

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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.

<b>A</b> For the <b>2020</b> calendar year, or tax year beginning and ending																												
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>MEALS ON WHEELS AMERICA</b></td> <td><b>D</b> Employer identification number <b>23-7447812</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number <b>(703) 548-5558</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td><b>G</b> Gross receipts \$ <b>83,818,925.</b></td> </tr> <tr> <td><b>1550 CRYSTAL DRIVE</b></td> <td><b>1004</b></td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>ARLINGTON, VA 22202</b></td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>ELLIE HOLLANDER</b> <b>SAME AS C ABOVE</b></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><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</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>WWW.MEALSONWHEELSAMERICA.ORG</b></td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: <b>1976</b> <b>M</b> State of legal domicile: <b>DC</b></td> </tr> </table>	<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>G</b> Gross receipts \$ <b>83,818,925.</b>	<b>1550 CRYSTAL DRIVE</b>	<b>1004</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code <b>ARLINGTON, VA 22202</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>F</b> Name and address of principal officer: <b>ELLIE HOLLANDER</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	<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		<b>H(c)</b> Group exemption number ▶	<b>J</b> Website: ▶ <b>WWW.MEALSONWHEELSAMERICA.ORG</b>			<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>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO EMPOWER LOCAL PROGRAMS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF VULNERABLE SENIORS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>40</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>12</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>395.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 9,879,320.	<b>Current Year</b> 69,392,961.
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,886,317.	1,612,404.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	240,982.	248,833.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,686.	410.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,019,305.	71,254,608.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,799,139.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,725,873.	4,398,080.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		1,418,692.	1,987,933.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,297,047.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,053,042.	5,159,363.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,996,746.	47,218,556.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	22,559.	24,036,052.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 12,925,873.	<b>End of Year</b> 39,209,514.
	<b>21</b> Total liabilities (Part X, line 26)	3,326,314.	5,204,580.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	9,599,559.	34,004,934.

**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>	<i>Frank H. Smith</i>	<b>08/17/21</b>		<b>P00639053</b>
	Firm's name ▶ <b>MARCUM LLP</b>	Firm's EIN ▶ <b>11-1986343</b>			
	Firm's address ▶ <b>1899 L STREET, NW, SUITE 850</b> <b>WASHINGTON, DC 20036</b>			Phone no. (202) 227-4000	

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

**COPY**

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 41,584,173. including grants of \$ 35,537,350. ) (Revenue \$ 779,554. ) STRATEGY AND IMPACT - THE MEALS ON WHEELS AMERICA STRATEGY AND IMPACT TEAM PROVIDES THOUGHT LEADERSHIP, RESEARCH AND DATA, INNOVATIVE PROGRAMMING AND TOOLS, AND GRANT OPPORTUNITIES TO AID LOCAL PROGRAMS IN EXTENDING THEIR REACH AND IMPACT.

4b (Code: ) (Expenses \$ 927,432. including grants of \$ 135,830. ) (Revenue \$ 803,350. ) MEMBERSHIP SERVICES - THE MEALS ON WHEELS AMERICA MEMBERSHIP TEAM PROVIDES DIRECT MEMBER SUPPORT IN A VARIETY OF WAYS THAT INCLUDES ADVOCACY, EDUCATION AND TRAINING, PROGRAM AND CAPACITY-BUILDING SUPPORT AND NETWORKING OPPORTUNITIES.

4c (Code: ) (Expenses \$ 355,287. including grants of \$ ) (Revenue \$ ) MARKETING AND COMMUNICATIONS - THE MEALS ON WHEELS AMERICA MARKETING AND COMMUNICATIONS TEAM RAISES VISIBILITY OF THE HIDDEN AND GROWING NATIONWIDE EPIDEMICS OF SENIOR HUNGER AND ISOLATION AND THE VALUE/IMPACT OF MEALS ON WHEELS.

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

4e Total program service expenses 42,866,892.

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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



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

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



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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included on line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records KENNETH C. EUWEMA - (703) 548-5558 1550 CRYSTAL DRIVE, NO. 1004, ARLINGTON, VA 22202



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELLIE HOLLANDER PRESIDENT AND CEO	40.00			X			399,970.	0.	28,209.	
(2) LUCY THEILHEIMER CHIEF STRATEGY & IMPACT OFFICER	40.00				X		220,081.	0.	20,010.	
(3) ROBERT HERBOLSHEIMER CHIEF LEGAL & COMPLIANCE OFFICER	40.00				X		235,530.	0.	0.	
(4) KRISTINE TEMPLIN CHIEF DEVELOPMENT OFFICER	40.00				X		218,302.	0.	13,244.	
(5) SUSAN WALDMAN CHIEF MARKETING & COMM. OFFICER	40.00				X		208,367.	0.	17,567.	
(6) ERIKA KELLY CHIEF MEMBERSHIP & ADVOCACY OFFICER	40.00				X		174,501.	0.	10,305.	
(7) JENNIFER YOUNG VICE PRESIDENT OF COMMUNICATIONS	40.00					X	112,791.	0.	13,115.	
(8) SHARRON CORLE DIRECTOR, LEARNING AND DEVELOPMENT	40.00					X	102,886.	0.	11,409.	
(9) QINGXIN CAI SENIOR DIRECTOR, FINANCE	40.00					X	105,141.	0.	8,624.	
(10) LEA FLORENCE SENIOR DIRECTOR, STRATEGY & IMPACT	40.00					X	105,014.	0.	8,202.	
(11) UCHEOMA AKOBUNDU SENIOR DIRECTOR, NUTRITION STRATEGY	40.00					X	102,789.	0.	8,959.	
(12) KENNETH C. EUWEMA CHIEF FINANCIAL & OPERATING OFFICER	40.00				X		111,048.	0.	0.	
(13) PAMELA FURNEAUX - CHIEF FIN. & ADMIN. OFFICER - UNTIL 06/2020	40.00				X		97,663.	0.	8,060.	
(14) PATTI LYONS CHAIR	2.00	X		X			0.	0.	0.	
(15) CALVIN MOORE VICE CHAIR	2.00	X		X			0.	0.	0.	
(16) JOHN WIDER SECRETARY/TREASURER	2.00	X		X			0.	0.	0.	
(17) NATALIE ADLER DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VINSEN FARIS DIRECTOR	1.00	X						0.	0.	0.
(19) HOLLY HAGLER DIRECTOR	1.00	X						0.	0.	0.
(20) JOHN MARICK DIRECTOR	1.00	X						0.	0.	0.
(21) DERRICK MASHORE DIRECTOR	1.00	X						0.	0.	0.
(22) SANDY NOE DIRECTOR	1.00	X						0.	0.	0.
(23) LUANN OATMAN DIRECTOR	1.00	X						0.	0.	0.
(24) SASA OLESSI MONTAO DIRECTOR	1.00	X						0.	0.	0.
(25) DAVID SELDIN DIRECTOR - UNTIL 09/2020	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,194,083.	0.	147,704.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,194,083.	0.	147,704.

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 **12**

	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
TRUESENSE MARKETING 502 KEYSTONE DRIVE, WARRENDALE, PA 15086	FUNDRAISING CAMPAIGN MANAGEMENT	1,987,933.
SITUATION INTERACTIVE, 469 7TH AVENUE, SUITE 1300, NEW YORK, NY 10018	PROJECT CONSULTING	879,312.
THE BRIDGESPAN GROUP, 2 COPLEY PLACE, SUITE 3700B, BOSTON, MA 02116	PROJECT CONSULTING	260,000.
PUBLIC, INC., 50 WELLINGTON ST. E, #400, TORONTO, ONTARIO, CANADA M5E1C8	PROJECT CONSULTING	258,800.
KAUFFMAN & ASSOCIATES, INC., 165 SOUTH HOWARD ST., #200, SPOKANE, WA 99201	PROJECT CONSULTING	220,000.

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 **10**

**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	1 a	Federated campaigns	1a	46,442.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	402,774.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	689,437.45.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 735,758.				
	<b>h Total.</b> Add lines 1a-1f				693,929.61.			
Program Service Revenue	2 a	<b>FEE FOR SERVICE</b>	Business Code	900099	779,554.	779,554.		
	b	<b>MEMBER DISCOUNT PROG.</b>	900099	386,204.	386,204.			
	c	<b>MEMBERSHIP DUES</b>	900099	224,146.	224,146.			
	d	<b>CONFERENCE</b>	900099	222,500.	193,000.		29,500.	
	e							
	f	All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f				1,612,404.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		202,901.			202,901.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
	6 b	Less: rental expenses						
	6 c	Rental income or (loss)						
	d Net rental income or (loss)							
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
	7 b	Less: cost or other basis and sales expenses		126,089.28				
7 c	Gain or (loss)		125,629.96					
d Net gain or (loss)				45,932.		45,932.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
8 b	Less: direct expenses	8b						
c Net income or (loss) from fundraising events								
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
9 b	Less: direct expenses	9b						
c Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	10a	1,716.					
10 b	Less: cost of goods sold	10b	1,321.					
c Net income or (loss) from sales of inventory				395.		395.		
Miscellaneous Revenue	11 a	<b>OTHER INCOME</b>	Business Code	900099	15.		15.	
	b							
	c							
	d	All other revenue						
	<b>e Total.</b> Add lines 11a-11d				15.			
<b>12 Total revenue.</b> See instructions				712,546.08.	1,582,904.	395.	278,348.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	35,663,180.	35,663,180.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	10,000.	10,000.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,762,558.	1,143,901.	527,004.	91,653.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,609,546.	1,043,415.	481,844.	84,287.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,350.	27,458.	12,677.	2,215.
<b>9</b> Other employee benefits .....	740,032.	479,991.	221,413.	38,628.
<b>10</b> Payroll taxes .....	243,594.	158,005.	72,878.	12,711.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	24,228.	6,044.	18,184.	
<b>c</b> Accounting .....	71,979.	17,956.	54,023.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	1,987,933.			1,987,933.
<b>f</b> Investment management fees .....	40,319.		40,319.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,922,198.	2,856,832.	56,300.	9,066.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	468,904.	149,050.	293,060.	26,794.
<b>14</b> Information technology .....	396,203.	289,235.	106,968.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	288,231.	196,901.	72,963.	18,367.
<b>17</b> Travel .....	52,548.	39,767.	1,338.	11,443.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	69,976.	69,976.		
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	82,466.	56,336.	20,875.	5,255.
<b>23</b> Insurance .....	26,511.	18,111.	6,711.	1,689.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a MEMBER SERVICES</b>	582,774.	582,774.		
<b>b DUES AND SUBSCRIPTIONS</b>	74,577.	57,960.	9,611.	7,006.
<b>c MISCELLANEOUS</b>	41,791.		41,791.	
<b>d STATE REGISTRATION FEES</b>	16,658.	0.	16,658.	
<b>e</b> All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	47,218,556.	42,866,892.	2,054,617.	2,297,047.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,202,092.	<b>1</b>	4,239,119.
	<b>2</b> Savings and temporary cash investments .....	181,124.	<b>2</b>	181,598.
	<b>3</b> Pledges and grants receivable, net .....	3,161,574.	<b>3</b>	3,134,446.
	<b>4</b> Accounts receivable, net .....	3,100.	<b>4</b>	5,631.
	<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 .....	20,125.	<b>8</b>	23,259.
	<b>9</b> Prepaid expenses and deferred charges .....	73,560.	<b>9</b>	144,124.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 972,544.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 469,227.		
	<b>11</b> Investments - publicly traded securities .....	555,311.	<b>10c</b>	503,317.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	7,582,892.	<b>11</b>	30,767,597.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	146,095.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	12,925,873.	<b>15</b>	210,423.	
		<b>16</b>	39,209,514.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,961,167.	<b>17</b>	3,390,495.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	336,787.	<b>19</b>	376,014.
	<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>	507,200.
	<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 .....	1,028,360.	<b>25</b>	930,871.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	3,326,314.	<b>26</b>	5,204,580.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,980,010.	<b>27</b>	21,809,514.
	<b>28</b> Net assets with donor restrictions .....	3,619,549.	<b>28</b>	12,195,420.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	9,599,559.	<b>32</b>	34,004,934.
	<b>33</b> Total liabilities and net assets/fund balances .....	12,925,873.	<b>33</b>	39,209,514.

**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	71,254,608.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,218,556.
3	Revenue less expenses. Subtract line 2 from line 1	3	24,036,052.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,599,559.
5	Net unrealized gains (losses) on investments	5	369,323.
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	34,004,934.

**Part XII Financial Statements and Reporting**

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

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

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

Form 990 (2020)

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**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7026739.	9625423.	10934346.	9879320.	69392961.	106858789
<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 .....	7026739.	9625423.	10934346.	9879320.	69392961.	106858789
<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) .....						10860541.
<b>6 Public support.</b> Subtract line 5 from line 4.						95998248.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	7026739.	9625423.	10934346.	9879320.	69392961.	106858789
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	324,406.	217,474.	172,603.	193,471.	202,901.	1110855.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					15.	15.
<b>11 Total support.</b> Add lines 7 through 10						107969659
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,146,320.
<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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.91 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	72.34 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 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 in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**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>		

**Section C. Type II Supporting Organizations**

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

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

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

**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 in 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>		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <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	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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**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

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 15.

**COPY**

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

Name of the organization

**MEALS ON WHEELS AMERICA**

Employer identification number

**23-7447812**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>12,722,391.</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>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>4,078,721.</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>2,300,000.</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>2,061,423.</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>2,053,820.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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/>	\$ <u>2,004,124.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,915,554.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>1,796,681.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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>4</u>	GIFT CARDS _____ _____ _____	\$ <u>590,000.</u>	<u>12/31/20</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

COPY

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**COPY**

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

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032041 12-02-20

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		5,968.
<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		74,266.
<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 .....			80,234.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

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

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

- MAILINGS VIA EMAIL AND SOCIAL MEDIA TO MEMBERSHIP AND SUPPORTERS

REQUESTING THEM TO CONTACT THEIR MEMBERS OF CONGRESS ON MATTERS

RELATING TO THE COVID-19 EMERGENCY RESPONSE, ANNUAL FEDERAL

**Part IV** Supplemental Information (continued)

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

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

**COPY**

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d, number of easements modified, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include 1a) text of footnote for art collection, 1b) amounts for art collection, and 2) amounts for art collection for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		811,553.	338,413.	473,140.
d Equipment		160,991.	130,814.	30,177.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				503,317.



