .....	36,789,535.	<b>33</b>	44,678,464.

**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	28,322,694.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,432,423.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,890,271.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,357,606.
5	Net unrealized gains (losses) on investments	5	2,224,632.
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	37,472,509.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain 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
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2023)

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

OMB No. 1545-0047

**2023**

Open to Public Inspection

<b>Name of the organization</b> MEALS ON WHEELS AMERICA	<b>Employer identification number</b> 23-7447812
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**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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9879320.	69392961.	21122863.	19439682.	24942844.	144777670
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9879320.	69392961.	21122863.	19439682.	24942844.	144777670
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						7200684.
<b>6 Public support.</b> Subtract line 5 from line 4.						137576986

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	9879320.	69392961.	21122863.	19439682.	24942844.	144777670
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	193,471.	202,901.	577,666.	965,999.	1341654.	3281691.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		15.		11,366.	19,587.	30,968.
<b>11 Total support.</b> Add lines 7 through 10						148090329
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	10,191,332.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	92.90	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	92.76	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

**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	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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

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

OTHER INCOME

2020 AMOUNT: \$ 15.

2022 AMOUNT: \$ 11,366.

2023 AMOUNT: \$ 19,587.

**Schedule B**  
**(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**MEALS ON WHEELS AMERICA**

Employer identification number

**23-7447812**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>3,878,054.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,930,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,399,576.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,294,097.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>975,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 601,413.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>2</u>	GIFT CARDS _____ _____ _____	\$ <u>822,000.</u>	<u>12/31/23</u>
<u>4</u>	GIFT CARDS _____ _____ _____	\$ <u>16,000.</u>	<u>04/01/23</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>MEALS ON WHEELS AMERICA</b>	Employer identification number  <b>23-7447812</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		6,234.
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		77,929.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			84,163.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

**THE ORGANIZATION'S LOBBYING ACTIVITIES INCLUDE:**

- MAILINGS VIA EMAIL AND SOCIAL MEDIA TO MEMBERSHIP AND SUPPORTERS

REQUESTING THEM TO CONTACT THEIR MEMBERS OF CONGRESS ON MATTERS

RELATING TO ANNUAL FEDERAL APPROPRIATIONS PROCESS, FEDERAL NUTRITION

**Part IV** Supplemental Information (continued)

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

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

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

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)? .....

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2023



**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		1,088,100.	403,585.	684,515.
d Equipment		222,403.	173,756.	48,647.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				733,162.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	5,071.
(2) OPERATING ROU ASSET	3,044,661.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	3,049,732.

**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	4,020,565.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,020,565.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	35,342,974.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	2,224,632.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	4,963,189.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	7,187,821.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	28,155,153.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	192,073.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-24,532.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	167,541.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	28,322,694.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	30,228,071.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	4,963,189.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	24,532.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,987,721.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	25,240,350.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	192,073.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	192,073.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	25,432,423.

**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, 2023, 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:**

LOSS ON SALE OF ASSETS	-9,672.
COGS ON PART VIII	-14,860.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-24,532.

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

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

COGS ON PART VIII 14,860.

LOSS ON DISPOSAL ON PART VIII 9,672.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 24,532.

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Employer identification number

MEALS ON WHEELS AMERICA

23-7447812

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTMAKING		45,000.
<b>3 a</b> Subtotal .....	0	0			45,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			45,000.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	UNMET NEEDS GRANT	25,000.	ACH	0.		
		NORTH AMERICA	SOCIAL CONNECTION GRANT (PEW)	10,000.	ACH	0.		
		NORTH AMERICA	SOCIAL CONNECTION GRANT (PEW)	10,000.	ACH	0.		

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

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

**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.

**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.

**PART I, LINE 3:**

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

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

**Part I 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  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government 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?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MAILING SERVICES OF PITTSBURGH, INC. DBA	PROFESSIONAL FUNDRAISING COUNSEL		X	3,312,761.	2,592,571.	720,190.
TSM DONOR ENGAGEMENT TEAM - 155 COMMERCE DRIVE, FREEDOM,	PROFESSIONAL FUNDRAISER		X	3,260.	21,128.	-17,868.
<b>Total</b>				3,316,021.	2,613,699.	702,322.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

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

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

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

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

(I) NAME OF FUNDRAISER:

MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING

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

(I) NAME OF FUNDRAISER: TSM DONOR ENGAGEMENT TEAM

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

**Part IV** Supplemental Information (continued)

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

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADRC OF WASHBURN COUNTY 304 2ND STREET, SHELL LAKE, WI 54871	39-6005753	501(C)(3)	37,947.	0.			PROJECT SUPPORT
AGENCY ON AGING - AREA 4 1401 EL CAMINO AVENUE SACRAMENTO, CA 95815		501(C)(3)	28,442.	0.			PROJECT SUPPORT
AGESPAN 280 MERRIMACK STREET, LAWRENCE, MA 01843	04-2545136	501(C)(3)	13,000.	0.			PROJECT SUPPORT
AGEWELL SERVICES 275 WEST CLAY AVENUE, SUITE 100 MUSKEGON, MI 49440	38-2033822	501(C)(3)	25,000.	0.			PROJECT SUPPORT
AGING AHEAD 14535 MANCHESTER RD. MANCHESTER, MO 63011	43-1833987	501(C)(3)	18,726.	0.			PROJECT SUPPORT
AMADOR COUNTY SENIOR CITIZENS, INC. - 229 NEW YORK RANCH ROAD - JACKSON, CA 95642	94-2761385	501(C)(3)	25,000.	0.			PROJECT SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 243.