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT AND LEASE INCENTIVES	930,871.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	930,871.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	74,292,623.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	369,323.	
b	Donated services and use of facilities	2b	2,707,690.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,321.	
e	Add lines 2a through 2d	2e		3,078,334.
3	Subtract line 2e from line 1		3	71,214,289.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,319.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		40,319.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	71,254,608.

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

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

1	Total expenses and losses per audited financial statements		1	49,887,248.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,707,690.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,321.	
e	Add lines 2a through 2d	2e		2,709,011.
3	Subtract line 2e from line 1		3	47,178,237.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,319.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		40,319.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	47,218,556.

**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, 2020, AND DETERMINED THAT THERE ARE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

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

COST OF GOODS SOLD 1,321.

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

COST OF GOODS SOLD 1,321.









Part IV Foreign Forms

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

COPY

**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.

Multiple horizontal lines for supplemental information.



**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.

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

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue .....			
	2	Cash prizes .....			
Direct Expenses	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
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: TRUESENSE MARKETING

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

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

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

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

**COPY**

**Part IV** Supplemental Information (continued)

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

Multiple horizontal lines for supplemental information.

**COPY**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
MEALS ON WHEELS CENTRAL TEXAS 3227 EAST 5TH STREET AUSTIN, TX 78702	23-7202594	501(C)(3)	692,064.	370,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
OSCEOLA COUNCIL ON AGING 700 GENERATION POINT KISSIMMEE, FL 34744	59-1595398	501(C)(3)	301,000.	106,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CENTRAL MARYLAND - 515 S. HAVEN ST. - BALTIMORE, MD 21224	52-6074723	501(C)(3)	263,157.	32,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
LIFECARE ALLIANCE 1699 W. MOUND ST. COLUMBUS, OH 43223	31-4379494	501(C)(3)	254,952.	30,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
CITYMEALS ON WHEELS P.O. BOX 5560 NEW YORK, NY 10087	13-3634381	501(C)(3)	254,635.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ATLANTA 1705 COMMERCE DR. NW ATLANTA, GA 30318	58-0960309	501(C)(3)	198,727.	0.			PROJECT SUPPORT AND OTHER SERVICES

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **629.**

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

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

Schedule I (Form 990) 2020

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS SAN ANTONIO 4306 NORTHWEST LOOP 410 SAN ANTONIO, TX 78229	74-1948646	501(C)(3)	197,064.	0.			PROJECT SUPPORT AND OTHER SERVICES
ATHENS COMMUNITY COUNCIL ON AGING 135 HOYT ST. ATHENS, GA 30601	58-0977680	501(C)(3)	196,099.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS CHICAGO 314 WEST SUPERIOR STREET CHICAGO, IL 60654	36-3667584	501(C)(3)	191,019.	0.			PROJECT SUPPORT AND OTHER SERVICES
FOOD FOR THOUGHT 6550 RAILROAD AVENUE FORESTVILLE, CA 95436	68-0181095	501(C)(3)	175,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 92123	95-1644024	501(C)(3)	165,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR NEIGHBORS, INC. 678 FRONT AVE NW, STE. 205 GRAND RAPIDS, MI 49504	23-7195491	501(C)(3)	161,575.	56,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
UNITED WAY OF CENTRAL ALABAMA PO BOX 320189 BIRMINGHAM, AL 35232	63-0288846	501(C)(3)	160,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CHATHAM COUNTY COUNCIL ON AGING PO BOX 715 PITTSBORO, NC 27312	56-1084260	501(C)(3)	159,256.	10,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
NORTH STAR COUNCIL ON AGING 1424 MOORE STREET FAIRBANKS, AK 99701	92-0037749	501(C)(3)	159,000.	10,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAY RIDGE CENTER 6935 4TH AVENUE BROOKLYN, NY 11209	80-0559714	501(C)(3)	158,067.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY BRIDGES, MEALS ON WHEELS FOR SANTA CRUZ COUNTY - 1777-A CAPITOLA ROAD - SANTA CRUZ, CA 95062	94-2460211	501(C)(3)	156,804.	0.			PROJECT SUPPORT AND OTHER SERVICES
HUMAN SERVICES ASSOCIATION 6800 FLORENCE AVE. BELL GARDENS, CA 90201	95-1816054	501(C)(3)	156,804.	0.			PROJECT SUPPORT AND OTHER SERVICES
CITY OF LAS CRUCES P.O. BOX 20000 LAS CRUCES, NM 88004	85-6000147	501(C)(3)	153,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS GUERNSEY COUNTY 1022 CARLISLE AVE. CAMBRIDGE, OH 43725	31-0814891	501(C)(3)	153,037.	0.			PROJECT SUPPORT AND OTHER SERVICES
UR MEDICINE HOME CARE-MEALS ON WHEELS - 2180 EMPIRE BLVD. - WEBSTER, NY 14580	82-5091873	501(C)(3)	152,972.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF ALBUQUERQUE P.O. BOX 92614 ALBUQUERQUE, NM 87199	85-0307043	501(C)(3)	152,737.	0.			PROJECT SUPPORT AND OTHER SERVICES
EAST BATON ROUGE COUNCIL ON AGING 5790 FLORIDA BLVD BATON ROUGE, LA 70806	72-0637496	501(C)(3)	150,015.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGE WELL SENIOR SERVICES, INC. 23101 LAKE CENTER DRIVE LAKE FOREST, CA 92630	93-1163563	501(C)(3)	150,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

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MEALS ON WHEELS OF METRO TULSA 12620 E. 31ST ST. TULSA, OK 74146	73-1125389	501(C)(3)	148,896.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SARASOTA, INC. 421 N. LIME AVE. SARASOTA, FL 34237	59-1391249	501(C)(3)	147,495.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR CITIZENS, INC. 3025 BULL STREET SAVANNAH, GA 31405	58-0864009	501(C)(3)	143,599.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY SENIORSERV, INC. 1200 NORTH KNOLLWOOD CIRCLE ANAHEIM, CA 92801	95-2771715	501(C)(3)	142,550.	0.			PROJECT SUPPORT AND OTHER SERVICES
VNA MEALS ON WHEELS 1440 W. MOCKINGBIRD LANE DALLAS, TX 75247	75-0800692	501(C)(3)	142,427.	0.			PROJECT SUPPORT AND OTHER SERVICES
ELDER CARE SERVICES, INC. 2518 WEST TENNESSEE STREET TALLAHASSEE, FL 32304	59-1426079	501(C)(3)	142,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038	95-4115863	501(C)(3)	140,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR CONCERNS 401 HODENCAMP ROAD THOUSAND OAKS, CA 91360	95-2992927	501(C)(3)	139,536.	0.			PROJECT SUPPORT AND OTHER SERVICES
METROPOLITAN INTER-FAITH ASSOCIATION - 910 VANCE AVENUE - MEMPHIS, TN 38126	62-0803601	501(C)(3)	138,547.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

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YWCA OF HOUSTON 6309 MARTIN LUTHER KING BOULEVARD HOUSTON, TX 77021	74-1109658	501(C)(3)	135,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGING MATTERS IN BREVARD 3600 KING STREET COCOA, FL 32926	59-1110325	501(C)(3)	132,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MAYERSON JCC 8485 RIDGE RD CINCINNATI, OH 45236	31-0536986	501(C)(3)	131,952.	0.			PROJECT SUPPORT AND OTHER SERVICES
CATTARAUGUS COUNTY DEPARTMENT OF THE AGING - 1 LEO MOSS DRIVE - OLEAN, NY 14760	11-1111111	N/A	130,567.	0.			PROJECT SUPPORT AND OTHER SERVICES
FAMILY & COMMUNITY SERVICES, INC. 705 OAKWOOD ST RAVENNA, OH 44266	34-1109890	501(C)(3)	130,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MONTGOMERY COUNTY 111 SOUTH 2ND STREET CONROE, TX 77301	23-7310650	501(C)(3)	130,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR RESOURCE ASSOCIATION 694 14TH STREET VERO BEACH, FL 32960	59-1539957	501(C)(3)	130,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS PEOPLE 7710 SW 31ST AVENUE PORTLAND, OR 97219	93-0584318	501(C)(3)	129,870.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SAN DIEGO COUNTY 2254 SAN DIEGO AVE. #200 SAN DIEGO, CA 92110	95-2660509	501(C)(3)	129,536.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

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SPRINGWELL, INC. 307 WAVERLEY OAKS ROAD, SUITE 205 WALTHAM, MA 02452	04-2616064	501(C)(3)	128,166.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY ACTION CORPORATION OF SOUTH TEXAS - 204 E. 1ST STREET - ALICE, TX 78332	74-1679824	501(C)(3)	127,715.	0.			PROJECT SUPPORT AND OTHER SERVICES
SILVER SAGE COMMUNITY CENTER P.O. BOX 1416 BANDERA, TX 78003	74-2309449	501(C)(3)	126,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
CITY OF GLENDALE - SENIOR SERVICES 613 E. BROADWAY, SUITE 120 GLENDALE, CA 91206	11-1111111	N/A	125,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NORTH CENTRAL TEXAS - 106 EAST KILPATRICK STREET - CLEBURNE, TX 76031	75-1555153	501(C)(3)	122,564.	0.			PROJECT SUPPORT AND OTHER SERVICES
CATHOLIC CHARITIES OF DALLAS 1421 WEST MOCKINGBIRD LANE DALLAS, TX 75247	75-2745221	501(C)(3)	117,700.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. MARTIN COUNCIL ON AGING, INC. P.O. BOX 39 BREAUX BRIDGE, LA 70517	72-0758720	501(C)(3)	117,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS, ETC. 2801 S. FINANCIAL CT. SANFORD, FL 32773	59-2977907	501(C)(3)	117,495.	0.			PROJECT SUPPORT AND OTHER SERVICES
PENINSULA VOLUNTEERS, INC. 800 MIDDLE AVE. MENLO PARK, CA 94025	94-1294939	501(C)(3)	117,073.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

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MEALS ON WHEELS WEST 1823 MICHIGAN AVE., STE A SANTA MONICA, CA 90404	95-4613280	501(C)(3)	116,536.	0.			PROJECT SUPPORT AND OTHER SERVICES
NEIGHBORLY CARE NETWORK 13945 EVERGREEN AVE. CLEARWATER, FL 33762	59-1218100	501(C)(3)	115,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. VINCENT MEALS ON WHEELS 2303 MIRAMAR STREET LOS ANGELES, CA 90057	95-3696693	501(C)(3)	114,073.	0.			PROJECT SUPPORT AND OTHER SERVICES
FAMILY SERVICE ROCHESTER 4600 18TH STREET NW ROCHESTER, MN 55901	41-0883453	501(C)(3)	113,000.	10,000.	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS DIABLO REGION 1300 CIVIC DRIVE WALNUT CREEK, CA 94596	68-0044205	501(C)(3)	111,573.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NEPA 541 WYOMING AVENUE SCRANTON, PA 18509	23-1856098	501(C)(3)	111,549.	0.			PROJECT SUPPORT AND OTHER SERVICES
OPEN HAND 181 ARMOUR DRIVE NE ATLANTA, GA 30324	58-1816778	501(C)(3)	110,013.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY - 4240 FRITCH DR. - BETHLEHEM, PA 18020	23-1861779	501(C)(3)	109,912.	0.			PROJECT SUPPORT AND OTHER SERVICES
MARION POLK FOOD SHARE 1660 SALEM INDUSTRIAL DRIVE NE SALEM, OR 97301	94-3034161	501(C)(3)	109,536.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HESSCO ELDER SERVICES ONE MERCHANT ST. SHARON, MA 02067	04-2936321	501(C)(3)	109,345.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY SERVINGS, INC. 179 AMORY STREET JAMAICA PLAIN, MA 02130	22-3154028	501(C)(3)	109,345.	0.			PROJECT SUPPORT AND OTHER SERVICES
ETHOS 555 AMORY STREET JAMAICA PLAIN, MA 02130	23-7304163	501(C)(3)	109,345.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SAN FRANCISCO 1375 FAIRFAX AVENUE SAN FRANCISCO, CA 94124	94-1741155	501(C)(3)	109,080.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SOLANO COUNTY 95 MARINA CENTER SUISUN CITY, CA 94585	94-2453452	501(C)(3)	109,073.	0.			PROJECT SUPPORT AND OTHER SERVICES
METRO MEALS ON WHEELS-MINNEAPOLIS 1200 WASHINGTON AVE S. MINNEAPOLIS, MN 55415	31-1501057	501(C)(3)	108,939.	0.			PROJECT SUPPORT AND OTHER SERVICES
LUTHERAN SOCIAL SERVICES OF MINNESOTA - 2485 COMO AVE - SAINT PAUL, MN 55108	41-0872993	501(C)(3)	108,939.	0.			PROJECT SUPPORT AND OTHER SERVICES
ASTER AGING, INC. 45 W. UNIVERSITY DRIVE MESA, AZ 85201	94-2596075	501(C)(3)	107,783.	0.			PROJECT SUPPORT AND OTHER SERVICES
FEEDMORE WNY 100 JAMES E. CASEY DR., BUFFALO, NY 14206	22-2470820	501(C)(3)	106,972.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

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CATHOLIC CHARITIES SENIOR DINING/MOWS - 157 ROOSEVELT ROAD - ST. CLOUD, MN 56301	41-0737799	501(C)(3)	106,704.	0.			PROJECT SUPPORT AND OTHER SERVICES
PREBLE COUNTY COUNCIL ON AGING 800 E. SAINT CLAIR ST. EATON, OH 45320	31-0830453	501(C)(3)	106,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS BY ACC 7375 PARK CITY DRIVE SACRAMENTO, CA 95831	30-0610870	501(C)(3)	106,073.	0.			PROJECT SUPPORT AND OTHER SERVICES
DUPAGE SENIOR CITIZENS COUNCIL 1990 SPRINGER DRIVE LOMBARD, IL 60148	36-2988023	501(C)(3)	105,915.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NORTHWEST INDIANA - 8446 VIRGINIA STREET - MERRILLVILLE, IN 46410	31-1168281	501(C)(3)	105,834.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS PLUS, INC. PO BOX 903 ABILENE, TX 79604	51-0148188	501(C)(3)	105,777.	0.			PROJECT SUPPORT AND OTHER SERVICES
MIZELL SENIOR CENTER 480 S. SUNRISE WAY PALM SPRINGS, CA 92262	95-3464835	501(C)(3)	105,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
GREAT LAKES COMMUNITY ACTION PARTNERSHIP - PO BOX 590 - FREMONT, OH 43420	34-0975934	501(C)(3)	105,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD SANTA ROSA, CA 95403	68-0121855	501(C)(3)	105,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