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

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

Schedule I (Form 990) 2023

**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
APPALACHIAN AGENCY FOR SENIOR CITIZENS - PO BOX 765 - CEDAR BLUFF, VA 24609	54-0990533	501(C)(3)	42,161.	0.			PROJECT SUPPORT
ASTER AGING, INC. 45 W. UNIVERSITY DRIVE MESA, AZ 85201	94-2596075	501(C)(3)	35,744.	0.			PROJECT SUPPORT
ATHENS COMMUNITY COUNCIL ON AGING 135 HOYT ST. ATHENS, GA 30601	58-0977680	501(C)(3)	36,684.	0.			PROJECT SUPPORT
AZCEND P.O. BOX 591 CHANDLER, AZ 85244	86-0428780	501(C)(3)	6,570.	0.			PROJECT SUPPORT
BAKERSFIELD SENIOR CENTER, INC. 530 4TH STREET BAKERSFIELD, CA 93304	77-0013149	501(C)(3)	29,442.	0.			PROJECT SUPPORT
BARRE HOUSING SERVICES/CITY HOTEL CAF - 14 WASHINGTON ST, SUITE 511 - BARRE, VT 05641	46-5180875	501(C)(3)	12,500.	0.			PROJECT SUPPORT
BAY AGING P.O. BOX 610 URBANNA, VA 23175	54-1085032	501(C)(3)	5,661.	0.			PROJECT SUPPORT
BENDER JCC OF GREATER WASHINGTON 6125 MONTROSE ROAD ROCKVILLE, MD 20852	53-0205921	501(C)(3)	6,343.	0.			PROJECT SUPPORT
BERKS ENCORE 40 N 9TH ST READING, PA 19601	23-1656050	501(C)(3)	5,384.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BI-COUNTY NUTRITION 416 1/2 OHIO AVE NUTTER FORT, WV 26301	55-0626656	501(C)(3)	7,500.	0.			PROJECT SUPPORT
BLOOMINGTON MEALS ON WHEELS 601 W 2ND STREET, PO BOX 1149 BLOOMINGTON, IN 47402	31-0941563	501(C)(3)	16,734.	0.			PROJECT SUPPORT
BLUE LEDGE, INC. P.O. BOX 1332 AMHERST, VA 24521	71-1020696	501(C)(3)	5,661.	0.			PROJECT SUPPORT
BOND COUNTY SENIOR CENTER 1001 E. HARRIS AVE., GREENVILLE, IL 62246	37-1013068	501(C)(3)	24,000.	0.			PROJECT SUPPORT
BRIGHAM CITY SENIOR CENTER MEALS ON WHEELS - 24 NORTH 300 WEST - BRIGHAM CITY, UT 84302		501(C)(3)	15,695.	0.			PROJECT SUPPORT
BROOMFIELD MEALS ON WHEELS 280 SPADER WAY, BROOMFIELD, CO 80020	84-6014589	501(C)(3)	5,657.	0.			PROJECT SUPPORT
BULLHEAD CITY MEALS ON WHEELS 2275 TRANE ROAD, BULLHEAD CITY, AZ 86442	30-0212048	501(C)(3)	10,355.	0.			PROJECT SUPPORT
CALDWELL MEALS ON WHEELS 1009 EVERETT STREET, CALDWELL, ID 83605	51-0166576	501(C)(3)	14,270.	0.			PROJECT SUPPORT
CARELINK PO BOX 5988 NORTH LITTLE ROCK, AR 72119	71-0521402	501(C)(3)	25,081.	0.			PROJECT SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARSON CITY SENIOR CITIZEN CENTER 911 BEVERLY DRIVE CARSON CITY, NV 89706	88-0123061	501(C)(3)	14,437.	2,700.	FMV	GIFT CARD	PROJECT SUPPORT
CATHOLIC CHARITIES OF SOUTHERN NEVADA - 1501 LAS VEGAS BOULEVARD NORTH, - LAS VEGAS, NV 89101	88-0059425	501(C)(3)	17,000.	0.			PROJECT SUPPORT
CATTARAUGUS COUNTY DEPARTMENT OF THE AGING - 1 LEO MOSS DRIVE - OLEAN, NY 14760		501(C)(3)	28,665.	0.			PROJECT SUPPORT
CENTRAL OREGON COUNCIL ON AGING 1036 NORTHEAST 5TH STREET, BEND, OR 97701	93-0661229	501(C)(3)	15,000.	0.			PROJECT SUPPORT
CENTRAL VERMONT COUNCIL ON AGING 59 N. MAIN ST, SUITE 200 BARRE, VT 05641	03-0276104	501(C)(3)	57,358.	0.			PROJECT SUPPORT
CHARLOTTE COUNTY MEALS ON WHEELS P.O. BOX 486 KEYSVILLE, VA 23947	34-2025018	501(C)(3)	15,000.	5,000.	FMV	GIFT CARD	PROJECT SUPPORT
CHATHAM COUNTY AGING SERVICES PO BOX 715, PITTSBORO, NC 27312	56-1084260	501(C)(3)	84,679.	18,000.	FMV	GIFT CARD	PROJECT SUPPORT
CHEROKEE COUNTY MEALS ON WHEELS P.O. BOX 1886 GAFFNEY, SC 29342	57-0773044	501(C)(3)	46,500.	0.			PROJECT SUPPORT
CHESTNUT HILL MEALS ON WHEELS 1710 BETHLEHEM PIKE FLOURTOWN, PA 19031	26-4192537	501(C)(3)	6,411.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CICOA FOUNDATION 8440 WOODFIELD CROSSING BLVD. INDIANAPOLIS, IN 46240	35-1859069	501(C)(3)	14,000.	0.			PROJECT SUPPORT
CITY OF LAS CRUCES P.O. BOX 20000 LAS CRUCES, NM 88004	85-6000147	501(C)(3)	6,180.	0.			PROJECT SUPPORT
COAL CREEK MEALS ON WHEELS 455 N. BURLINGTON AVENUE, LAFAYETTE, CO 80026	84-0634856	501(C)(3)	19,657.	0.			PROJECT SUPPORT
COMMUNITY COOPERATIVE, INC. 3429 DR MARTIN LUTHER KING BLVD FORT MEYERS, FL 22916	59-2602772	501(C)(3)	74,000.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
COMMUNITY EMERGENCY SERVICE 1900 11TH AVE S MINNEAPOLIS, MN 55404	41-1728341	501(C)(3)	7,000.	0.			PROJECT SUPPORT
COUNCIL ON AGING - GLADWIN COUNTY 215 S ANTLER ST GLADWIN, MI 48624		501(C)(3)	7,647.	0.			PROJECT SUPPORT
COUNCIL ON AGING FOR HENDERSON COUNTY - 105 KING CREEK BLVD. - HENDERSONVILLE, NC 28792	56-0936674	501(C)(3)	14,821.	0.			PROJECT SUPPORT
CRAWFORD COUNTY COMMISSION ON AGING - 308 LAWDALE ST., - GRAYLING, MI 49738	38-6004907	501(C)(3)	5,125.	0.			PROJECT SUPPORT
CROWN CENTER FOR SENIOR LIVING 8350 DELCREST DRIVE, ST. LOUIS, MO 63124	43-1695861	501(C)(3)	10,000.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIETERT CENTER 451 GUADALUPE ST KERRVILLE, TX 78028	74-2697204	501(C)(3)	33,620.	6,000.	FMV	GIFT CARD	PROJECT SUPPORT
DON BOSCO SENIOR CENTER 580 CAMPBELL ST., KANSAS CITY, MO 64106	44-0558260	501(C)(3)	10,000.	0.			PROJECT SUPPORT
DOUGLAS COUNTY SENIOR SERVICES 1036 SE DOUGLAS AVE., ROOM 221, ROSEBURG, OR 97470	93-6002293	501(C)(3)	5,154.	0.			PROJECT SUPPORT
DUPAGE SENIOR CITIZENS COUNCIL DUPAGE SENIOR CITIZENS COUNCIL LOMBARD, IL 60148	36-2988023	501(C)(3)	12,420.	0.			PROJECT SUPPORT
EAST ARKANSAS AREA AGENCY ON AGING, INC. - P.O. BOX 5035, JONESBORO, AR 72403	71-0508299	501(C)(3)	10,000.	0.			PROJECT SUPPORT
EASTERN AREA AGENCY ON AGING 240 STATE STREET BREWER, ME 04412	01-0328376	501(C)(3)	21,529.	0.			PROJECT SUPPORT
EASTERN NEBRASKA OFFICE ON AGING 4780 SOUTH 131ST STREET, OMAHA, NE 68137	87-4184078	501(C)(3)	17,029.	0.			PROJECT SUPPORT
EASTERN SHORE AREA AGENCY ON AGING/COMMUNITY ACTION AGENCY - 5432 BAYSIDE ROAD, - EXMORE, VA 23350	54-0955528	501(C)(3)	17,000.	0.			PROJECT SUPPORT
EDMOND MOBILE MEALS, INC. 25 W. 3RD ST. EDMOND, OK 73003	73-1250443	501(C)(3)	30,623.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPHRATA AREA SOCIAL SERVICES 227 N. STATE ST EPHRATA, PA 17522	23-1857457	501(C)(3)	5,000.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
EPISCOPAL RETIREMENT HOME 3870 VIRGINIA AVE., CINCINNATI, OH 45227	31-0554071	501(C)(3)	11,000.	0.			PROJECT SUPPORT
FAMILY SERVICE ROCHESTER 4600 18TH STREET NW ROCHESTER, MN 55901	41-0883453	501(C)(3)	90,914.	38,000.	FMV	GIFT CARD	PROJECT SUPPORT
FAMILY SERVICES OF MONTGOMERY COUNTY - MEALS ON WHEELS - 1976 E HIGH ST - POTTSTOWN, PA 19464	23-1352361	501(C)(3)	12,500.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
FEEDMORE - MEALS ON WHEELS 1415 RHOADMILLER STREET RICHMOND, VA 23220	54-1150923	501(C)(3)	12,812.	0.			PROJECT SUPPORT
FOOD FOR LANE COUNTY 770 BAILEY HILL ROAD EUGENE, OR 97402	93-0888347	501(C)(3)	5,176.	0.			PROJECT SUPPORT
FORT BEND SENIORS MEALS ON WHEELS P.O. BOX 1488 ROSENBERG, TX 77471	74-1918313	501(C)(3)	28,325.	0.			PROJECT SUPPORT
FRANKLIN COUNTY COUNCIL ON AGING, INC - 202 MEDICAL HEIGHTS DR. - FRANKFORT, KY 40601	61-6041002	501(C)(3)	21,402.	0.			PROJECT SUPPORT
FRIENDS IN SERVICE TO HUMANITY 1513 N B STREET, PO BOX 85 ELLENSBURG, WA 98926	91-1059920	501(C)(3)	10,000.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

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FRIENDSHIP TRAYS, INC. PO BOX 241046 CHARLOTTE, NC 28203	56-1201496	501(C)(3)	30,815.	0.			PROJECT SUPPORT
GENERATIONS UNLIMITED 10915 ELLENTON ST BARNWELL, SC 29812	57-0825211	501(C)(3)	8,000.	0.			PROJECT SUPPORT
GOLD COUNTRY COMMUNITY SERVICES P.O. BOX 968 GRASS VALLEY, CA 95945	94-2436273	501(C)(3)	30,500.	0.			PROJECT SUPPORT
GRACE INITIATIVE OF SOUTH LIBERTY COUNTY - PO BOX 10397 - LIBERTY, TX 77575	47-4823258	501(C)(3)	7,500.	0.			PROJECT SUPPORT
GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC. - 10 CAMPBELL ST, - LEBANON, NH 03766	23-7248316	501(C)(3)	7,500.	0.			PROJECT SUPPORT
GREATER SPOKANE COUNTY MEALS ON WHEELS - 12101 EAST SPRAGUE AVENUE - SPOKANE VALLEY, WA 99206	91-1042546	501(C)(3)	6,025.	0.			PROJECT SUPPORT
HAWAII MEALS ON WHEELS, INC. PO BOX 236099 HONOLULU, HI 96823	99-0198132	501(C)(3)	10,000.	0.			PROJECT SUPPORT
HEALY SENIOR CENTER PO BOX 1849 REDWAY, CA 95560	94-2762224	501(C)(3)	21,500.	0.			PROJECT SUPPORT
HIGHLANDS SENIOR SERVICE CENTER PO BOX 180, CLEARLAKE, CA 95422	68-0010987	501(C)(3)	15,000.	0.			PROJECT SUPPORT

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HOMAGE - SENIOR SERVICES 5026 196TH STREET, SW LYNNWOOD, WA 98036	91-0910680	501(C)(3)	5,477.	0.			PROJECT SUPPORT
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA ST. EUREKA, CA 95501	94-2261434	501(C)(3)	29,442.	0.			PROJECT SUPPORT
JEWISH FAMILY SERVICES OF NORTHEASTERN NEW YORK - 184 WASHINGTON AVENUE EXTENSION, ALBANY, NY 12033	14-1338308	501(C)(3)	30,500.	6,000.	FMV	GIFT CARD	PROJECT SUPPORT
KC KOSHER MEALS ON WHEELS 10147 MACKEY STREET, OVERLAND PARK, KS 66212	43-1772532	501(C)(3)	10,000.	0.			PROJECT SUPPORT
KC SHEPARD'S CENTER 9200 WARD PARKWAY, KANSAS CITY, MO 64114	43-0994417	GOV	12,254.	0.			PROJECT SUPPORT
KENOSHA AREA FAMILY & AGING SERVICES - 7730 SHERIDAN RD., KENOSHA, WI 53143	39-1132382	501(C)(3)	195,533.	6,000.	FMV	GIFT CARD	PROJECT SUPPORT
KLEINLIFE KLEINLIFE PHILADELPHIA, PA 19116	27-0840848	501(C)(3)	4,049.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
KNOXVILLE-KNOX COUNTY COMMUNITY ACTION COMMITTEE - P.O. BOX 51650 - KNOXVILLE, TN 37950	23-7432847	501(C)(3)	21,303.	0.			PROJECT SUPPORT
LAKE COUNTY COUNCIL ON AGING 8520 EAST AVE MENTOR, OH 44060	23-7266637	501(C)(3)	17,898.	0.			PROJECT SUPPORT

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LEAVENWORTH COUNTY COUNCIL ON AGING - 1830 S. BROADWAY ST. - LEAVENWORTH, KS 66048	48-6034067	501(C)(3)	9,000.	0.			PROJECT SUPPORT
LEXINGTON COUNTY RECREATION AND AGING COMMISSION - 125 PARKER STREET - LEXINGTON, SC 29072		501(C)(3)	13,865.	0.			PROJECT SUPPORT
LIBERTY MEALS ON WHEELS 1600 S WITHERS RD LIBERTY, MO 64068	23-7224162	501(C)(3)	7,551.	0.			PROJECT SUPPORT
LICKING COUNTY AGING PROGRAM, INC. 1058 E MAIN ST NEWARK, OH 43055	31-0787851	501(C)(3)	12,000.	0.			PROJECT SUPPORT
LIFECARE ALLIANCE 1699 W. MOUND ST. COLUMBUS, OH 43223	31-4379494	501(C)(3)	163,773.	27,000.	FMV	GIFT CARD	PROJECT SUPPORT
LIFEPATH, INC. 101 MUNSON STREET, SUITE 201 GREENFIELD, MA 01301	04-2542539	501(C)(3)	21,000.	8,000.	FMV	GIFT CARD	PROJECT SUPPORT
LOA AREA AGENCY ON AGING 4932 FRONTAGE RD NW ROANOKE, VA 24019	54-0916248	501(C)(3)	7,500.	0.			PROJECT SUPPORT
LONGMONT MEALS ON WHEELS 910 LONGS PEAK AVE LONGMONT, CO 80501	84-0590979	501(C)(3)	5,679.	0.			PROJECT SUPPORT
LOWER CHATTAHOOCHEE DIRECT SERVICES GROUP - 1500 2ND AVENUE, - COLUMBUS, GA 31901	58-1410781	501(C)(3)	5,162.	454.	FMV	GIFT CARD	PROJECT SUPPORT

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LUTHERAN SOCIAL SERVICES OF MINNESOTA - 2485 COMO AVE - SAINT PAUL, MN 55108	41-0872993	501(C)(3)	28,914.	0.			PROJECT SUPPORT
MAC, INC. 909 PROGRESS CIRCLE, SUITE 100 SALISBURY, MD 21804	52-0992005	501(C)(3)	18,843.	0.			PROJECT SUPPORT
MACOMB COUNTY SENIOR NUTRITION PROGRAM - 21885 DUNHAM ROAD, SUITE 6, - CLINTON TOWNSHIP, MI 48036		GOV	15,000.	0.			PROJECT SUPPORT
MAIN LINE MEALS ON WHEELS, INC. P.O. BOX 801 DEVON, PA 19333	23-1907603	501(C)(3)	3,734.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
MARION POLK FOOD SHARE 1660 SALEM INDUSTRIAL DR NE, SALEM, OR 97301	94-3034161	501(C)(3)	5,154.	0.			PROJECT SUPPORT
MCDOWELL COUNTY COMMISSION ON AGING - 725 STEWART STREET - WELCH, WV 24801	55-0567694	501(C)(3)	39,663.	0.			PROJECT SUPPORT
MEALS ON WHEELS ATLANTA 1705 COMMERCE DR. NW ATLANTA, GA 30318	58-0960309	501(C)(3)	24,000.	454.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS BURLINGTON COUNTY 795 WOODLANE ROAD, WESTAMPTON, NJ 08060	21-6000107	501(C)(3)	10,000.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS BY ACC 7375 PARK CITY DRIVE SACRAMENTO, CA 95831	30-0610870	501(C)(3)	16,318.	0.			PROJECT SUPPORT

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MEALS ON WHEELS CENTRAL TEXAS 3227 E. 5TH ST AUSTIN, TX 78702	23-7202594	501(C)(3)	636,120.	382,000.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS CHICAGO 314 WEST SUPERIOR STREET CHICAGO, IL 60654	36-3667584	501(C)(3)	8,002.	0.			PROJECT SUPPORT
MEALS ON WHEELS DAVIDSON COUNTY 555-B WEST CENTER STREET LEXINGTON, NC 27295		501(C)(3)	5,381.	303.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS DIABLO REGION 1300 CIVIC DRIVE WALNUT CREEK, CA 94596	68-0044205	501(C)(3)	45,458.	6,000.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS FAIRFIELD COUNTY 1515 CEDAR HILL ROAD, LANCASTER, OH 43130	23-7331496	501(C)(3)	10,000.	0.			PROJECT SUPPORT
MEALS ON WHEELS FOR GREATER HOUSTON - 3303 MAIN STREET - HOUSTON, TX 77002	74-1488102	501(C)(3)	28,760.	0.			PROJECT SUPPORT
MEALS ON WHEELS GUERNSEY COUNTY 1022 CARLISLE AVE. CAMBRIDGE, OH 43725	31-0814891	501(C)(3)	27,898.	0.			PROJECT SUPPORT
MEALS ON WHEELS IN HUNTERDON, INC. 5 WALTER FORAN BLVD., STE. 2006 FLEMINGTON, NJ 08822	22-3084358	501(C)(3)	14,121.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS KITSAP 2817 WHEATON WAY, SUITE 208, BREMERTON, WA 98310	91-1197374	501(C)(3)	74,300.	0.			PROJECT SUPPORT