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ELDER SERVICES OF THE MERRIMACK VALLEY - 280 MERRIMACK STREET - LAWRENCE, MA 01843	04-2545136	501(C)(3)	105,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
YPSILANTI MEALS ON WHEELS 1110 W. CROSS ST. YPSILANTI, MI 48197	38-2038528	501(C)(3)	105,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SMOKY MOUNTAIN MEALS ON WHEELS 3509 TUCKALEECHEE PIKE MARYVILLE, TN 37803	62-1561673	501(C)(3)	104,645.	0.			PROJECT SUPPORT AND OTHER SERVICES
KLEINLIFE KLEINLIFE PHILADELPHIA, PA 19116	27-0840848	501(C)(3)	104,049.	0.			PROJECT SUPPORT AND OTHER SERVICES
AMIGOS DEL VALLE, INC. 4138 W. CROSSPOINT BLVD EDINBURG, TX 78539	74-1815988	501(C)(3)	104,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES SOUTHWEST MICHIGAN 918 JASPER STREET KALAMAZOO, MI 49001	38-1747660	501(C)(3)	104,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CARELINK PO BOX 5988 NORTH LITTLE ROCK, AR 72119	71-0521402	501(C)(3)	104,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MOBILE MEALS OF SPARTANBURG P.O. BOX 461 SPARTANBURG, SC 29304	57-0653452	501(C)(3)	104,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIORAGE AREA AGENCY ON AGING 1735 S. FORT AVE SPRINGFIELD, MO 65807	43-1018538	501(C)(3)	103,841.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHATCOM COUNTY COUNCIL ON AGING - MEALS ON WHEELS AND MORE - 315 HALLECK ST. - BELLINGHAM, WA 98225	91-0784024	501(C)(3)	103,341.	0.			PROJECT SUPPORT AND OTHER SERVICES
BERKS ENCORE 40 N. 9 ST. READING, PA 19601	23-1656050	501(C)(3)	103,274.	0.			PROJECT SUPPORT AND OTHER SERVICES
TRI-VALLEY, INC. 10 MILL ST. DUDLEY, MA 01571	04-2594201	501(C)(3)	103,166.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY - 3963 THREE MILE ROAD - TRAVERSE CITY, MI 49686	38-2027389	501(C)(3)	103,057.	0.			PROJECT SUPPORT AND OTHER SERVICES
ROSE CENTERS FOR AGING WELL 11890 FAIRHILL ROAD CLEVELAND, OH 44120	34-0714482	501(C)(3)	103,037.	0.			PROJECT SUPPORT AND OTHER SERVICES
LAKE COUNTY COUNCIL ON AGING 8520 E. AVE. MENTOR, OH 44060	23-7266637	501(C)(3)	103,037.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NORTHEAST OHIO 2279 ROMIG ROAD AKRON, OH 44320	51-0148544	501(C)(3)	103,037.	0.			PROJECT SUPPORT AND OTHER SERVICES
DIETERT CENTER 451 GUADALUPE STREET KERRVILLE, TX 78028	74-2697204	501(C)(3)	102,649.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS JEFFERSON AND HARDIN COUNTIES - 4590 CONCORD RD. - BEAUMONT, TX 77703	76-0074137	501(C)(3)	102,574.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

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THE HERITAGE AREA AGENCY ON AGING 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	83-0545648	501(C)(3)	102,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR RESOURCES, INC. 2817 MILLWOOD AVE. COLUMBIA, SC 29205	57-0484965	501(C)(3)	102,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MONTGOMERY AREA COUNCIL ON AGING 115 E. JEFFERSON STREET MONTGOMERY, AL 36104	63-0634950	501(C)(3)	102,026.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS WESTERN SOUTH DAKOTA - 1621 SHERIDAN LAKE ROAD, SUITE C - RAPID CITY, SD 57702	46-0362991	501(C)(3)	101,761.	0.			PROJECT SUPPORT AND OTHER SERVICES
CLEARFIELD COUNTY AREA AGENCY ON AGING - 103 NORTH FRONT ST. - CLEARFIELD, PA 16830	25-1336855	501(C)(3)	101,400.	0.			PROJECT SUPPORT AND OTHER SERVICES
SILVER KEY SENIOR SERVICES 1625 S. MURRAY BLVD. COLORADO SPRINGS, CO 80916	23-7109922	501(C)(3)	101,121.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUTHERN MAINE AGENCY ON AGING 136 US ROUTE ONE SCARBOROUGH, ME 04074	01-0360259	501(C)(3)	100,178.	0.			PROJECT SUPPORT AND OTHER SERVICES
FRIENDSHIP TRAYS, INC. 2401 DISTRIBUTION STREET CHARLOTTE, NC 28203	56-1201496	501(C)(3)	100,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREENVILLE COUNTY - 15 OREGON STREET - GREENVILLE, SC 29605	57-0531378	501(C)(3)	100,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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

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CICOA AGING & IN-HOME SOLUTIONS 8440 WOODFIELD CROSSING BLVD. INDIANAPOLIS, IN 46240	35-1310387	501(C)(3)	100,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ACTIVE GENERATIONS 2300 W. 46TH ST. SIOUX FALLS, SD 57105	46-0305500	501(C)(3)	100,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WESTERN MICHIGAN - 2900 WILSON AVE. SW, SUITE 500 - GRANDVILLE, MI 49418	38-2535537	501(C)(3)	100,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTHWEST ASSISTANCE MINISTRIES MEALS ON WHEELS - 15555 KUYKENDAHL RD. - HOUSTON, TX 77090	76-0088702	501(C)(3)	100,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS CALIFORNIA HSALA BELLS GARDENS, CA 90201	47-4698325	501(C)(3)	100,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF BOULDER 3701 CANFIELD ST. BOULDER, CO 80301	84-0594180	501(C)(3)	100,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS TEXAS MEALS ON WHEELS, INC. OF TARRANT CO FORT WORTH, TX 76117	47-2777882	501(C)(3)	100,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
VENTURA COUNTY AREA AGENCY ON AGING - 646 COUNTY SQUARE DRIVE - VENTURA, CA 93003	77-0168920	501(C)(3)	100,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
LIFESCAPE COMMUNITY SERVICES, INC. 705 KILBURN AVE. ROCKFORD, IL 61101	36-3303361	501(C)(3)	100,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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

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WASHTENAW COUNTY OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT - 415 WEST MICHIGAN AVENUE - YPSILANTI, MI 48197	11-1111111	N/A	100,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CENTRAL VERMONT COUNCIL ON AGING 59 N. MAIN ST, SUITE 200 BARRE, VT 05641	03-0276104	501(C)(3)	100,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ALBEMARLE COMMISSION SENIOR NUTRITION PROGRAM - 512 SOUTH CHURCH STREET - HERTFORD, NC 27944	11-1111111	N/A	100,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SHEBOYGAN COUNTY - 1004 S. TAYLOR DRIVE - SHEBOYGAN, WI 53081	39-1238290	501(C)(3)	99,748.	0.			PROJECT SUPPORT AND OTHER SERVICES
FOOD FOR LANE COUNTY 770 BAILEY HILL ROAD EUGENE, OR 97402	93-0888347	501(C)(3)	99,036.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SENIOR SERVICES 950 WILLIAMS ST., BLDG C STE 200 ROCKWALL, TX 75087	31-1621625	501(C)(3)	99,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MONMOUTH COUNTY 810 FOURTH AVE. ASBURY PARK, NJ 07712	22-2896129	501(C)(3)	99,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CJE SENIORLIFE 3003 W. TOUHY AVE. CHICAGO, IL 60645	36-2727597	501(C)(3)	98,878.	0.			PROJECT SUPPORT AND OTHER SERVICES
KNOXVILLE-KNOX COUNTY COMMUNITY ACTION COMMITTEE - P.O. BOX 51650 - KNOXVILLE, TN 37950	23-7432847	501(C)(3)	98,547.	0.			PROJECT SUPPORT AND OTHER SERVICES

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CHARLESTON AREA SENIOR CITIZENS - MEALS ON WHEELS OF CHARLESTON - 259 MEETING STREET - CHARLESTON, SC 29401	57-6030048	501(C)(3)	98,046.	0.			PROJECT SUPPORT AND OTHER SERVICES
ARIZONA YWCA METROPOLITAN PHOENIX 8561 NORTH 61ST AVENUE GLENDALE, AZ 85302	86-0098936	501(C)(3)	97,210.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR MEALS PROGRAM: CAF 60 1015 WILLAMETTE STREET EUGENE, OR 97401	11-1111111	N/A	97,100.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MINISTRY, INC. 3001 ROBERTSON RD. TYLER, TX 75701	23-7313019	501(C)(3)	96,915.	0.			PROJECT SUPPORT AND OTHER SERVICES
AREA AGENCY ON AGING OF NORTHWEST ARKANSAS - P.O. BOX 1795 - HARRISON, AR 72602	71-0521887	501(C)(3)	96,900.	0.			PROJECT SUPPORT AND OTHER SERVICES
SAGINAW COUNTY COMMISSION ON AGING 2355 SCHUST ROAD SAGINAW, MI 48603	38-6004887	501(C)(3)	96,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SEWA-AIFW 3702 EAST LAKE STREET MINNEAPOLIS, MN 55406	05-0608392	501(C)(3)	96,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WESLEYLIFE 5508 NW 88TH ST. JOHNSTON, IA 50131	30-0577845	501(C)(3)	96,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SCV SENIOR CENTER 27180 GOLDEN VALLEY ROAD SANTA CLARITA, CA 91350	95-3081997	501(C)(3)	95,700.	0.			PROJECT SUPPORT AND OTHER SERVICES

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GREATER SPOKANE COUNTY MEALS ON WHEELS - 12101 EAST SPRAGUE AVENUE - SPOKANE VALLEY, WA 99206	91-1042546	501(C)(3)	95,512.	0.			PROJECT SUPPORT AND OTHER SERVICES
ESTUARY COUNCIL OF SENIORS, INC. 220 MAIN ST. OLD SAYBROOK, CT 06475	06-0919178	501(C)(3)	95,436.	0.			PROJECT SUPPORT AND OTHER SERVICES
VALLEY SENIOR SERVICES PO BOX 2217 FARGO, ND 58108	23-7215906	501(C)(3)	95,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUTHERN MISSISSIPPI PLANNING AND DEVELOPMENT DISTRICT - 10441 CORPORTATE DRIVE - GULFPORT, MS 39503	64-0441554	501(C)(3)	95,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS PROGRAMS & SERVICES OF ROCKLAND, INC. - 121 WEST NYACK ROAD - NANUET, NY 10954	13-2831197	501(C)(3)	94,675.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOURCEPOINT 800 CHESHIRE RD. DELAWARE, OH 43015	31-1354284	501(C)(3)	94,193.	0.			PROJECT SUPPORT AND OTHER SERVICES
EPISCOPAL RETIREMENT HOMES 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	31-0554071	501(C)(3)	93,518.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES PLUS 2603 N. RODGERS AVE. ALTON, IL 62002	37-0975762	501(C)(3)	93,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIORS FIRST, INC. 5395 L.B. MCLEOD RD. ORLANDO, FL 32811	59-2759603	501(C)(3)	93,122.	0.			PROJECT SUPPORT AND OTHER SERVICES

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LIFESPAN, INC. 314 E. 8TH AVE. HOMESTEAD, PA 15120	23-7319621	501(C)(3)	92,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
PIEDMONT AGENCY ON AGING P.O. BOX 997 GREENWOOD, SC 29648	57-0524221	501(C)(3)	92,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
CINCINNATI AREA SENIOR SERVICES 644 LINN ST, STE 304 CINCINNATI, OH 45203	31-0825754	501(C)(3)	91,915.	0.			PROJECT SUPPORT AND OTHER SERVICES
GOLDEN HUB COMMUNITY CENTER 1009 NORTH LINCOLN ST. FREDERICKSBURG, TX 78624	74-1930212	501(C)(3)	91,862.	0.			PROJECT SUPPORT AND OTHER SERVICES
RAINBOW SENIOR CENTER 17 OLD SAN ANTONIO RD. BOERNE, TX 78006	74-2323883	501(C)(3)	91,574.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS COLLIN COUNTY 600 NORTH TENNESSEE STREET MCKINNEY, TX 75069	75-1544507	501(C)(3)	91,574.	0.			PROJECT SUPPORT AND OTHER SERVICES
CITY OF BROWNWOOD SENIOR CITIZENS CENTER - P.O. BOX 1389 - BROWNWOOD, TX 76804	11-1111111	N/A	91,362.	0.			PROJECT SUPPORT AND OTHER SERVICES
ALEUTIAN PRIBILOF ISLANDS ASSOCIATION - 1131 EAST INTERNATIONAL AIRPORT ROAD - ANCHORAGE, AK 99518	92-0073013	501(C)(3)	90,200.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MESA COUNTY - ST. MARY'S HOSPITAL - 551 CHIPETA AVENUE - GRAND JUNCTION, CO 81501	84-0425720	501(C)(3)	90,161.	0.			PROJECT SUPPORT AND OTHER SERVICES

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MEALS ON WHEELS OF ROWAN P.O. BOX 1914 SALISBURY, NC 28145	56-1152417	501(C)(3)	90,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
LOCAL OFFICE ON AGING PO BOX 14205 ROANOKE, VA 24038	54-0916248	501(C)(3)	90,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
NEIGHBORHOOD ALLIANCE 1536 EAST 30TH STREET LORAIN, OH 44055	34-0714471	501(C)(3)	90,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
EAST TENNESSEE HUMAN RESOURCE AGENCY - 9111 CROSS PARK DRIVE - KNOXVILLE, TN 37923	62-1493851	501(C)(3)	90,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WASHINGTON-MORGAN COMMUNITY ACTION 218 PUTNAM STREET MARIETTA, OH 45750	31-0738285	501(C)(3)	90,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SANTA YNEZ SENIOR CITIZEN FOUNDATION - PO BOX 1946 - BUELLTON, CA 93427	95-3169593	501(C)(3)	90,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
GREATER LYNN SENIOR SERVICES 8 SILSBEE STREET LYNN, MA 01901	04-2581129	501(C)(3)	89,166.	0.			PROJECT SUPPORT AND OTHER SERVICES
BRUNSWICK SENIOR RESOURCES, INC. 3620 EXPRESS DRIVE SHALLOTTE, NC 28470	01-0656674	501(C)(3)	89,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF EASTERN KANSAS 2134 SOUTHWEST WESTPORT DRIVE TOPEKA, KS 66614	48-0792685	501(C)(3)	88,473.	0.			PROJECT SUPPORT AND OTHER SERVICES