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MEALS ON WHEELS LINN, BENTON, LINCOLN - 1400 QUEEN AVE. SE, SUITE 206, - ALBANY, OR 97322	93-0584306	501(C)(3)	13,000.	0.			PROJECT SUPPORT
MEALS ON WHEELS MASON & THURSTON COUNTIES - 222 COLUMBIA ST., NW - OLYMPIA, WA 98501	91-0907573	501(C)(3)	30,477.	0.			PROJECT SUPPORT
MEALS ON WHEELS MESA COUNTY - ST. MARY'S HOSPITAL - 551 CHIPETA AVENUE - GRAND JUNCTION, CO 81501	84-0425720	501(C)(3)	10,725.	0.			PROJECT SUPPORT
MEALS ON WHEELS MINISTRY, INC. 3001 ROBERTSON RD., TYLER, TX 75701	23-7313019	501(C)(3)	36,000.	0.			PROJECT SUPPORT
MEALS ON WHEELS NEW MEXICO P.O. BOX 92614, ALBUQUERQUE, NM 87199	85-0307043	501(C)(3)	84,342.	0.			PROJECT SUPPORT
MEALS ON WHEELS NIAGARA FALLS 1920 18TH STREET NIAGARA FALLS, NY 14305	16-1265460	501(C)(3)	11,665.	0.			PROJECT SUPPORT
MEALS ON WHEELS NORTH CENTRAL TEXAS - 106 EAST KILPATRICK STREET - CLEBURNE, TX 76031	75-1555153	501(C)(3)	29,126.	0.			PROJECT SUPPORT
MEALS ON WHEELS NORTH JERSEY 100 MADISON AVENUE, SUITE 3 WESTWOOD, NJ 07675	22-2340025	501(C)(3)	14,121.	0.			PROJECT SUPPORT
MEALS ON WHEELS NORTHEAST TENNESSEE - 704 ROLLING HILLS DRIVE, - JOHNSON CITY, TN 37604	62-0928394	501(C)(3)	12,303.	303.	FMV	GIFT CARD	PROJECT SUPPORT

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MEALS ON WHEELS OF ASHEVILLE-BUNCOMBE COUNTY - 146 VICTORIA ROAD - ASHEVILLE, NC 28801	56-1115597	501(C)(3)	25,350.	303.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF CENTRAL MARYLAND - 515 SOUTH HAVEN STREET - BALTIMORE, MD 21224	52-6074723	501(C)(3)	154,397.	32,500.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF CHESAPEAKE PO BOX 15343 CHESAPEAKE, VA 23328	54-1080366	501(C)(3)	7,500.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF CHEYENNE 2015 S GREELEY HWY CHEYENNE, WY 82007	83-0211345	501(C)(3)	36,785.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF DELAWARE 100 WEST 10TH STREET, SUITE 207, WILMINGTON, DE 19801	51-0355145	501(C)(3)	5,350.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF DENTON COUNTY 1800 MALONE ST. DENTON, TX 76201	75-1497010	501(C)(3)	8,263.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF DURHAM, INC. 2522 ROSS RD. DURHAM, NC 27703	56-1729111	501(C)(3)	8,683.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF GREATER LYNCHBURG - P.O. BOX 1388 - LYNCHBURG, VA 24505	23-7399875	501(C)(3)	15,685.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF GREELEY AND WELD COUNTY - 2131 9TH ST - GREELEY, CO 80631	84-0673693	501(C)(3)	5,657.	0.			PROJECT SUPPORT

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MEALS ON WHEELS OF HAMILTON COUNTY 395 WESTFIELD RD., NOBLESVILLE, IN 46060	35-1344488	501(C)(3)	9,294.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF HANCOCK COUNTY 630 NORTH STATE STREET GREENFIELD, IN 46140	35-2117913	501(C)(3)	11,739.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF HILLSBOROUGH COUNTY - PO BOX 910 - MERRIMACK, NH 03054	02-0335003	501(C)(3)	22,751.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF LAMOILLE COUNTY 21 MUNSON AVENUE, MORRISTOWN, VT 05661	22-3240238	501(C)(3)	19,500.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF LONG BEACH, INC. - P.O. BOX 15688 - LONG BEACH, CA 90815	95-2829715	501(C)(3)	19,090.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF LOVELAND AND BERTHOUD - 437 N GARFIELD AVE, - LOVELAND, CO 80537	84-0583386	501(C)(3)	7,622.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF MERCER COUNTY 320 HOLLOWBROOK DRIVE EWING, NJ 08638	22-1990231	501(C)(3)	23,621.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF METRO TULSA 12620 E. 31ST ST. TULSA, OK 74146	73-1125389	501(C)(3)	23,000.	28,500.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF MIDDLE GEORGIA PO BOX 6333, MACON, GA 31208	23-7412434	501(C)(3)	7,662.	0.			PROJECT SUPPORT

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MEALS ON WHEELS OF NEPA 541 WYOMING AVENUE SCRANTON, PA 18509	23-1856098	501(C)(3)	36,234.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF NORMAN 528 E MAIN ST NORMAN, OK 73071	73-0931924	501(C)(3)	9,567.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF NORTHEAST OHIO 388 SOUTH MAIN STREET, SUITE 325 AKRON, OH 44311	51-0148544	501(C)(3)	17,898.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF OCEAN COUNTY P.O. BOX 610 MANAHAWKIN, NJ 08050	22-2070381	501(C)(3)	25,000.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF OKLAHOMA CITY 222 NORTHWEST 15TH STREET, OKLAHOMA CITY, OK 73103	73-0580268	501(C)(3)	15,000.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF RHODE ISLAND 70 BATH ST. PROVIDENCE, RI 02908	05-0340723	501(C)(3)	16,559.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF ROWAN P.O. BOX 1914 SALISBURY, NC 28145	56-1152417	501(C)(3)	9,022.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF SALEM COUNTY 457 SHIRLEY ROAD ELMER, NJ 08318	22-2158433	501(C)(3)	30,625.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF SOUTHWEST OH & NORTHERN KY - 2091 RADCLIFF DRIVE - CINCINNATI, OH 45204	31-0537097	501(C)(3)	32,680.	0.			PROJECT SUPPORT

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MEALS ON WHEELS OF TAKOMA PARK 6909 LAUREL AVENUE TAKOMA PARK, MD 20915	52-0943628	501(C)(3)	26,563.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF TAMPA 5320 NORTH BOULEVARD TAMPA, FL 33603	59-1679915	501(C)(3)	6,851.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF TEXOMA 4114 AIRPORT DR., DENISON, TX 75020	75-1691230	501(C)(3)	6,030.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY - 1302 N. SHERMAN ST. - ALLENTOWN, PA 18109	23-1861779	501(C)(3)	29,931.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF THE MONTEREY PENINSULA INC. - 700 JEWELL AVENUE - PACIFIC GROVE, CA 93950	94-2157521	501(C)(3)	10,059.	0.			PROJECT SUPPORT
MEALS ON WHEELS OF THE PALM BEACHES, INC. - PO BOX 247 - WEST PALM BEACH, FL 33402	27-2891297	501(C)(3)	6,851.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS OF THE SALINAS VALLEY - 40 CLARK ST., STE. C, - SALINAS, CA 93901	77-0064507	501(C)(3)	10,000.	0.			PROJECT SUPPORT
MEALS ON WHEELS ORANGE COUNTY 1200 NORTH KNOLLWOOD CIRCLE ANAHEIM, CA 92801	95-2771715	501(C)(3)	14,755.	0.			PROJECT SUPPORT
MEALS ON WHEELS ORANGE COUNTY, NC PO BOX 2102 CHAPEL HILL, NC 27515	59-1721954	501(C)(3)	25,190.	0.			PROJECT SUPPORT

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MEALS ON WHEELS PEOPLE 7710 SW 31ST AVENUE PORTLAND, OR 97219	93-0584318	501(C)(3)	30,427.	6,000.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS PLUS OF MANATEE 811 23RD AVENUE EAST BRADENTON, FL 34208	59-1420986	501(C)(3)	6,851.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS SAN ANTONIO 4306 NORTHWEST LOOP 410 SAN ANTONIO, TX 78229	74-1948646	501(C)(3)	14,402.	0.			PROJECT SUPPORT
MEALS ON WHEELS SAN DIEGO COUNTY 2254 SAN DIEGO AVE. #200 SAN DIEGO, CA 92110	95-2660509	501(C)(3)	35,122.	0.			PROJECT SUPPORT
MEALS ON WHEELS SAN FRANCISCO 1375 FAIRFAX AVENUE SAN FRANCISCO, CA 94124	94-1741155	501(C)(3)	15,282.	0.			PROJECT SUPPORT
MEALS ON WHEELS SOUTH FLORIDA 451 N. STATE ROAD 7 PLANTATION, FL 33317	59-2450043	501(C)(3)	17,914.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
MEALS ON WHEELS SOUTH TEXAS 603 E MURRAY ST, VICTORIA, TX 77901	74-2116391	501(C)(3)	49,160.	0.			PROJECT SUPPORT
MEALS ON WHEELS SPOKANE 1222 W. 2ND AVE. SPOKANE, WA 99201	91-0833015	501(C)(3)	14,477.	0.			PROJECT SUPPORT
MEALS ON WHEELS WACO 501 W. WACO DRIVE WACO, TX 76707	74-1776447	501(C)(3)	14,620.	0.			PROJECT SUPPORT