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RAMONA SENIOR CENTER 434 AQUA LANE RAMONA, CA 92065	23-7333513	501(C)(3)	87,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
FAMILY SERVICE - UPPER OHIO VALLEY 2200 MAIN STREET WHEELING, WV 26003	55-0357074	501(C)(3)	87,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
JACKSONVILLE SENIOR WELLNESS & ACTIVITY CENTER - 100 VICTORY CIRCLE - JACKSONVILLE, AR 72076	71-0424713	501(C)(3)	87,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
ORANGE COUNTY OFFICE FOR THE AGING 40 MATTHEWS ST GOSHEN, NY 10924	14-6002567	501(C)(3)	87,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
WARREN COUNTY HOME DELIVERY MEALS, INC. - 106 EAST END DRIVE - MCMINNVILLE, TN 37110	59-1766201	501(C)(3)	87,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
PICKENS COUNTY MEALS ON WHEELS 349 EDMONT AVENUE LIBERTY, SC 29657	57-0708817	501(C)(3)	87,046.	0.			PROJECT SUPPORT AND OTHER SERVICES
ANN ARBOR MEALS ON WHEELS 2025 TRAVERWOOD DRIVE ANN ARBOR, MI 48105	11-1111111	N/A	86,075.	0.			PROJECT SUPPORT AND OTHER SERVICES
PARTNERS IN PRIME 230 LUDLOW STREET HAMILTON, OH 45011	31-0569735	501(C)(3)	85,952.	0.			PROJECT SUPPORT AND OTHER SERVICES
CENTRAL OREGON COUNCIL ON AGING 373 NORTHEAST GREENWOOD AVENUE BEND, OR 97701	93-0661229	501(C)(3)	85,900.	0.			PROJECT SUPPORT AND OTHER SERVICES

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MONROE COUNTY MEALS ON WHEELS 901 POLK VALLEY ROAD STROUDSBURG, PA 18360	23-7201104	501(C)(3)	85,049.	0.			PROJECT SUPPORT AND OTHER SERVICES
HOOD RIVER VALLEY ADULT CENTER 2010 STERLING PLACE HOOD RIVER, OR 97031	51-0154995	501(C)(3)	85,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CATHOLIC CHARITIES SENIOR NUTRITION PROGRAM - 30 MYANO LANE - STAMFORD, CT 06902	06-0653053	501(C)(3)	85,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
TERRE HAUTE AREA MEALS ON WHEELS 300 SOUTH 5TH STREET TERRE HAUTE, IN 47807	35-1185194	501(C)(3)	84,752.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS DAVIDSON COUNTY 555-B WEST CENTER STREET LEXINGTON, NC 27295	11-1111111	N/A	84,356.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEIGS COUNTY COUNCIL ON AGING, INC. - P.O. BOX 722 - POMEROY, OH 45769	31-0812413	501(C)(3)	84,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
THE SUNSHINE HOUSE, INC. 402 E. HOLLAND AVE. ALPINE, TX 79830	74-1989614	501(C)(3)	83,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
BAY AGING P.O. BOX 610 URBANNA, VA 23175	54-1085032	501(C)(3)	83,200.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WEST LOS ANGELES, INC. - P.O BOX 241576 - LOS ANGELES, CA 90024	95-4847907	501(C)(3)	83,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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ERIE COUNTY SENIOR CENTER 620 E. WATER ST. SANDUSKY, OH 44870	34-1016590	501(C)(3)	82,537.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SOUTH FLORIDA 451 N. STATE ROAD 7 PLANTATION, FL 33317	59-2450043	501(C)(3)	82,495.	0.			PROJECT SUPPORT AND OTHER SERVICES
DON BOSCO SENIOR CENTER 580 CAMPBELL ST. KANSAS CITY, MO 64106	44-0558260	501(C)(3)	81,963.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF RHODE ISLAND 70 BATH ST. PROVIDENCE, RI 02908	05-0340723	501(C)(3)	80,979.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS FOR GREATER HOUSTON - 3303 MAIN STREET - HOUSTON, TX 77002	74-1488102	501(C)(3)	80,867.	0.			PROJECT SUPPORT AND OTHER SERVICES
ENCORE COMMUNITY SERVICES 239 WEST 49TH STREET NEW YORK, NY 10019	13-3104293	501(C)(3)	80,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
HORIZONS, A FAMILY SERVICE ALLIANCE - 819 5TH STREET SOUTHEAST - CEDAR RAPIDS, IA 52401	42-1135083	501(C)(3)	80,212.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR FRIENDSHIP CENTERS, INC. 1888 BROTHER GEENEN WAY SARASOTA, FL 34236	59-1522614	501(C)(3)	80,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
COBB COUNTY SENIOR SERVICES 1150 POWDER SPRINGS STREET MARIETTA, GA 30064	58-6000804	501(C)(3)	80,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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LIFELONG/CHICKEN SOUP BRIGADE 210 S. LUCILE ST. SEATTLE, WA 98108	91-1215715	501(C)(3)	80,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
HUMAN DEVELOPMENT COMMISSION 429 MONTAGUE AVENUE CARO, MI 48723	38-1792679	501(C)(3)	80,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF OKLAHOMA CITY 222 NORTHWEST 15TH STREET OKLAHOMA CITY, OK 73103	73-0580268	501(C)(3)	79,915.	0.			PROJECT SUPPORT AND OTHER SERVICES
SHEPHERD'S CENTER KC CENTRAL 1111 WEST 39TH STREET KANSAS CITY, MO 64111	43-0994417	501(C)(3)	79,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
DOC SERVICES, INC. PO BOX 848 MIAMI, OK 74355	73-1615506	501(C)(3)	79,481.	0.			PROJECT SUPPORT AND OTHER SERVICES
LONGMONT MEALS ON WHEELS 910 LONGS PEAK AVE LONGMONT, CO 80501	84-0590979	501(C)(3)	79,261.	0.			PROJECT SUPPORT AND OTHER SERVICES
FIRST TENNESSEE AREA AGENCY ON AGING AND DISABILITY - 3211 NORTH ROAN STREET - JOHNSON CITY, TN 37601	62-0759446	501(C)(3)	78,800.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY RENEWAL TEAM, INC. 555 WINDSOR STREET HARTFORD, CT 06120	06-0795640	501(C)(3)	78,436.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CHARLOTTESVILLE-ALBEMARLE - 704 ROSE HILL DRIVE - CHARLOTTESVILLE, VA 22903	54-1061454	501(C)(3)	78,310.	0.			PROJECT SUPPORT AND OTHER SERVICES

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NEWBERRY COUNTY COUNCIL ON AGING 1300 HUNT ST. NEWBERRY, SC 29108	23-7079450	501(C)(3)	78,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CASS COUNTY COA 60525 DECATUR ROAD CASSOPOLIS, MI 49031	38-1964011	501(C)(3)	77,700.	0.			PROJECT SUPPORT AND OTHER SERVICES
FORT BEND SENIORS MEALS ON WHEELS P.O. BOX 1488 ROSENBERG, TX 77471	74-1918313	501(C)(3)	77,064.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF TAKOMA PARK 7410 NEW HAMPSHIRE AVE. TAKOMA PARK, MD 20912	52-0943628	501(C)(3)	76,375.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS WESTERN CONNECTICUT - 232 NORTH ELM STREET - WATERBURY, CT 06702	06-1182488	501(C)(3)	76,218.	0.			PROJECT SUPPORT AND OTHER SERVICES
OLD COLONY ELDER SERVICES 144 MAIN STREET BROCKTON, MA 02301	04-2545236	501(C)(3)	75,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY SERVICES AND EMPLOYMENT TRAINING, INC. - 312 NW 3RD AVENUE - VISALIA, CA 93291	94-1701352	501(C)(3)	75,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF TEXOMA 4114 AIRPORT DR. DENISON, TX 75020	75-1691230	501(C)(3)	75,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
BURLEIGH COUNTY SENIOR ADULTS PROGRAM - 315 NORTH 20TH STREET - BISMARCK, ND 58501	45-0320918	501(C)(3)	75,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF WAKE COUNTY 1001 BLAIR DRIVE, SUITE 100 RALEIGH, NC 27603	56-1061085	501(C)(3)	74,718.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. VINCENT DE PAUL SOCIETY, NAPLES DISTRICT COUNCIL, INC. - 4451 MERCANTILE AVENUE - NAPLES, FL 34104	59-1711287	501(C)(3)	74,700.	0.			PROJECT SUPPORT AND OTHER SERVICES
MIDDLETOWN SENIOR CENTER 21256 WASHINGTON STREET MIDDLETOWN, CA 95461	94-2832316	501(C)(3)	74,073.	0.			PROJECT SUPPORT AND OTHER SERVICES
HIGHLAND VALLEY ELDER SERVICES 320 RIVERSIDE DRIVE, SUITE B FLORENCE, MA 01062	04-2563340	501(C)(3)	73,203.	0.			PROJECT SUPPORT AND OTHER SERVICES
HENRY COUNTY SENIOR CENTER 203 ROHRS STREET NAPOLEON, OH 43545	34-1458573	501(C)(3)	73,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MID-CUMBERLAND HUMAN RESOURCE AGENCY - 1101 KERMIT DRIVE, SUITE 300 - NASHVILLE, TN 37217	62-0923487	501(C)(3)	72,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
FAIRFIELD COUNTY COUNCIL ON AGING 210 E. WASHINGTON ST. WINNSBORO, SC 29180	57-0778839	501(C)(3)	72,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
PEOPLE FOR PEOPLE MEALS ON WHEELS 1008 W. AHTANUM ROAD, STE. 3 UNION GAP, WA 98903	91-0783225	501(C)(3)	71,682.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ORANGE COUNTY, NC P.O. BOX 2102 CHAPEL HILL, NC 27515	59-1721954	501(C)(3)	70,800.	0.			PROJECT SUPPORT AND OTHER SERVICES

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HOMAGE - SENIOR SERVICES 5026 196TH STREET, SW LYNNWOOD, WA 98036	91-0910680	501(C)(3)	70,682.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS, INC. OF TARRANT COUNTY - 5740 AIRPORT FREEWAY - FORT WORTH, TX 76117	75-1568798	501(C)(3)	70,397.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NORTH CAROLINA 404 CROSSWICK ROAD CLEMMONS, NC 27012	83-3370195	501(C)(3)	70,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CATHOLIC CHARITIES LAKE COUNTY 721 NORTH LASALLE STREET CHICAGO, IL 60654	36-2170821	501(C)(3)	70,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
COUNCIL ON AGING - GLADWIN COUNTY 215 S. ANTLER ST GLADWIN, MI 48624	11-1111111	N/A	70,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
KITCHEN ANGELS 1222 SILER RD. SANTA FE, NM 87507	85-0423492	501(C)(3)	69,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR CITIZEN RESOURCES 3100 DEVONSHIRE ROAD CLEVELAND, OH 44109	34-1098212	501(C)(3)	69,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. ANTHONY'S COMMUNITY CENTER/ CITY FARE - 1703 W 10TH ST. - WILMINGTON, DE 19805	51-0116737	501(C)(3)	69,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ALAMANCE COUNTY MEALS ON WHEELS, INC. - 411 W. 5TH STREET, SUITE A - BURLINGTON, NC 27215	56-1061980	501(C)(3)	68,756.	0.			PROJECT SUPPORT AND OTHER SERVICES

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MURRAY CALLOWAY COUNTY SENIOR CITIZENS CENTER - 607 POPLAR STREET SUITE D - MURRAY, KY 42071	61-0730009	501(C)(3)	68,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUND GENERATIONS MEALS ON WHEELS KING COUNTY - 2208 2ND AVENUE - SEATTLE, WA 98121	91-0823767	501(C)(3)	67,753.	0.			PROJECT SUPPORT AND OTHER SERVICES
MOBILE MEALS OF SOUTHERN ARIZONA 4803 E 5TH ST., STE #209 TUCSON, AZ 85711	23-7157579	501(C)(3)	67,283.	0.			PROJECT SUPPORT AND OTHER SERVICES
ABCAP 406 W. PLUM ST. GEORGETOWN, OH 45121	26-3202165	501(C)(3)	67,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS GRAND FORKS 620 4TH AVE. SOUTH GRAND FORKS, ND 58201	45-0311269	501(C)(3)	66,950.	0.			PROJECT SUPPORT AND OTHER SERVICES
FOODNET MEALS ON WHEELS 2422 NORTH TRIPHAMMER RD. ITHACA, NY 14850	16-1285569	501(C)(3)	66,867.	0.			PROJECT SUPPORT AND OTHER SERVICES
KALKASKA COUNTY COMMISSION ON AGING - 303 SOUTH CORAL STREET - KALKASKA, MI 49646	38-6004861	501(C)(3)	66,600.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS FAIRFIELD COUNTY 1515 CEDAR HILL ROAD LANCASTER, OH 43130	23-7331496	501(C)(3)	66,278.	0.			PROJECT SUPPORT AND OTHER SERVICES
TAMPA BAY NETWORK TO END HUNGER 4532 WEST KENNEDY BOULEVARD TAMPA, FL 33609	36-4758155	501(C)(3)	65,245.	0.			PROJECT SUPPORT AND OTHER SERVICES

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GOLD COUNTRY COMMUNITY SERVICES P.O. BOX 968 GRASS VALLEY, CA 95945	94-2436273	501(C)(3)	65,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WASHINGTON COUNTY COMMISSION ON AGING, INC. - 535 EAST FRANKLIN STREET - HAGERSTOWN, MD 21740	52-0899001	501(C)(3)	65,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ACTIONS, INC OF BRAZORIA COUNTY 1524 E. MULBERRY ANGLETON, TX 77515	74-1957799	501(C)(3)	65,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
NEIGHBORHOOD HOUSE 1020 S. MATTHEW STREET PEORIA, IL 61605	37-0661229	501(C)(3)	65,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
HEALY SENIOR CENTER PO BOX 1849 REDWAY, CA 95560	94-2762224	501(C)(3)	65,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
GREATER BOSTON CHINESE GOLDEN AGE CENTER - 75 KNEELAND STREET - BOSTON, MA 02111	23-7181452	501(C)(3)	65,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SOUTHWEST OH & NORTHERN KY - 2091 RADCLIFF DRIVE - CINCINNATI, OH 45204	31-0537097	501(C)(3)	64,952.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS FOUNDATION OF NORTHERN ILLINOIS - 7222 W. CERMAK RD., SUITE 302 - NORTH RIVERSIDE, IL 60546	36-4461669	501(C)(3)	64,463.	0.			PROJECT SUPPORT AND OTHER SERVICES
MODERN MATURITY CENTER, INC. 1121 FORREST AVENUE DOVER, DE 19904	51-0108568	501(C)(3)	64,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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THAMES VALLEY COUNCIL FOR COMMUNITY ACTION, INC - 1 SYLVANDALE ROAD - JEWETT CITY, CT 06351	06-0806128	501(C)(3)	63,718.	0.			PROJECT SUPPORT AND OTHER SERVICES
EAST PASCO MEALS ON WHEELS 38145 15TH AVENUE ZEPHYRHILLS, FL 33542	59-1565648	501(C)(3)	63,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
BAKERSFIELD SENIOR CENTER, INC. 530 4TH STREET BAKERSFIELD, CA 93304	77-0013149	501(C)(3)	63,323.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF TAMPA 550 WEST HILLSBOROUGH AVE. TAMPA, FL 33603	59-1679915	501(C)(3)	62,498.	0.			PROJECT SUPPORT AND OTHER SERVICES
CARROLL COUNTY COUNCIL ON AGING 100 KENSINGTON RD NE CARROLLTON, OH 44615	34-1245760	501(C)(3)	60,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
WASILLA AREA SENIORS, INC. 1301 SOUTH CENTURY CIRCLE WASILLA, AK 99654	92-0082770	501(C)(3)	60,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF HAMILTON COUNTY 395 WESTFIELD RD. NOBLESVILLE, IN 46060	35-1344488	501(C)(3)	60,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
AROOSTOOK AGENCY ON AGING 260 MAIN ST. PRESQUE ISLE, ME 04769	01-0322531	501(C)(3)	60,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
KINGS COUNTY COMMISSION ON AGING 10953 14TH AVENUE ARMONA, CA 93202	94-1723493	501(C)(3)	60,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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AGE WELL 875 ROOSEVELT HWY COLCHESTER, VT 05446	22-2474636	501(C)(3)	60,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CEAP MEALS ON WHEELS 7051 BROOKLYN BOULEVARD BROOKLYN CENTER, MN 55429	41-0990340	501(C)(3)	59,469.	0.			PROJECT SUPPORT AND OTHER SERVICES
TEAM, INC. 30 ELIZABETH STREET DERBY, CT 06418	06-0835182	501(C)(3)	59,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
IONA SENIOR SERVICES 4125 ALBEMARLE STREET NW WASHINGTON, DC 20016	52-1039553	501(C)(3)	59,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
FAMILY SERVICES OF MONTGOMERY COUNTY - MEALS ON WHEELS - 1976 EAST HIGH STREET - POTTSTOWN, PA 19464	23-1352361	501(C)(3)	58,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMON GROUND SENIOR SERVICES 80 RIDGE ROAD SUTTER CREEK, CA 95685	68-0463039	501(C)(3)	58,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
TORRANCE-LOMITA MEALS ON WHEELS C/O CHURCH OF CHRIST TORRANCE, CA 90503	95-2886609	501(C)(3)	58,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
EVELYN RUBENSTEIN JCC OF HOUSTON 5601 S. BRAESWOOD BLVD. HOUSTON, TX 77096	74-1198298	501(C)(3)	57,075.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF THE MONTEREY PENINSULA INC. - 700 JEWELL AVENUE - PACIFIC GROVE, CA 93950	94-2157521	501(C)(3)	56,500.	0.			PROJECT SUPPORT AND OTHER SERVICES

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CATHOLIC CHARITIES DIOCESE OF SAN DIEGO - PO BOX 121831 - SAN DIEGO, CA 92112	51-0464013	501(C)(3)	54,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SPOKANE 1222 W. 2ND AVE. SPOKANE, WA 99201	91-0833015	501(C)(3)	54,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS VICTORIA P.O. BOX 1433 VICTORIA, TX 77902	74-2116391	501(C)(3)	53,862.	0.			PROJECT SUPPORT AND OTHER SERVICES
KENAI SENIOR SERVICES/CITY OF KENAI - 361 SENIOR CT. - KENAI, AK 99611	92-0131229	501(C)(3)	52,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR COASTSIDERS 925 MAIN STREET HALF MOON BAY, CA 94019	94-3119310	501(C)(3)	52,400.	0.			PROJECT SUPPORT AND OTHER SERVICES
RALEIGH COUNTY COMMISSION ON AGING 1614 S. KANAWHA ST. BECKLEY, WV 25801	55-0612785	501(C)(3)	50,796.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS TRI-COUNTY P.O. BOX 1365 PALESTINE, TX 75802	75-1525201	501(C)(3)	50,574.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF STATEN ISLAND, INC. - 304 PORT RICHMOND AVE. - STATEN ISLAND, NY 10302	13-2894978	501(C)(3)	50,567.	0.			PROJECT SUPPORT AND OTHER SERVICES
STODDARD COUNTY SENIOR CITIZENS AGENCY - 23 WEST STODDARD STREET - DEXTER, MO 63841	43-1447330	501(C)(3)	50,444.	0.			PROJECT SUPPORT AND OTHER SERVICES

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MAMA'S KITCHEN 3960 HOME AVENUE SAN DIEGO, CA 92105	33-0434246	501(C)(3)	50,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
HAWAII MEALS ON WHEELS, INC. PO BOX 61194 HONOLULU, HI 96839	99-0198132	501(C)(3)	50,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
FAMILY SERVICE ASSOCIATION 21250 BOX SPRINGS ROAD MORENO VALLEY, CA 92557	95-1803694	501(C)(3)	50,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
GRAND RIVER MULTIPURPOSE CENTER 607 W. BUSINESS ROUTE 36 CHILLICOTHE, MO 64601	81-2854745	501(C)(3)	50,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS PENNSYLVANIA C/O BERKS ENCORE READING, PA 19601	27-3882726	501(C)(3)	50,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS WACO 501 W. WACO DRIVE WACO, TX 76707	74-1776447	501(C)(3)	49,989.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREATER LYNCHBURG - P.O. BOX 1388 - LYNCHBURG, VA 24505	23-7399875	501(C)(3)	49,773.	0.			PROJECT SUPPORT AND OTHER SERVICES
HOOD COUNTY COMMITTEE ON AGING PO BOX 849 GRANBURY, TX 76048	75-1630812	501(C)(3)	49,574.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF LONG BEACH, INC. - P.O. BOX 15688 - LONG BEACH, CA 90815	95-2829715	501(C)(3)	49,500.	0.			PROJECT SUPPORT AND OTHER SERVICES

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COAL CREEK MEALS ON WHEELS 455 N. BURLINGTON AVENUE LAFAYETTE, CO 80026	84-0634856	501(C)(3)	49,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MINUTEMAN SENIOR SERVICES 26 CROSBY DR. BEDFORD, MA 01730	04-2587212	501(C)(3)	48,760.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY EMERGENCY SERVICE 1900 11TH AVE S MINNEAPOLIS, MN 55404	41-1728341	501(C)(3)	48,600.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS, INC. 1025 PENNSYLVANIA AVENUE LINDEN, NJ 07036	22-1946479	501(C)(3)	47,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR RESOURCE CENTER 15856 E. FIFTH ST. HAYWARD, WI 54843	39-1519694	501(C)(3)	47,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WISE COUNTY COMMITTEE ON AGING, INC. - PO BOX 903 - DECATUR, TX 76234	75-1651529	501(C)(3)	46,600.	0.			PROJECT SUPPORT AND OTHER SERVICES
WHITE RIVER AREA AGENCY ON AGING PO BOX 2637 BATESVILLE, AR 72503	71-0521442	501(C)(3)	46,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREELEY AND WELD COUNTY - 2131 9TH ST. - GREELEY, CO 80631	84-0673693	501(C)(3)	46,200.	0.			PROJECT SUPPORT AND OTHER SERVICES
CUMBERLAND COUNTY COUNCIL ON OLDER ADULTS - 339 DEVERS STREET - FAYETTEVILLE, NC 28303	56-0902659	501(C)(3)	46,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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CABARRUS MEALS ON WHEELS 1701 SOUTH MAIN STREET KANNAPOLIS, NC 28081	56-1172942	501(C)(3)	45,128.	0.			PROJECT SUPPORT AND OTHER SERVICES
KEN-TON MEALS ON WHEELS 169 SHERIDAN PARKSIDE DR. TONAWANDA, NY 14150	16-1093437	501(C)(3)	45,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
PUTNAM COUNTY SENIOR CITIZENS ORGANIZATION - 116 S. 17TH STREET - UNIONVILLE, MO 63565	43-1063546	501(C)(3)	44,426.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIORCARE, INC. 49 BLACKBURN CENTER GLOUCESTER, MA 01930	04-2512171	501(C)(3)	44,266.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF MERCER COUNTY 320 HOLLOWBROOK DRIVE EWING, NJ 08638	22-1990231	501(C)(3)	44,226.	0.			PROJECT SUPPORT AND OTHER SERVICES
CARSON CITY SENIOR CITIZEN CENTER 911 BEVERLY DRIVE CARSON CITY, NV 89706	88-0123061	501(C)(3)	43,357.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF DURHAM, INC. 2522 ROSS RD. DURHAM, NC 27703	56-1729111	501(C)(3)	43,256.	0.			PROJECT SUPPORT AND OTHER SERVICES
SUMMIT COUNTY COMMUNITY AND SENIOR CENTER - P.O. BOX 1845 - FRISCO, CO 80443	84-0989154	501(C)(3)	43,161.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR CONNECTIONS 1805 NORTH 16TH STREET SUPERIOR, WI 54880	39-1602800	501(C)(3)	43,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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CHRISTIAN SERVICES, INC. P.O. BOX 1994 HATTIESBURG, MS 39403	64-0730835	501(C)(3)	43,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MAC, INC. 909 PROGRESS CIRCLE, SUITE 100 SALISBURY, MD 21804	52-0992005	501(C)(3)	42,499.	0.			PROJECT SUPPORT AND OTHER SERVICES
COUNCIL ON AGING FOR HENDERSON COUNTY - 105 KING CREEK BLVD. - HENDERSONVILLE, NC 28792	56-0936674	501(C)(3)	42,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS IN GREATER NEW BRUNSWICK - 211 LIVINGSTON AVENUE - NEW BRUNSWICK, NJ 08901	22-2402945	501(C)(3)	42,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
BLOOMINGTON MEALS ON WHEELS 601 W 2ND STREET BLOOMINGTON, IN 47402	31-0941563	501(C)(3)	41,419.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS - ANDERSON P.O. BOX 285 ANDERSON, SC 29622	57-0634729	501(C)(3)	41,031.	0.			PROJECT SUPPORT AND OTHER SERVICES
CHEROKEE COUNTY MEALS ON WHEELS P.O. BOX 1886 GAFFNEY, SC 29342	57-0773044	501(C)(3)	41,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ROCKDALE COUNTY SENIOR SERVICES 1240 DOGWOOD DRIVE SW CONYERS, GA 30012	11-1111111	N/A	41,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WHEATON 10101 CONNECTICUT AVENUE KENSINGTON, MD 20895	52-0948124	501(C)(3)	41,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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COUNCIL ON AGING SERVICES FOR SENIORS - SANTA ROSA - 30 KAWANA SPRINGS RD. - SANTA ROSA, CA 95404	94-6138714	501(C)(3)	40,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
LUBBOCK MEALS ON WHEELS 2304 34TH STREET LUBBOCK, TX 79411	75-1333736	501(C)(3)	39,900.	0.			PROJECT SUPPORT AND OTHER SERVICES
EDMOND MOBILE MEALS, INC. 25 W. 3RD ST. EDMOND, OK 73003	73-1250443	501(C)(3)	39,556.	0.			PROJECT SUPPORT AND OTHER SERVICES
KEYSTONE HOSPICE 8765 STENTON AVENUE WYNDMOOR, PA 19038	23-2757697	501(C)(3)	39,549.	0.			PROJECT SUPPORT AND OTHER SERVICES
THE HEALTH TRUST 1400 PARKMOOR AVE SAN JOSE, CA 95126	94-6050231	501(C)(3)	39,223.	0.			PROJECT SUPPORT AND OTHER SERVICES
CARE CONNECTION FOR AGING SERVICES 106 WEST YOUNG WARRENSBURG, MO 64093	43-1015585	501(C)(3)	39,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. PAUL'S MEALS ON WHEELS, INC. 416 CENTER AVENUE PITCAIRN, PA 15140	46-3362083	501(C)(3)	37,949.	0.			PROJECT SUPPORT AND OTHER SERVICES
WHITE COUNTY AGING PROGRAM, INC. 2200 EAST MOORE AVENUE SEARCY, AR 72143	71-0697311	501(C)(3)	37,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
SERVICES FOR OLDER CITIZENS 158 RIDGE RD. GROSSE POINTE, MI 48236	38-2254509	501(C)(3)	37,500.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALLAHAN COUNTY NUTRITION PROJECT 100 WEST 4TH STREET BAIRD, TX 79504	75-2905021	501(C)(3)	37,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WESTMASS ELDERCARE 4 VALLEY MILL RD. HOLYOKE, MA 01040	04-2545848	501(C)(3)	36,719.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NEW HAMPSHIRE 395 DANIEL WEBSTER HWY. MERRIMACK, NH 03054	81-4736530	501(C)(3)	36,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. JOSEPH COMMUNITY SERVICES P.O. BOX 910 MERRIMACK, NH 03054	02-0335003	501(C)(3)	35,740.	0.			PROJECT SUPPORT AND OTHER SERVICES
SAGE ELDERCARE 290 BROAD STREET SUMMIT, NJ 07901	22-1657929	501(C)(3)	35,532.	0.			PROJECT SUPPORT AND OTHER SERVICES
CULVER PALMS MEALS ON WHEELS 4427 OVERLAND AVE CULVER CITY, CA 90230	95-2891033	501(C)(3)	35,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
WASHINGTON COUNTY SENIOR SERVICES, INC. - 305 N. NASHVILLE ST. - OKAWVILLE, IL 62271	37-1092072	501(C)(3)	35,347.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES CONSORTIUM OF RAMSEY COUNTY - 160 E. KELLOGG BLVD., SUITE 9100 - ST. PAUL, MN 55101	31-1689516	501(C)(3)	35,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CROWN CENTER FOR SENIOR LIVING 8350 DELCREST DRIVE ST. LOUIS, MO 63124	43-1695861	501(C)(3)	35,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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MEALS ON WHEELS NORTHEASTERN ILLINOIS - 1723 SIMPSON ST - EVANSTON, IL 60201	36-2662113	501(C)(3)	34,463.	0.			PROJECT SUPPORT AND OTHER SERVICES
SIERRA SENIOR PROVIDERS, INC. 540 GREENLEY RD. SONORA, CA 95370	77-0432625	501(C)(3)	34,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WILKES COUNTY 710 VETERANS DRIVE NORTH WILKESBORO, NC 28659	56-0857800	501(C)(3)	34,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
AEOA SENIOR SERVICES 702 THIRD AVENUE SOUTH VIRGINIA, MN 55792	41-6052144	501(C)(3)	33,939.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR LIFE RESOURCES, MEALS ON WHEELS - 1824 FOWLER STREET - RICHLAND, WA 99352	91-0909913	501(C)(3)	33,341.	0.			PROJECT SUPPORT AND OTHER SERVICES
GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC. - 10 CAMPBELL ST - LEBANON, NH 03766	23-7248316	501(C)(3)	32,787.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUTHERN ARIZONA AIDS FOUNDATION 375 S. EUCLID AVE. TUCSON, AZ 85719	86-0864100	501(C)(3)	32,783.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF ALEXANDRIA 206 N. WASHINGTON STREET, #301 ALEXANDRIA, VA 22314	54-0842806	501(C)(3)	32,558.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR CITIZENS CLUB OF PETROLIA PO BOX 234 PETROLIA, TX 76377	75-1744367	501(C)(3)	32,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