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MEALS ON WHEELS WEST 1823 MICHIGAN AVE., STE A SANTA MONICA, CA 90404	95-4613280	501(C)(3)	10,030.	0.			PROJECT SUPPORT
MEALS ON WHEELS WESTERN SOUTH DAKOTA - 1621 SHERIDAN LAKE ROAD, SUITE C - RAPID CITY, SD 57702	46-0362991	501(C)(3)	15,594.	0.			PROJECT SUPPORT
MEALS ON WHEELS YOLO COUNTY P.O. BOX 528, WOODLAND, CA 95776	94-1599229	501(C)(3)	63,124.	0.			PROJECT SUPPORT
MEALS ON WHEELS, BLUFFTON-HILTON HEAD - 75 CAPITAL DRIVE, - HILTON HEAD ISLAND, SC 29926	57-0691109	501(C)(3)	8,428.	0.			PROJECT SUPPORT
MEALS ON WHEELS, ETC. 2801 S. FINANCIAL CT. SANFORD, FL 32773	59-2977907	501(C)(3)	6,851.	0.			PROJECT SUPPORT
MEALS ON WHEELS, INC. OF TARRANT COUNTY - 5740 AIRPORT FREEWAY - FORT WORTH, TX 76117	75-1568798	501(C)(3)	18,120.	0.			PROJECT SUPPORT
METRO MEALS ON WHEELS-MINNEAPOLIS 1200 WASHINGTON AVE S. MINNEAPOLIS, MN 55415	31-1501057	501(C)(3)	46,271.	0.			PROJECT SUPPORT
METROPOLITAN INTER-FAITH ASSOCIATION - 910 VANCE AVENUE - MEMPHIS, TN 38126	62-0803601	501(C)(3)	12,609.	0.			PROJECT SUPPORT
MID-EAST COMMISSION AREA AGENCY ON AGING - 1502 NORTH MARKET STREET, SUITE A - WASHINGTON, NC 27889	56-0905636	501(C)(3)	10,156.	0.			PROJECT SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-EAST COMMUNITY ACTION AGENCY P.O. BOX 790 KINGSTON, TN 37763	62-0725458	501(C)(3)	19,803.	0.			PROJECT SUPPORT
MILESTONE SENIOR SERVICES 918 JASPER ST KALAMAZOO, MI 49001	38-1747660	501(C)(3)	41,500.	56,500.	FMV	GIFT CARD	PROJECT SUPPORT
MINUTEMAN SENIOR SERVICES 26 CROSBY DR. BEDFORD, MA 01730	04-2587212	501(C)(3)	15,047.	0.			PROJECT SUPPORT
MOBILE MEALS OF SOUTHERN ARIZONA 4803 E 5TH ST., STE #209 TUCSON, AZ 85711	23-7157579	501(C)(3)	22,500.	0.			PROJECT SUPPORT
MONROE COUNTY MEALS ON WHEELS 901 POLK VALLEY ROAD STROUDSBURG, PA 18360	23-7201104	501(C)(3)	16,001.	2,500.	FMV	GIFT CARD	PROJECT SUPPORT
MONTGOMERY AREA COUNCIL ON AGING 115 E. JEFFERSON STREET MONTGOMERY, AL 36104	63-0634950	501(C)(3)	7,253.	0.			PROJECT SUPPORT
MONTPELIER SENIOR ACTIVITY CENTER 58 BARRE ST MONTPELLIER, VT 05602	03-6000579	501(C)(3)	25,000.	0.			PROJECT SUPPORT
MOORESBURG COMMUNITY ASSOCIATION 318 MCNEIL CIRCLE MOORESBURG, TN 37811	94-3416521	501(C)(3)	25,000.	0.			PROJECT SUPPORT
NEIGHBORHOOD ALLIANCE 1536 EAST 30TH STREET LORAIN, OH 44055	34-0714471	501(C)(3)	17,931.	303.	FMV	GIFT CARD	PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH STAR COUNCIL ON AGING 1424 MOORE STREET FAIRBANKS, AK 99701	92-0037749	501(C)(3)	92,000.	43,000.	FMV	GIFT CARD	PROJECT SUPPORT
NORTHEAST KANSAS AREA AGENCY ON AGING - 1803 OREGON AVENUE - HIAWATHA, KS 66434	48-0802891	501(C)(3)	19,514.	0.			PROJECT SUPPORT
NORTHWEST ASSISTANCE MINISTRIES MEALS ON WHEELS - 15555 KUYKENDAHL ROAD, - HOUSTON, TX 77090	76-0088702	501(C)(3)	24,000.	0.			PROJECT SUPPORT
NOURISH MEALS ON WHEELS 92 E ARAPAHOE ROAD LITTLETON, CO 80122	84-0617651	501(C)(3)	5,688.	0.			PROJECT SUPPORT
ORANGEBURG COUNTY COUNCIL ON AGING 2570 ST. MATTHEWS ROAD, ORANGEBURG, SC 29116	57-0563459	501(C)(3)	25,000.	0.			PROJECT SUPPORT
OSCEOLA COUNCIL ON AGING 700 GENERATION POINT KISSIMMEE, FL 34744	59-1595398	501(C)(3)	200,000.	131,500.	FMV	GIFT CARD	PROJECT SUPPORT
OTTAWA COUNTY SENIOR RESOURCES - HOME DELIVERED MEALS - 8180 W. STATE RT. 163 - OAK HARBOR, OH 43449		501(C)(3)	10,000.	0.			PROJECT SUPPORT
PARKER COMMUNITY SENIOR CENTER 1115 W 12TH ST PARKER, AZ 85344	86-6000255	501(C)(3)	25,000.	0.			PROJECT SUPPORT
PASADENA MEALS ON WHEELS 500 EAST COLORADO BOULEVARD, PASADENA, CA 91101	95-6111667	501(C)(3)	15,000.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD. STE 1006 NEWPORT NEWS, VA 23606	51-0151069	501(C)(3)	5,661.	0.			PROJECT SUPPORT
PEOPLE FOR PEOPLE MEALS ON WHEELS 1008 W. AHTANUM ROAD, STE. 3 UNION GAP, WA 98903	91-0783225	501(C)(3)	5,950.	0.			PROJECT SUPPORT
PIEDMONT AGENCY ON AGING P.O. BOX 997 GREENWOOD, SC 29648	57-0524221	501(C)(3)	21,000.	0.			PROJECT SUPPORT
PIEDMONT SENIOR RESOURCES AREA AGENCY IN AGING - 1413 SOUTH MAIN STREET - FARMVILLE, VA 23901	54-1025127	501(C)(3)	15,161.	0.			PROJECT SUPPORT
PREBLE COUNTY COUNCIL ON AGING 800 E. SAINT CLAIR ST., EATON, OH 45320	31-0830453	501(C)(3)	25,000.	0.			PROJECT SUPPORT
RIVERSIDE MEALS ON WHEELS, INC. 4845 BROCKTON AVE RIVERSIDE, CA 92506	23-7262925	501(C)(3)	10,688.	0.			PROJECT SUPPORT
ROSE CENTERS FOR AGING WELL 11890 FAIRHILL ROAD CLEVELAND, OH 44120	34-0714482	501(C)(3)	27,922.	0.			PROJECT SUPPORT
SAN PEDRO MEALS ON WHEELS 731 SOUTH AVERILL AVENUE, SAN PEDRO, CA 90732	95-2803612	501(C)(3)	10,000.	0.			PROJECT SUPPORT
SEICAA MEALS ON WHEELS 641 N 8TH AVE POCATELLO, ID 83201	82-0290341	501(C)(3)	7,546.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR CITIZENS, INC. 3025 BULL STREET SAVANNAH, GA 31405	58-0864009	501(C)(3)	22,728.	0.			PROJECT SUPPORT
SENIOR COASTSIDERS 925 MAIN STREET HALF MOON BAY, CA 94019	94-3119310	501(C)(3)	10,000.	0.			PROJECT SUPPORT
SENIOR COMMUNITY CENTER OF OWENSBORO-DAVIESS COUNTY - 1650 WEST 2ND STREET, - OWENSBORO, KY 42301	31-1044915	501(C)(3)	10,000.	0.			PROJECT SUPPORT
SENIOR CONNECTIONS 1805 N 16TH ST SUPERIOR, WI 54880	39-1602800	501(C)(3)	25,000.	0.			PROJECT SUPPORT
SENIOR CONNECTIONS, THE CAPITAL AREA AGENCY ON AGING - 1300 SEMMES AVENUE, - RICHMOND, VA 23224	54-0950714	501(C)(3)	24,000.	0.			PROJECT SUPPORT
SENIOR HUB MEALS ON WHEELS 10190 BANNOCK STREET NORTH GLENN, CO 80260	74-2412032	501(C)(3)	13,114.	0.			PROJECT SUPPORT
SENIOR LIFE RESOURCES, MEALS ON WHEELS - 1824 FOWLER STREET - RICHLAND, WA 99352	91-0909913	501(C)(3)	5,477.	0.			PROJECT SUPPORT
SENIOR NEIGHBORS, INC. 678 FRONT AVE NW, STE. 205 GRAND RAPIDS, MI 49504	23-7195491	501(C)(3)	147,212.	32,000.	FMV	GIFT CARD	PROJECT SUPPORT
SENIOR RESOURCES OF GUILFORD 1401 BENJAMIN PARKWAY GREENSBORO, NC 27408	56-1181577	501(C)(3)	21,156.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR RESOURCES, INC. 2817 MILLWOOD AVE. COLUMBIA, SC 29205	57-0484965	501(C)(3)	11,434.	0.			PROJECT SUPPORT
SENIOR SERVICES OF ALEXANDRIA 206 N. WASHINGTON STREET, #301 ALEXANDRIA, VA 22314	54-0842806	501(C)(3)	15,912.	0.			PROJECT SUPPORT
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA - 6350 CENTER DR., BLDG. 5, STE. 101 - NORFOLK, VA 23502	54-6069786	501(C)(3)	5,661.	0.			PROJECT SUPPORT
SENIOR SERVICES PLUS 2603 N. RODGERS AVE. ALTON, IL 62002	37-0975762	501(C)(3)	12,629.	0.			PROJECT SUPPORT
SENIOR SOLUTIONS 38 PLEASANT STREET SPRINGFIELD, VT 05156	22-2738766	501(C)(3)	36,505.	0.			PROJECT SUPPORT
SENIORCARE, INC. 49 BLACKBURN CENTER GLOUCESTER, MA 01930	04-2512171	501(C)(3)	9,024.	0.			PROJECT SUPPORT
SENIORS FIRST, INC. 5395 L.B. MCLEOD RD. ORLANDO, FL 32811	59-2759603	501(C)(3)	7,001.	0.			PROJECT SUPPORT
SILVER KEY SENIOR SERVICES 1625 S. MURRAY BLVD. COLORADO SPRINGS, CO 80916	23-7109922	501(C)(3)	20,657.	0.			PROJECT SUPPORT
SILVER SAGE COMMUNITY CENTER P.O. BOX 1416, BANDERA, TX 78003	74-2309449	501(C)(3)	15,000.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMOKY MOUNTAIN MEALS ON WHEELS 3509 TUCKALEECHEE PIKE MARYVILLE, TN 37803	62-1561673	501(C)(3)	6,000.	0.			PROJECT SUPPORT
SOUND GENERATIONS MEALS ON WHEELS KING COUNTY - 2208 2ND AVENUE - SEATTLE, WA 98121	91-0823767	501(C)(3)	27,561.	0.			PROJECT SUPPORT
SOURCEPOINT 800 CHESHIRE RD. DELAWARE, OH 43015	31-1354284	501(C)(3)	67,500.	0.			PROJECT SUPPORT
SOUTH LOUISVILLE COMMUNITY MINISTRIES - 415 1/2 WEST ASHLAND AVENUE, - LOUISVILLE, KY 40214	31-0891259	501(C)(3)	10,000.	0.			PROJECT SUPPORT
SOUTHEAST CLERGY MEALS ON WHEELS 415 NORTHFIELD RD BEDFORD, OH 44146	34-1475654	501(C)(3)	7,500.	0.			PROJECT SUPPORT
SOUTHEAST TENNESSEE AREA AGENCY ON AGING AND DISABILITY - P.O. BOX 4757 - CHATTANOOGA, TN 37405	62-1849582	501(C)(3)	4,825.	454.	FMV	GIFT CARD	PROJECT SUPPORT
SOUTHERN ARIZONA AIDS FOUNDATION 375 S. EUCLID AVE., TUCSON, AZ 85719	86-0864100	501(C)(3)	8,000.	0.			PROJECT SUPPORT
SOUTHWEST COMMUNITY MINISTRIES 8504 TERRY ROAD, LOUISVILLE, KY 40258	62-1257195	501(C)(3)	15,000.	0.			PROJECT SUPPORT
SPECTRUM GENERATIONS ONE WESTON COURT, 109 AUGUSTA, ME 04330	01-0318051	501(C)(3)	8,500.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHNS COUNTY COUNCIL ON AGING, INC. - 180 MARINE STREET - ST. AUGUSTINE, FL 32084	59-1525829	501(C)(3)	8,851.	0.			PROJECT SUPPORT
TEMPE COMMUNITY ACTION AGENCY 2146 E. APACHE BLVD. TEMPE, AZ 85281	86-0254820	501(C)(3)	7,500.	0.			PROJECT SUPPORT
THE CENTER 900 WHITING DR YANKTON, SD 57078	46-0309709	501(C)(3)	7,500.	0.			PROJECT SUPPORT
THE FRIENDLY KITCHEN/MEALS ON WHEELS OF ROSEBURG - 1140 UMPQUA COLLEGE ROAD, - ROSEBURG, OR 97470	93-0779289	501(C)(3)	5,154.	0.			PROJECT SUPPORT
THE HEALTH TRUST 3180 NEWBERRY DRIVE SAN JOSE, CA 95118	94-6050231	501(C)(3)	30,506.	0.			PROJECT SUPPORT
THE HERITAGE AREA AGENCY ON AGING 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	83-0545648	501(C)(3)	38,927.	0.			PROJECT SUPPORT
THE SUNSHINE HOUSE, INC. 402 E. HOLLAND AVE., ALPINE, TX 79830	74-1989614	501(C)(3)	25,000.	0.			PROJECT SUPPORT
VALLEY PROGRAM FOR AGING SERVICES, INC. - P.O. BOX 817 - WAYNESBORO, VA 22980	54-0958526	501(C)(3)	5,661.	0.			PROJECT SUPPORT
VAN BUREN COUNTY AGING PROGRAM 311 YELLOWJACKET LANE, SUITE 2 CLINTON, AR 72031	71-0693353	501(C)(3)	11,000.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VNA MEALS ON WHEELS 1440 WEST MOCKINGBIRD LANE DALLAS, TX 75247	75-0800692	501(C)(3)	13,504.	0.			PROJECT SUPPORT
VNA OF NORTHWEST INDIANA MEALS ON WHEELS - 501 MARQUETTE STREET - VALPARAISO, IN 46383	31-1168281	501(C)(3)	19,210.	0.			PROJECT SUPPORT
WASHINGTON-MORGAN COMMUNITY ACTION 218 PUTNAM ST MARIETTA, OH 45750	31-0738285	501(C)(3)	25,000.	0.			PROJECT SUPPORT
WESLEYLIFE MEALS ON WHEELS 5508 NW 88TH ST. JOHNSTON, IA 50131	20-3970256	501(C)(3)	10,000.	0.			PROJECT SUPPORT
WESTLAKE MEALS ON WHEELS 2239 DOVER CENTER RD WESTLAKE, OH 44145	81-3904491	501(C)(3)	10,000.	0.			PROJECT SUPPORT
WHATCOM COUNTY COUNCIL ON AGING - MEALS ON WHEELS AND MORE - 315 HALLECK ST. - BELLINGHAM, WA 98225	91-0784024	501(C)(3)	5,477.	0.			PROJECT SUPPORT
WILLIAMSBURG AREA MEALS ON WHEELS 1769 JAMESTOWN ROAD WILLIAMSBURG, VA 23185	54-0952118	501(C)(3)	42,500.	0.			PROJECT SUPPORT
WOOD COUNTY SENIOR CITIZENS ASSOCIATION - 914 MARKET STREET, SUITE 106, - PARKERSBURG, WV 26101	55-0577681	501(C)(3)	10,115.	0.			PROJECT SUPPORT
YADKIN VALLEY ECONOMIC DEVELOPMENT DISTRICT, INC. (YVEDDI) - PO BOX 309 533 N. CAROLINA AVE., HWY 601 N. - BOONVILLE, NC 27011	56-0851147	501(C)(3)	22,656.	303.	FMV	GIFT CARD	PROJECT SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YARNELL REGIONAL COMMUNITY CENTER PO BOX 641 YARNELL, AZ 85362	74-2467916	501(C)(3)	13,500.	0.			PROJECT SUPPORT
YPSILANTI MEALS ON WHEELS 1110 W. CROSS ST. YPSILANTI, MI 48197	38-2038528	501(C)(3)	11,500.	0.			PROJECT SUPPORT
YWCA METROPOLITAN PHOENIX 8561 N 61ST AVE GLENDALE, AZ 85302	86-0098936	501(C)(3)	12,839.	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).