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MEALS ON WHEELS YOLO COUNTY 40 N. EAST ST. SUITE C WOODLAND, CA 95776	94-1599229	501(C)(3)	31,804.	0.			PROJECT SUPPORT AND OTHER SERVICES
SPECTRUM COMMUNITY SERVICES 2621 BARRINGTON CT HAYWARD, CA 94545	94-1748275	501(C)(3)	31,804.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NORTH JERSEY 100 MADISON AVENUE, SUITE 3 WESTWOOD, NJ 07675	22-2340025	501(C)(3)	31,747.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGING AHEAD 14535 MANCHESTER RD. MANCHESTER, MO 63011	43-1833987	501(C)(3)	31,426.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS GUILFORD COUNTY 1401 BENJAMIN PARKWAY GREENSBORO, NC 27408	56-1181577	501(C)(3)	31,256.	0.			PROJECT SUPPORT AND OTHER SERVICES
CLAY COUNTY SENIOR CITIZENS PO BOX 533 HENRIETTA, TX 76365	75-1667838	501(C)(3)	31,074.	0.			PROJECT SUPPORT AND OTHER SERVICES
KC KOSHER MEALS ON WHEELS 10147 MACKEY STREET OVERLAND PARK, KS 66212	43-1772532	501(C)(3)	31,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF THE PALM BEACHES, INC. - P.O. BOX 247 - W. PALM BEACH, FL 33402	27-2891297	501(C)(3)	30,622.	0.			PROJECT SUPPORT AND OTHER SERVICES
OSWEGO COUNTY OPPORTUNITIES, INC. 239 ONEIDA STREET FULTON, NY 13069	16-0979876	501(C)(3)	30,567.	0.			PROJECT SUPPORT AND OTHER SERVICES

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

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KANAWHA VALLEY SENIOR SERVICES, INC. - 2428 KANAWHA BOULEVARD, E - CHARLESTON, WV 25311	55-0626556	501(C)(3)	30,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
EASTERN AREA AGENCY ON AGING 240 STATE STREET BREWER, ME 04412	01-0328376	501(C)(3)	30,178.	0.			PROJECT SUPPORT AND OTHER SERVICES
CHEER, INC. 546 S. BEDFORD ST. GEORGETOWN, DE 19947	51-0112599	501(C)(3)	30,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
INDEPENDENCE COUNTY - SENIOR CITIZENS PROGRAM - 1590 E. COLLEGE STREET - BATESVILLE, AR 72501	71-6016119	501(C)(3)	30,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR RESOURCE CONNECTION 105 S. WILKINSON STREET DAYTON, OH 45402	31-0592759	501(C)(3)	30,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA ST. EUREKA, CA 95501	94-2261434	501(C)(3)	29,536.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NEW CASTLE P.O. BOX 5122 NEW CASTLE, PA 16105	27-0608967	501(C)(3)	29,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MACEDONIA FACE 5001 BAUM BOULEVARD PITTSBURGH, PA 15213	25-1778222	501(C)(3)	29,400.	0.			PROJECT SUPPORT AND OTHER SERVICES
THE FRIENDLY KITCHEN 1771 W. HARVARD AVE. ROSEBURG, OR 97471	93-0779289	501(C)(3)	29,036.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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LIVE OAK SENIORS, INC. P.O. BOX 1389 CLEARLAKE OAKS, CA 95423	94-2768581	501(C)(3)	29,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CHICO MEALS ON WHEELS P.O. BOX 1662 CHICO, CA 95927	94-1732875	501(C)(3)	29,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
FRANKLIN COUNTY COUNCIL ON AGING, INC - 202 MEDICAL HEIGHTS DR. - FRANKFORT, KY 40601	61-6041002	501(C)(3)	28,882.	0.			PROJECT SUPPORT AND OTHER SERVICES
DAVIESS COUNTY MULTI-PURPOSE SENIOR CENTER, INC. - 109 S. MAIN ST. - GALLATIN, MO 64640	43-1037501	501(C)(3)	28,626.	0.			PROJECT SUPPORT AND OTHER SERVICES
LIFEPATH, INC. 101 MUNSON STREET, SUITE 201 GREENFIELD, MA 01301	04-2542539	501(C)(3)	28,166.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR HUB MEALS ON WHEELS 10190 BANNOCK STREET NORTH GLENN, CO 80260	74-2412032	501(C)(3)	28,161.	0.			PROJECT SUPPORT AND OTHER SERVICES
DIGNITY HEALTH CONNECTED LIVING 200 MERCY OAKS DRIVE REDDING, CA 96003	23-7115371	501(C)(3)	28,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NORTHEAST TENNESSEE - 704 ROLLING HILLS DRIVE - JOHNSON CITY, TN 37604	62-0928394	501(C)(3)	27,645.	0.			PROJECT SUPPORT AND OTHER SERVICES
BARRE HOUSING SERVICES/CITY HOTEL CAF - 30 WASHINGTON ST. - BARRE, VT 05641	46-5180875	501(C)(3)	27,500.	0.			PROJECT SUPPORT AND OTHER SERVICES

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MEALS ON WHEELS BURLINGTON COUNTY 795 WOODLANE ROAD WESTAMPTON, NJ 08060	21-6000107	501(C)(3)	27,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
AMHERST MEALS ON WHEELS, INC. 370 AUDUBON PARKWAY AMHERST, NY 14228	16-1240804	501(C)(3)	27,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WILLIAMSON & BURNET COUNTIES - 604 HIGH TECH DRIVE - GEORGETOWN, TX 78626	74-6075213	501(C)(3)	26,915.	0.			PROJECT SUPPORT AND OTHER SERVICES
LIFEBRIDGE COMMUNITY SERVICES 475 CLINTON AVENUE BRIDGEPORT, CT 06605	06-0646974	501(C)(3)	26,827.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ERIE 4408 PEACH ST. ERIE, PA 16509	51-0200640	501(C)(3)	26,549.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CHARLOTTE COUNTY, INC. - 3082 TAMIAMI TRAIL - PORT CHARLOTTE, FL 33952	59-1358912	501(C)(3)	26,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF DENTON COUNTY 1800 MALONE ST. DENTON, TX 76201	75-1497010	501(C)(3)	26,064.	0.			PROJECT SUPPORT AND OTHER SERVICES
MYSTIC VALLEY ELDER SERVICES 300 COMMERCIAL STREET - #19 MALDEN, MA 02148	04-2562646	501(C)(3)	26,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
OTTAWA COUNTY SENIOR RESOURCES - HOME DELIVERED MEALS - 8180 W. STATE RT. 163 - OAK HARBOR, OH 43449	11-1111111	N/A	26,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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FEEDMORE - MEALS ON WHEELS 1415 RHOADMILLER STREET RICHMOND, VA 23220	54-1150923	501(C)(3)	26,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
AZCEND P.O. BOX 591 CHANDLER, AZ 85244	86-0428780	501(C)(3)	25,710.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY MEALS, INC. C/O COMMUNITY CHURCH OF GLEN ROCK GLEN ROCK, NJ 07452	22-1607272	501(C)(3)	25,208.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGING PROJECTS, INC./FRIENDSHIP MEALS - 112 W SHERMAN STREET - HUTCHINSON, KS 67501	48-0813686	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SERVICE OPPORTUNITY FOR SENIORS 2235 POLVOROSA DR. STE 260 SAN LEANDRO, CA 94577	94-1725204	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WASHOE COUNTY HUMAN SERVICES AGENCY - 350 SOUTH CENTER STREET - RENO, NV 89501	11-1111111	N/A	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
60'S PLUS DINING - ICAP PO BOX 268 MADISON, SD 57042	46-0282131	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NORTHWEST ARKANSAS 506 E. SPRUCE ST. ROGERS, AR 72757	71-0406286	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ADRC OF BROWN COUNTY 300 S. ADAMS STREET GREEN BAY, WI 54301	39-1286261	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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SENIOR CITIZENS ASSOCIATION HOME DELIVERED MEALS - 600 SENIOR WAY - FLORENCE, SC 29505	57-0515239	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
METROPORT MEALS ON WHEELS P.O. BOX 204 ROANOKE, TX 76262	75-2298847	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS KITSAP 2817 WHEATON WAY, SUITE 208 BREMERTON, WA 98310	91-1197374	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SHIAWASSEE COUNCIL ON AGING 300 N WASHINGTON ST OWOSSO, MI 48867	38-2052027	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WALTON COUNTY SENIOR CITIZENS PO BOX 764 MONROE, GA 30655	58-1076363	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
PROJECT ANGEL HEART 4950 WASHINGTON STREET DENVER, CO 80216	84-1199481	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
BAKER COUNTY COUNCIL ON AGING 9264 BUCK STARLING ROAD MACCLENNY, FL 32063	59-1596339	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MOORESBURG COMMUNITY ASSOCIATION 318 MCNEIL CIRCLE MOORESBURG, TN 37811	94-3416521	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
LTSC COMMUNITY DEVELOPMENT CORPORATION - 231 EAST 3RD STREET - LOS ANGELES, CA 90013	95-4444102	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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SAN PEDRO MEALS ON WHEELS 731 SOUTH AVERILL AVENUE SAN PEDRO, CA 90732	95-2803612	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
HOCKING ATHENS PERRY COMMUNITY ACTION (HAPCAP) - 3 CARDARAS DRIVE - GLOUSTER, OH 45732	31-0718322	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MINOT COMMISSION ON AGING 21 1ST AVE. SE MINOT, ND 58701	45-0318382	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MAT-SU SENIOR SERVICES 1132 S. CHUGACH ST. PALMER, AK 99645	92-0078503	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MUSKINGUM COUNTY CENTER FOR SENIORS - 160 N. 4TH STREET - ZANESVILLE, OH 43701	91-1884444	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTHEAST KANSAS AREA AGENCY ON AGING - 1803 OREGON AVENUE - HIAWATHA, KS 66434	48-0802891	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIORS FIRST 12183 LOCKSLEY LANE #205 AUBURN, CA 95602	68-0430154	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
JEWISH FAMILY SERVICE OF GREATER DALLAS - 5402 ARAPAHO ROAD - DALLAS, TX 75248	32-0307257	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
BLADEN COUNTY DIVISION ON AGING 608 MCLEOD STREET ELIZABETHTOWN, NC 28337	11-1111111	N/A	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