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**MEALS ON WHEELS AMERICA**

Employer identification number

**23-7447812**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELLIE HOLLANDER PRESIDENT AND CEO	(i)	476,950.	60,000.	1,200.	14,759.	33,645.	586,554.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LUCY THEILHEIMER CHIEF STRATEGY & IMPACT OFFICER	(i)	243,597.	7,000.	1,200.	7,771.	17,963.	277,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT HERBOLSHEIMER CHIEF LEGAL & COMPLIANCE OFFICER	(i)	244,041.	7,000.	1,200.	6,746.	17,963.	276,950.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KRISTINE TEMPLIN CHIEF DEVELOPMENT OFFICER	(i)	221,563.	7,000.	1,200.	7,368.	14,706.	251,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KENNETH EUWEMA CHIEF FINANCIAL & OPERATING OFFICER	(i)	213,432.	7,000.	1,200.	6,865.	16,020.	244,517.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) IPYANA SPENCER CHIEF HEALTH OFFICER	(i)	201,387.	3,000.	1,200.	2,099.	12,696.	220,382.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ERIKA KELLY CHIEF GOVT & EXT AFFAIRS OFFICER	(i)	187,807.	7,000.	1,200.	6,389.	8,446.	210,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TODD TURNER CHIEF MEMBERSHIP OFFICER	(i)	191,782.	7,000.	1,200.	5,822.	1,551.	207,355.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) AMY BLUMKIN CHIEF MKT OFFICER UNTIL 9/23	(i)	129,520.	0.	43,206.	0.	1,078.	173,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KELLY TRIMYER VP, CORPORATE PARTNERSHIPS	(i)	125,429.	5,500.	1,200.	2,733.	38,257.	173,119.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JENNIFER YOUNG VP, COMMUNICATIONS	(i)	134,430.	5,500.	1,200.	4,836.	23,365.	169,331.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) COLLEEN CLARK SR. DIR, STRATEGIC PARTNERSHIPS	(i)	141,988.	1,750.	1,200.	4,419.	8,054.	157,411.	0.
	(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 4A:

AMY BLUMKIN, SEVERANCE: \$42,500

PART I, LINE 7:

DURING THE YEAR ENDED DECEMBER 31, 2023, THE PRESIDENT/CEO RECEIVED A DISCRETIONARY BONUS AS APPROVED BY THE BOARD OF DIRECTORS. ALL OTHER OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES RECEIVED A DISCRETIONARY BONUS AS APPROVED BY THE PRESIDENT/CEO, AND ENDORSED BY THE BOARD OF DIRECTORS.

**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> .....							\$						

Total ..... \$

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

**Part IV Business Transactions Involving Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSAN WALDMAN	FORMER EMPLOYEE (TH	25,116.	MARKETING C		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SUSAN WALDMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER EMPLOYEE (THROUGH JAN 2023)

(D) DESCRIPTION OF TRANSACTION: MARKETING CONSULTANT

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

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	15	44,781.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <u>GIFT CARDS</u> )	X	6	955,500.	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 Acknowledgement ..... **29**

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023



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

SCHEDULE M, PART I, COLUMN (B):

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

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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:**

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

IN 2023, MEALS ON WHEELS AMERICA WAS ABLE TO CONTINUE ITS CAPACITY  
BUILDING EFFORTS THROUGH ITS COMPREHENSIVE GRANTMAKING PROGRAM THAT  
FOCUSED ON INDIVIDUAL AND COLLABORATIVE MODELS 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, AND  
SUPPORT IN-HOME SAFETY THROUGH MAJOR AND MINOR HOME REPAIRS

**IN ADDITION, THE STRATEGY AND IMPACT TEAM:**

-ENGAGES IN RESEARCH TO DEMONSTRATE THE IMPACT AND VALUE THAT MEALS ON  
WHEELS HAS IN ADDRESSING HUNGER, MALNUTRITION, ISOLATION AND LONELINESS  
AMONG MILLIONS OF SENIORS EACH YEAR.

-SUPPORTED THE 2021-2023 HEALTH RESOURCES AND SERVICES ADMINISTRATION'S  
EFFORTS TO BOOST COVID-19 VACCINATION RATES AMONG OLDER AMERICANS BY

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

LEVERAGING OUR NETWORK IN AN EFFORT TO INCREASE VACCINE AWARENESS AMONG THIS HIGH-RISK POPULATION.

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

-THE HOME DEPOT FOUNDATION IN AN INITIATIVE THAT ENABLED HOME REPAIRS AND SAFETY MODIFICATIONS (SUCH AS INSTALLING RAMPS AND GRAB BARS) TO BE MADE BY LOCAL PROGRAMS TO KEEP SENIORS SAFE AND REDUCE FALL RISKS. TOGETHER, WE COMPLETED THE 2,000TH CRITICAL HOME REPAIR FOR VETERANS AND THEIR FAMILIES SERVED BY MEALS ON WHEELS MEMBER PROGRAMS IN EIGHT STATES.

-PETSMART CHARITIES WHICH UNDERWROTE OUR NATIONAL STRATEGY AND LOCAL GRANTMAKING TO HELP SENIORS KEEP AND CARE FOR THEIR BELOVED PETS. TOGETHER, WE FUNDED MORE THAN 100,000 POUNDS OF EMERGENCY PET FOOD, ACCELERATED ACCESS TO VETERINARY CARE IN 25 STATES AND SERVED THOUSANDS OF THE FURRY COMPANIONS OF MEALS ON WHEELS CLIENTS.

-CAESARS FOUNDATION WHICH INVESTED IN ESSENTIAL INFRASTRUCTURE TO ACCELERATE THE DEVELOPMENT OF SOCIAL CONNECTION PROGRAMS TO REDUCE SENIOR ISOLATION AND LONELINESS. THIS INCLUDED LAUNCHING SOCIALIZATION PILOTS IN MULTIPLE MARKETS, WITH PLANS TO REFINE AND SCALE EFFECTIVE SOCIALIZATION PROGRAMMING ACROSS THE MEALS ON WHEELS NETWORK IN THE COMING YEARS.

AS MORE THAN 12,000 AMERICANS TURN 60 EVERY DAY, THIS WORK SUPPORTS OUR COMMITMENT TO ENSURING THAT LOCAL MEALS ON WHEELS PROGRAMS HAVE THE TOOLS AND RESOURCES THEY NEED TO MEET THE GROWING DEMAND FOR SERVICES IN THEIR COMMUNITIES.

Name of the organization MEALS ON WHEELS AMERICA	Employer identification number 23-7447812
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROFESSIONAL DEVELOPMENT AND CRISIS RESPONSE TOOLS AND RESOURCES.

THE ADVOCACY TEAM RESPONDS TO INPUT FROM OUR MEMBERSHIP TO SET ANNUAL FEDERAL POLICY PRIORITIES, CREATES INFORMATION AND RESOURCES TO SUPPORT INDIVIDUAL MEMBER ADVOCACY EFFORTS, SHARES OPPORTUNITIES FOR ENGAGEMENT AROUND ADMINISTRATIVE AND LEGISLATIVE POLICY MATTERS, AND LEADS DIRECT FEDERAL ADVOCACY EFFORTS ON BEHALF OF THE MEMBERSHIP IN THE AREAS OF SENIOR HUNGER AND SOCIAL ISOLATION. WE EDUCATE MEMBERS OF CONGRESS AND THEIR STAFF ABOUT THE CRITICAL ASSISTANCE PROVIDED BY LOCAL MEALS ON WHEELS PROGRAMS 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 ALSO WORKS CLOSELY WITH THE ADMINISTRATION FOR COMMUNITY LIVING AND OTHER FEDERAL AGENCIES TO IMPROVE THE IMPLEMENTATION OF FEDERAL POLICIES AND MAXIMIZE THE EFFECTIVENESS AND IMPACT OF CRITICAL PROGRAMS THAT SERVE THE OLDER ADULT POPULATION.

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

HEALTHCARE INITIATIVES, MEMBERSHIP, AND ADVOCACY TEAMS TO ENSURE THAT THE NATIONAL NETWORK IS INFORMED, ENGAGED, AND BUILDING A SUSTAINABLE AND EFFECTIVE FUTURE ON BEHALF OF AMERICA'S OLDER ADULTS.

FORM 990, PART VI, SECTION A, LINE 4:

AMONG OTHER THINGS, THE AMENDMENTS APPROVED BY THE MEMBERSHIP:

1. REDEFINE THE ELIGIBILITY FOR MEMBERSHIP TO INCLUDE ORGANIZATIONS

Name of the organization MEALS ON WHEELS AMERICA	Employer identification number 23-7447812
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"EXISTING AND RECOGNIZED FOR THE PRIMARY PURPOSES OF, AND ACTIVELY ENGAGED IN, THE PROVISION OF MEALS AND/OR NUTRITION SERVICES TO OLDER ADULTS IN THEIR DEFINED COMMUNITIES. ASSOCIATION MEMBERS AT ALL TIMES SHALL MEET MEMBERSHIP ELIGIBILITY CRITERIA ESTABLISHED BY THE ASSOCIATION, MAINTAIN HIGH ETHICAL AND SERVICE STANDARD AS CONDITIONS OF MEMBERSHIP AND REFRAIN FROM ACTIVITIES THAT WOULD REFLECT NEGATIVELY ON THE ASSOCIATION OR MEALS ON WHEELS PROGRAMS GENERALLY."

2. CLARIFY THE ASSOCIATION'S RIGHTS FOR EXPELLING MEMBERS FOR NON-PAYMENT OF DUES OR NON-COMPLIANCE WITH ELIGIBILITY STANDARDS.

3. RESTATE WHEN MEETINGS OF THE ASSOCIATION, INCLUDING THE ANNUAL MEETING, MAY BE SCHEDULED AND HELD REMOTELY.

4. RE-ESTABLISH THE POSITION OF IMMEDIATE PAST CHAIR EFFECTIVE AUGUST 2024 TO ENABLE THE BOARD AND ASSOCIATION TO TAKE ADVANTAGE OF THE EXPERTISE AND KNOWLEDGE OF FORMER BOARD CHAIRS AND TO KEEP THEM ENGAGED WITH THE ASSOCIATION.

5. CREATE A NEW NOMINATING SUBCOMMITTEE AND RE-ASSIGN THE RESPONSIBILITY FOR CHAIRING SUCH SUBCOMMITTEE TO THE IMMEDIATE PAST CHAIR FROM THE VICE-CHAIR CURRENTLY.

6. ESTABLISH AN EXECUTIVE COMMITTEE COMPRISED OF OFFICERS WITH AUTHORITY TO ACT IN BETWEEN MEETINGS OF THE BOARD ON LIMITED MATTERS, SUBJECT TO RATIFICATION BY THE FULL BOARD AT ITS NEXT MEETING.

7. PROVIDE FOR TERMINATION OF BOARD MEMBERS FOR MISSING MEETINGS.

8. UPDATE AUTHORITIES AMONG ASSOCIATION OFFICERS AND PERSONNEL TO WRITE CHECKS OR SIGN CONTRACTS.

9. CLARIFY THE AUTHORITY AND PROCEDURES OF THE ASSOCIATION TO SHARE CERTAIN TRADEMARKS WITH ELIGIBLE MEMBERS.

10. UPDATE AND CLARIFY THE REQUIREMENTS AND PROCESS FOR FUTURE AMENDMENTS TO THE BYLAWS.

Name of the organization MEALS ON WHEELS AMERICA	Employer identification number 23-7447812
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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, INCLUDED 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 APPOINT OR REMOVE MEMBERS OF THE BOARD OF DIRECTORS.

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

THE ASSOCIATION'S DRAFT OF IRS FORM 990 UNDERGOES A NUMBER OF INTERNAL AND EXTERNAL REVIEWS BEFORE IT IS FILED WITH THE IRS. IT IS PREPARED BY MEMBERS OF THE ORGANIZATION'S ACCOUNTING STAFF AND THE ORGANIZATION'S INDEPENDENT AUDITORS AND THEN REVIEWED BY THE CHIEF FINANCIAL AND OPERATING OFFICER AND THE PRESIDENT/CEO BEFORE PRESENTATION TO THE AUDIT COMMITTEE. THE FINAL DRAFT OF THE FORM 990 IS THEN PROVIDED TO THE AUDIT COMMITTEE AT LEAST THREE BUSINESS DAYS PRIOR TO AN AUDIT COMMITTEE MEETING WHERE IT IS PRESENTED BY MANAGEMENT AND THE ORGANIZATION'S INDEPENDENT AUDITORS FOR ACCEPTANCE BY THE COMMITTEE. ONCE ACCEPTED BY THE AUDIT COMMITTEE, 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 UNANIMOUS CONSENT WITH THE AUDIT

Name of the organization <b>MEALS ON WHEELS AMERICA</b>	Employer identification number <b>23-7447812</b>
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COMMITTEE'S RECOMMENDATIONS. AFTER UNANIMOUS CONSENT IS ACHIEVED, IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

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

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

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

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

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

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

Name of the organization <b>MEALS ON WHEELS AMERICA</b>	Employer identification number <b>23-7447812</b>
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STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE ASSOCIATION'S WEBSITE, THE  
BBB WISE GIVING ALLIANCE WEBSITE, OR UPON REQUEST.

FORM 990 - AMENDED RETURN

THE 2023 FORM 990 WAS AMENDED TO REVISE AMOUNTS REPORTED RELATING TO  
PROFESSIONAL FUNDRAISING SERVICES. THE FOLLOWING ITEMS ON THE RETURN  
WERE UPDATED AS A RESULT OF THESE ADJUSTMENTS:

PART VII-B: CHANGED FROM "TRUESENSE MARKETING" TO "MAILING SERVICES OF  
PITTSBURGH, INC. DBA TRUESENSE MARKETING"

PART VII-B: CHANGED AMOUNT TO TRUESENSE FROM \$2,533,529 TO \$2,592,571

PART IX, LINE 11F: CHANGED FROM \$2,533,529 TO \$2,613,699

PART IX, LINE 11G: CHANGED FROM \$792,942 TO \$712,772

SCH G, PART I, LINE 2B: (I) CHANGED FROM "TRUESENSE MARKETING" TO  
"MAILING SERVICES OF PITTSBURGH, INC. DBA TRUESENSE MARKETING"; (II)  
CHANGED FROM "DIRECT MAIL" TO "PROFESSIONAL FUNDRAISING COUNSEL"; (IV)  
CHANGED FROM \$3,316,021 TO \$3,312,761; (V) CHANGED FROM \$2,533,529 TO  
\$2,592,571; (VI) CHANGED FROM \$782,491 TO \$720, 190

SCH G, PART I, LINE 2B: (I) ADDED TSM DONOR ENGAGEMENT TEAM, INC. AT  
155 COMMERCE DRIVE, FREEDOM, PA 15042; (II) ADDED "PROFESSIONAL  
FUNDRAISER"; (IV) ADDED \$3,260; (V) ADDED \$21,128; (VI) ADDED -\$17,868