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THE SENIOR ALLIANCE, INC. 5454 VENOY ROAD WAYNE, MI 48184	38-2322126	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
KANKAKEE COUNTY COMMUNITY SERVICES 657 E COURT ST SUITE 207 KANKAKEE, IL 60901	36-3478633	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
LAMAR COUNTY HUMAN RESOURCES COUNCIL, INC - P.O. BOX 714 - PARIS, TX 75461	75-1494942	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CAPITAL AREA AGENCY ON AGING PO BOX 66038 BATON ROUGE, LA 70896	72-0738045	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
PROSPECT HILL SENIOR CENTER 283 PROSPECT AVENUE BROOKLYN, NY 11215	11-1111111	N/A	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
NEW HANOVER COUNTY SENIOR RESOURCE CENTER - 2222 SOUTH COLLEGE ROAD - WILMINGTON, NC 28403	56-6000324	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGEWELL SERVICES 275 WEST CLAY AVENUE MUSKEGON, MI 49440	38-2033822	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTHERN KENTUCKY AREA DEVELOPMENT DISTRICT - 22 SPIRAL DRIVE - FLORENCE, KY 41042	61-0719369	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUTH LOUISVILLE COMMUNITY MINISTRIES - 415 1/2 W. ASHLAND AVENUE - LOUISVILLE, KY 40214	31-0891259	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLUVANNA MEALS ON WHEELS, INC. 105 CROFTON PLAZA, SUITE 8 PALMYRA, VA 22963	26-0185272	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
HIGHLANDS SENIOR SERVICE CENTER PO BOX 180 CLEARLAKE, CA 95422	68-0010987	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIORSPLUS 8 FALCON ROAD LEWISTON, ME 04240	01-0317103	501(C)(3)	25,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
COSHOCTON SENIOR CENTER 201 BROWN'S LANE COSHOCTON, OH 43812	31-0720520	501(C)(3)	24,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
TRAINING, EMPLOYMENT & COMMUNITY HELP, INC. - 112 E. 2ND ST. - ALTURAS, CA 96101	94-2578204	501(C)(3)	24,404.	0.			PROJECT SUPPORT AND OTHER SERVICES
PASADENA MEALS ON WHEELS 500 EAST COLORADO BOULEVARD PASADENA, CA 91101	95-6111667	501(C)(3)	24,354.	0.			PROJECT SUPPORT AND OTHER SERVICES
JAMIESON COMMUNITY CENTER PO BOX 495 MONMOUTH, IL 61462	37-0912489	501(C)(3)	24,200.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIORS ASSISTANCE CENTER 7774 W. IRVING PARK RD. NORRIDGE, IL 60706	36-2918912	501(C)(3)	24,100.	0.			PROJECT SUPPORT AND OTHER SERVICES
SE CLERGY MEALS ON WHEELS 415 NORTHFIELD RD. BEDFORD, OH 44146	34-1475654	501(C)(3)	24,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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THE SENIOR CONNECTION PO BOX 28 HAILEY, ID 83333	82-0315917	501(C)(3)	23,762.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SYRACUSE 300 BURT ST. SYRACUSE, NY 13202	16-0970999	501(C)(3)	23,067.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTH AREA MEALS ON WHEELS 413 CHURCH STREET NORTH SYRACUSE, NY 13212	22-2296486	501(C)(3)	23,067.	0.			PROJECT SUPPORT AND OTHER SERVICES
DETROIT AREA AGENCY ON AGING 1333 BREWERY PARK BOULEVARD, SUITE DETROIT, MI 48207	38-2320421	501(C)(3)	23,057.	0.			PROJECT SUPPORT AND OTHER SERVICES
NATRONA COUNTY MEALS ON WHEELS 1760 EAST 12TH STREET CASPER, WY 82601	83-0214230	501(C)(3)	23,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
NEW ORLEANS COUNCIL ON AGING 2475 CANAL ST, STE. 400 NEW ORLEANS, LA 70119	72-0634096	501(C)(3)	23,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SALEM COUNTY 90 MARKET STREET SALEM, NJ 08079	22-2158433	501(C)(3)	22,976.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CHEMUNG COUNTY 409 WILLIAM STREET ELMIRA, NY 14901	16-1353247	501(C)(3)	22,972.	0.			PROJECT SUPPORT AND OTHER SERVICES
CITY OF PACIFICA 540 CRESPI DRIVE PACIFICA, CA 94044	11-1111111	N/A	22,800.	0.			PROJECT SUPPORT AND OTHER SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST COOPER MEALS ON WHEELS PO BOX 583 MOUNT PLEASANT, SC 29465	57-0804618	501(C)(3)	22,700.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF BOSTON 246 SEAVER ST. DORCHESTER, MA 02121	26-3491532	501(C)(3)	22,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF ASHEVILLE-BUNCOMBE COUNTY - 146 VICTORIA ROAD - ASHEVILLE, NC 28801	56-1115597	501(C)(3)	22,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MCDOWELL COUNTY COMMISSION ON AGING - 725 STEWART ST. - WELCH, WV 24801	55-0567694	501(C)(3)	21,996.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS WICHITA FALLS 1000 BURNETT STREET WICHITA FALLS, TX 76301	75-1242736	501(C)(3)	21,915.	0.			PROJECT SUPPORT AND OTHER SERVICES
AREA AGENCY ON AGING REGION X 531E. 15TH STREET JOPLIN, MO 64803	43-1159115	501(C)(3)	21,915.	0.			PROJECT SUPPORT AND OTHER SERVICES
RADIANT HEALTH CENTERS 17982 SKY PARK CIR, SUITE J IRVINE, CA 92614	33-0126481	501(C)(3)	21,804.	0.			PROJECT SUPPORT AND OTHER SERVICES
BIG VALLEY 50 PLUS P.O. BOX 586 BIEBER, CA 96009	94-2654948	501(C)(3)	21,304.	0.			PROJECT SUPPORT AND OTHER SERVICES
VIC-VALLEY INTERFAITH/INTERCOMMUNITY COUNCIL, INC. - 13300 VICTORY BLVD. - VAN NUYS, CA 91401	95-2653387	501(C)(3)	21,276.	0.			PROJECT SUPPORT AND OTHER SERVICES

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PIEDMONT SENIOR RESOURCES AREA AGENCY IN AGING - 1413 SOUTH MAIN STREET - FARMVILLE, VA 23901	54-1025127	501(C)(3)	21,058.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR CITIZENS ACTIVITY CENTER OF BURKBURNETT, INC. - 220 E. 5TH STREET - BURKBURNETT, TX 76354	75-1607070	501(C)(3)	21,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CONCERNED CITIZENS OF JACK COUNTY, INC. - 400 EAST PINE STREET - JACKSBORO, TX 76458	75-1597134	501(C)(3)	20,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS FOR THE ELDERLY 310 E. HOUSTON HARTE SAN ANGELO, TX 76903	51-0159134	501(C)(3)	20,074.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SUMMERVILLE, INC. - PO BOX 592 - SUMMERVILLE, SC 29484	57-0730993	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
DARLINGTON COUNTY COUNCIL ON AGING 402 PEARL STREET DARLINGTON, SC 29532	57-0680050	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MULTI-PURPOSE COMMUNITY ACTION AGENCY - 207 WASHINGTON STREET - SHELBYVILLE, KY 40066	61-0867061	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
ROCS DINING SERVICES 106 WEST AVENUE SOUTHWEST WAGNER, SD 57380	46-0365648	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
LANCASTER COUNTY COUNCIL ON AGING PO BOX 1296 LANCASTER, SC 29721	57-0161585	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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COMMUNITY ACTION AGENCY 507 FIRST AVENUE NORTH ESCANABA, MI 49829	38-1795659	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
BI-COUNTY NUTRITION 416 1/2 OHIO AVE. NUTTER FORT, WV 26301	55-0626656	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
REAL SERVICES, INC. 121 W. GARST ST. SOUTH BEND, IN 46601	35-1157606	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
LA JOLLA MEALS ON WHEELS 9888 GENESEE AVE. LA JOLLA, CA 92037	95-2880653	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
JERSEY CITY DEPT HHS SENIOR NUTRITION MEALS ON WHEELS - 199 SUMMIT AVENUE - JERSEY CITY, NJ 07304	11-1111111	N/A	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
STOREY COUNTY SENIOR CENTER PO BOX 786 VIRGINIA CITY, NV 89512	94-2811382	501(C)(3)	20,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WHISTLESTOP MEALS ON WHEELS 930 TAMALPAIS AVENUE SAN RAFAEL, CA 94901	94-1422463	501(C)(3)	19,536.	0.			PROJECT SUPPORT AND OTHER SERVICES
GREENUP MEALS ON WHEELS, INC. PO BOX 382 GREENUP, KY 41144	20-4201044	501(C)(3)	19,400.	0.			PROJECT SUPPORT AND OTHER SERVICES
MAIN LINE MEALS ON WHEELS, INC. P.O. BOX 801 DEVON, PA 19333	23-1907603	501(C)(3)	19,149.	0.			PROJECT SUPPORT AND OTHER SERVICES

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BOWIE SENIOR CITIZENS PROJECT 501 PELHAM ST BOWIE, TX 76230	75-1626387	501(C)(3)	19,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
GRAND RIVER MEALS ON WHEELS 501 AIRPORT ROAD RIFLE, CO 81650	84-0736594	501(C)(3)	18,161.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR ROUND TABLE 720 SPRAGUE AVE. WALLA WALLA, WA 99362	91-0874461	501(C)(3)	18,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
VOLUNTARY ACTION CENTER OF THE IOWA GREAT LAKES, INC. - 800 21ST STREET - SPIRIT LAKE, IA 51360	42-1021005	501(C)(3)	17,818.	0.			PROJECT SUPPORT AND OTHER SERVICES
STRAFFORD NUTRITION MEALS ON WHEELS - 25 BARTLETT AVE - SOMERSWORTH, NH 03878	26-4545462	501(C)(3)	17,787.	0.			PROJECT SUPPORT AND OTHER SERVICES
TEMPE COMMUNITY ACTION AGENCY 2146 E. APACHE BLVD. TEMPE, AZ 85281	86-0254820	501(C)(3)	17,783.	0.			PROJECT SUPPORT AND OTHER SERVICES
PARKER COMMUNITY SENIOR CENTER 1115 W 12TH ST PARKER, AZ 85344	74-3097368	501(C)(3)	17,783.	0.			PROJECT SUPPORT AND OTHER SERVICES
FIFTYFORWARD 174 RAINS AVENUE NASHVILLE, TN 37203	62-0566419	501(C)(3)	17,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS PLUS OF MANATEE 811 23RD AVENUE EAST BRADENTON, FL 34208	59-1420986	501(C)(3)	17,495.	0.			PROJECT SUPPORT AND OTHER SERVICES

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NORTHERN AREA MULTI-SERVICE CENTER 209 THIRTEENTH STREET PITTSBURGH, PA 15215	23-7139992	501(C)(3)	17,412.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS LEWES & REHOBOTH, INC. - 32409 LEWES GEORGETOWN HWY - LEWES, DE 19958	51-0188109	501(C)(3)	17,100.	0.			PROJECT SUPPORT AND OTHER SERVICES
GENERATIONS UNLIMITED 10915 ELLENTON STREET BARNWELL, SC 29812	57-0825211	501(C)(3)	17,031.	0.			PROJECT SUPPORT AND OTHER SERVICES
GREAT NORTHERN SERVICES 310 BOLES STREET WEED, CA 96094	94-2562423	501(C)(3)	17,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR LIFE MIDLAND PO BOX 80519 MIDLAND, TX 79708	75-1899190	501(C)(3)	16,915.	0.			PROJECT SUPPORT AND OTHER SERVICES
BELOIT MEALS ON WHEELS 424 COLLEGE STREET BELOIT, WI 53511	39-1375390	501(C)(3)	16,748.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY - 536 GEORGE STREET - NORRISTOWN, PA 19401	23-1659451	501(C)(3)	16,549.	0.			PROJECT SUPPORT AND OTHER SERVICES
BENDER JCC OF GREATER WASHINGTON 6125 MONTROSE ROAD ROCKVILLE, MD 20852	53-0205921	501(C)(3)	16,499.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTHWEST DANE SENIOR SERVICES 1837 BOURBON RD. CROSS PLAINS, WI 53528	39-1691930	501(C)(3)	16,348.	0.			PROJECT SUPPORT AND OTHER SERVICES

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CITY OF MARFA NUTRITION CENTER PO BOX 787 MARFA, TX 79843	74-6001684	501(C)(3)	16,200.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF EASTERN ONONDAGA COUNTY, INC. - PO BOX 72 - MANLIUS, NY 13104	23-7411928	501(C)(3)	16,050.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY ACTION MEALS ON WHEELS PROGRAM - 3225 LAKE AVENUE - ASHTABULA, OH 44004	34-1059824	501(C)(3)	16,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS IN HUNTERDON, INC. 5 WALTER FORAN BLVD., STE. 2006 FLEMINGTON, NJ 08822	22-3084358	501(C)(3)	15,876.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NEW ROCHELLE 50 PINTARD AVENUE NEW ROCHELLE, NY 10801	13-3186919	501(C)(3)	15,567.	0.			PROJECT SUPPORT AND OTHER SERVICES
PLUM SENIOR COMMUNITY CENTER 499 CENTER NEW TEXAS RD. PITTSBURGH, PA 15239	25-1413004	501(C)(3)	15,549.	0.			PROJECT SUPPORT AND OTHER SERVICES
AIDS SERVICES OF AUSTIN 7215 CAMERON RD. AUSTIN, TX 78752	74-2440845	501(C)(3)	15,149.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS - SANTA MARIA VALLEY - P.O. BOX 6526 - SANTA MARIA, CA 93456	95-2757731	501(C)(3)	15,100.	0.			PROJECT SUPPORT AND OTHER SERVICES
AREA AGENCY ON AGING, REGION ONE 1366 E. THOMAS RD PHOENIX, AZ 85014	74-2371957	501(C)(3)	15,008.	0.			PROJECT SUPPORT AND OTHER SERVICES

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BROOMFIELD MEALS ON WHEELS 280 SPADER WAY BROOMFIELD, CO 80020	84-0862957	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR CENTER OF BOULDER CITY 813 ARIZONA ST BOULDER CITY, NV 89005	94-2928685	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
EASTSIDE MEALS ON WHEELS INC. 1510 33RD AVE. NE MINNEAPOLIS, MN 55418	41-1228367	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WEBB COMMUNITY ACTION AGENCY 520 REYNOLDS STREET LAREDO, TX 78040	74-1679668	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
INTERSERV 5400 KING HILL AVENUE SAINT JOSEPH, MO 64504	75-3197631	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF ERATH COUNTY 310 W. LINGLEVILLE ROAD STEPHENVILLE, TX 76401	75-2588510	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
BLOOMINGTON-EDEN PRAIRIE MEALS ON WHEELS - 8400 FRANCE AVENUE SOUTH - MINNEAPOLIS, MN 55431	41-0965825	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
TLC MEALS ON WHEELS PO BOX 3108 CENTENNIAL, CO 80161	84-0617651	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY ACTION AGENCY OF NORTHWEST ALABAMA INC - 745 THOMPSON STREET - FLORENCE, AL 35630	63-0505905	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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COMMUNITY ACTION TEAM 125 N. 17TH STREET SAINT HELENS, OR 97051	93-0554156	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CHARLOTTE COUNTY MEALS ON WHEELS P.O. BOX 486 KEYSVILLE, VA 23947	34-2025018	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
STATE COLLEGE AREA MEALS ON WHEELS, INC. - 205 S. GARNER ST. - STATE COLLEGE, PA 16801	25-1215933	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
AARONS PLACE INC. 24311 ROBINS CREEK ROAD PRESTON, MD 21655	84-2099035	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WYANDOTTE/LEAVENWORTH AREA AGENCY ON AGING - 849 N. 47TH STREET, STE. C - KANSAS CITY, KS 66102	11-1111111	N/A	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS FOR FORT COLLINS 1217 E. ELIZABETH ST. FORT COLLINS, CO 80524	23-7116630	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
NEW OPPORTUNITIES INC. 232 NORTH ELM STREET WATERBURY, CT 06702	06-6071847	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WOOD COUNTY SENIOR CITIZENS ASSOCIATION - 914 MARKET STREET, SUITE 106 - PARKERSBURG, WV 26101	55-0577681	501(C)(3)	15,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
BRADFORD REGIONAL MEDICAL CENTER 116 INTERSTATE PARKWAY BRADFORD, PA 16701	23-2875157	501(C)(3)	14,912.	0.			PROJECT SUPPORT AND OTHER SERVICES

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JEWISH COMMUNITY CENTER OF LOUISVILLE - 3600 DUTCHMANS LANE - LOUISVILLE, KY 40205	61-0444704	501(C)(3)	14,882.	0.			PROJECT SUPPORT AND OTHER SERVICES
KEARNEY HOUSING DEVELOPMENT CORPORATION - 2715 AVENUE I, OFC - KEARNEY, NE 68848	47-0782317	501(C)(3)	14,824.	0.			PROJECT SUPPORT AND OTHER SERVICES
YADKIN VALLEY ECONOMIC DEVELOPMENT DISTRICT, INC. (YVEDDI) - P.O. BOX 309 - BOONVILLE, NC 27011	56-0851147	501(C)(3)	14,692.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY COOPERATIVE, INC. / MEALS ON WHEELS - 3429 DR. MARTIN LUTHER KING BLVD - FORT MYERS, FL 33916	59-2602772	501(C)(3)	14,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MID FLORIDA COMMUNITY SERVICES, INC. - PO BOX 896 - BROOKSVILLE, FL 34605	59-1235202	501(C)(3)	14,415.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTH MIAMI FOUNDATION FOR SENIOR CITIZENS SERVICES, INC. - 620 NORTHEAST 127TH STREET - NORTH MIAMI, FL 33161	59-1582766	501(C)(3)	14,333.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MECOSTA COUNTY 12954 80TH AVE. MECOSTA, MI 49332	38-2902050	501(C)(3)	14,075.	0.			PROJECT SUPPORT AND OTHER SERVICES
LEXINGTON COUNTY RECREATION AND AGING COMMISSION - 125 PARKER STREET - LEXINGTON, SC 29072	11-1111111	N/A	14,061.	0.			PROJECT SUPPORT AND OTHER SERVICES
HIGHLAND COUNTY COMMUNITY ACTION 1487 N HIGH ST HILLSBORO, OH 45133	31-0720523	501(C)(3)	14,018.	0.			PROJECT SUPPORT AND OTHER SERVICES

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OLDER PERSONS' COMMISSION 650 LETICA DRIVE ROCHESTER, MI 48307	38-3215151	501(C)(3)	14,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
KENNETH YOUNG CENTER MEALS ON WHEELS - 1001 ROHLWING RD. - ELK GROVE VILLAGE, IL 60007	23-7181444	501(C)(3)	13,878.	0.			PROJECT SUPPORT AND OTHER SERVICES
COUNCIL OF SENIOR TYLER COUNTIANS, INC. - P.O. BOX 68 - MIDDLEBOURNE, WV 26149	55-0584199	501(C)(3)	13,700.	0.			PROJECT SUPPORT AND OTHER SERVICES
WILSON COUNTY OFFICE OF SR. CITIZENS - 2101 TARBORO STREET SOUTHWEST - WILSON, NC 27893	56-1407529	501(C)(3)	13,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
STEP, INC. 200 DENT STREET ROCKY MOUNT, VA 24151	54-0801556	501(C)(3)	13,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
WEST SHORE MEALS ON WHEELS 101 NORTH 23RD STREET CAMP HILL, PA 17011	23-7346126	501(C)(3)	13,250.	0.			PROJECT SUPPORT AND OTHER SERVICES
BRIGHAM CITY SENIOR CENTER MEALS ON WHEELS - PO BOX 1005 - BRIGHAM CITY, UT 84302	11-1111111	N/A	13,154.	0.			PROJECT SUPPORT AND OTHER SERVICES
PITT COUNTY COUNCIL ON AGING 4551 COUNTY HOME ROAD GREENVILLE, NC 27858	52-1042008	501(C)(3)	13,128.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF COWETA P.O. BOX 73437 NEWNAN, GA 30271	58-1274374	501(C)(3)	13,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

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BUTLER COUNTY COUNCIL OF AGING, INC. - 506 HAZEL E. - POPLAR BLUFF, MO 63901	43-1145820	501(C)(3)	12,926.	0.			PROJECT SUPPORT AND OTHER SERVICES
WHITE RIVER HEALTH SYSTEM, INC. 1710 HARRISON STREET BATESVILLE, AR 72501	71-0411459	501(C)(3)	12,600.	0.			PROJECT SUPPORT AND OTHER SERVICES
BRAZOS VALLEY COMMUNITY ACTION PROGRAMS - 1733 BRIARCREST DR. - BRYAN, TX 77802	81-3036685	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
EAC, INC.- MEALS ON WHEELS 50 CLINTON STREET, STE 107 HEMPSTEAD, NY 11550	23-7175609	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
CATHOLIC CHARITIES OF SOUTHERN NEVADA - 1501 LAS VEGAS BOULEVARD NORTH - LAS VEGAS, NV 89101	88-0059425	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
JEWISH FAMILY SERVICES OF WASHTENAW COUNTY - 2245 SOUTH STATE STREET - ANN ARBOR, MI 48103	41-2147486	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
LINCOLN COUNTY OPPORTUNITY COMPANY, INC. - 360 MAIN ST. - HAMLIN, WV 25523	55-0484660	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
KEIKI TO KUPUNA FOUNDATION 94-252 PUPUOLE STREET WAIPAHU, HI 96797	46-1925372	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
GUILFORD INTERFAITH VOLUNTEERS 310 STATE STREET GUILFORD, CT 06437	06-1139541	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES

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ENUMCLAW SENIOR CENTER 1350 COLE STREET ENUMCLAW, WA 98022	91-1358596	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOUTHWEST HUMAN RESOURCE AGENCY 1527 WHITE AVENUE HENDERSON, TN 38340	62-6050783	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
RUSSIAN AMERICAN COMMUNITY SERVICES ASSOCIATION OF SAN FRANCISCO - 300 ANZA STREET - SAN FRANCISCO, CA 94118	94-2515360	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR CONNECT PO BOX 1225 KAUFMAN, TX 75142	75-1701390	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MILFORD SENIOR CENTER / MILFORD COUNCIL ON AGING - 9 JEPSON DR. - MILFORD, CT 06460	06-0863519	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
THE SOUP KITCHEN 8645 BOYNTON BEACH BLVD BOYNTON BEACH, FL 33472	59-2628415	501(C)(3)	12,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF HANCOCK COUNTY 1133 W MAIN ST. GREENFIELD, IN 46140	35-2117913	501(C)(3)	12,128.	0.			PROJECT SUPPORT AND OTHER SERVICES
ALLEGANY COUNTY OFFICE FOR THE AGING - 6085 ST. RT. 19N - BELMONT, NY 14813	16-6002554	501(C)(3)	12,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORWALK SENIOR CENTER - MEALS ON WHEELS - 11 ALLEN ROAD - NORWALK, CT 06851	23-7121169	501(C)(3)	12,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMPSON SENIOR CENTER 99 SENIOR LANE WOODSTOCK, VT 05091	03-0295419	501(C)(3)	12,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF POLK COUNTY 620 6TH ST NW WINTER HAVEN, FL 33881	59-1427004	501(C)(3)	12,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
THE ARK COMMUNITY RESOURCE CENTER PO BOX 224 KINGSTON SPRINGS, TN 37082	06-1640635	501(C)(3)	12,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF MAHONING COUNTY, INC. - 1840 MARKET STREET - YOUNGSTOWN, OH 44507	34-1281564	501(C)(3)	11,937.	0.			PROJECT SUPPORT AND OTHER SERVICES
MAPLE KNOLL OUTREACH SERVICES FOR SENIORS - 11275 SPRINGFIELD PIKE - CINCINNATI, OH 45246	31-0544277	501(C)(3)	11,915.	0.			PROJECT SUPPORT AND OTHER SERVICES
ECHO MEALS ON WHEELS WEST 4600 WEST GENESEE STREET SYRACUSE, NY 13219	16-1056063	501(C)(3)	11,875.	0.			PROJECT SUPPORT AND OTHER SERVICES
WASHBURN COUNTY UNIT ON AGING 850 W. BEAVERBROOK ROAD SPOONER, WI 54801	39-6005753	501(C)(3)	11,748.	0.			PROJECT SUPPORT AND OTHER SERVICES
RIVER WOODS SENIOR LIVING 15 RIDGECREST CIRCLE LEWISBURG, PA 17837	52-1862677	501(C)(3)	11,600.	0.			PROJECT SUPPORT AND OTHER SERVICES
WESTERN OAKLAND MEALS ON WHEELS 9525 EAST HIGHLAND ROAD HOWELL, MI 48843	38-2423943	501(C)(3)	11,575.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

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LIVINGSTON COUNTY SENIOR NUTRITION PROGRAM - 9525 E. HIGHLAND ROAD - HOWELL, MI 48843	38-2423943	501(C)(3)	11,575.	0.			PROJECT SUPPORT AND OTHER SERVICES
CLERMONT SENIOR SERVICES, INC. 2085 JAMES E SAULS SR. DRIVE BATAVIA, OH 45103	31-0832354	501(C)(3)	11,518.	0.			PROJECT SUPPORT AND OTHER SERVICES
WESTLAKE MEALS ON WHEELS 2239 DOVER CENTER ROAD WESTLAKE, OH 44145	81-3904491	501(C)(3)	11,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF LAPORTE COUNTY 301 E. 8TH STREET, SUITE 110 MICHIGAN CITY, IN 46360	35-1314352	501(C)(3)	11,419.	0.			PROJECT SUPPORT AND OTHER SERVICES
AREAWIDE AGING AGENCY 4101 PERIMETER CENTER DRIVE OKLAHOMA CITY, OK 73112	73-0960311	501(C)(3)	11,400.	0.			PROJECT SUPPORT AND OTHER SERVICES
MID-EAST COMMUNITY ACTION AGENCY P.O. BOX 790 KINGSTON, TN 37763	62-0725458	501(C)(3)	11,030.	0.			PROJECT SUPPORT AND OTHER SERVICES
BOND COUNTY SENIOR CENTER 1001 E. HARRIS AVE. GREENVILLE, IL 62246	37-1013068	501(C)(3)	10,463.	0.			PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY ACTION PARTNERSHIP OF CENTRAL ILLINOIS - 1800 FIFTH STREET - LINCOLN, IL 62656	37-0895679	501(C)(3)	10,463.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NORMAN P.O. BOX 1371 NORMAN, OK 73070	73-0931924	501(C)(3)	10,141.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

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VALLEY VIEW HOSPITAL 1906 BLAKE AVENUE GLENWOOD SPRINGS, CO 81601	73-1664673	501(C)(3)	10,121.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF LOVELAND AND BERTHOUD - 437 N GARFIELD AVE - LOVELAND, CO 80537	84-0583386	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF BENNINGTON COUNTY - 124 PLEASANT ST. - BENNINGTON, VT 05201	03-0343945	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CCHAP--COLLABORATION STATION 4614 PROSPECT AVENUE EAST CLEVELAND, OH 44103	02-0574567	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SSM HEALTH AT HOME - MEALS ON WHEELS - 2802 WALTON COMMONS LANE - MADISON, WI 53718	39-1839309	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF ALAMEDA COUNTY 1721 BROADWAY OAKLAND, CA 94612	94-2651065	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
STERLING SENIOR CENTER 34453 STERLING HIGHWAY STERLING, AK 99672	94-3100045	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
LUMBER RIVER COUNCIL OF GOVERNMENTS - 30 CJ WALKER ROAD - PEMBROKE, NC 28372	56-0985258	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CAMDEN COUNTY DIVISION OF SENIOR & DISABLED CITIZEN SERVICES - 512 LAKELAND ROAD - BLACKWOOD, NJ 08012	21-6000504	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAN BUREN COUNTY AGING PROGRAM 311 YELLOWJACKET LANE CLINTON, AR 72031	71-0693353	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
BINGHAM COUNTY SENIOR CITIZEN CENTER, INC - 20 EAST PACIFIC STREET - BLACKFOOT, ID 83221	82-0291797	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTHEAST GEORGIA REGIONAL COMMISSION - AREA AGENCY ON AGING - 305 RESEARCH DR. - WATKINSVILLE, GA 30605	59-0902860	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
WILLIAMSBURG AREA MEALS ON WHEELS 1769 JAMESTOWN ROAD WILLIAMSBURG, VA 23185	54-0952118	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
BOYERTOWN AREA MULTI-SERVICE, INC. 200 WEST SPRING ST. BOYERTOWN, PA 19512	23-7289405	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
AGING BEST 1121 BUSINESS LOOP 70 EAST COLUMBIA, MO 65201	43-1015163	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
COASTLINE ELDERLY SERVICES 1646 PURCHASE STREET NEW BEDFORD, MA 02740	04-2622121	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
TRI-COUNTY COMMUNITY ACTION AGENCY, INC. - 1015 DISPATCHERS WAY - LAGRANGE, KY 40031	61-0856637	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
EPHRATA AREA SOCIAL SERVICES 227 NORTH STATE STREET EPHRATA, PA 17522	23-1857457	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMEDA COUNTY AREA AGENCY ON AGING - 6955 FOOTHILL BOULEVARD - OAKLAND, CA 94605	11-1111111	N/A	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
EAST ARKANSAS AREA AGENCY ON AGING, INC. - P.O. BOX 5035 - JONESBORO, AR 72403	71-0508299	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIORCARE EXPERTS 145 THIERMAN LANE LOUISVILLE, KY 40207	61-0860265	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
CATHOLIC YOUTH ASSOCIATION OF PITTSBURGH, INC. - 286 MAIN STREET - PITTSBURGH, PA 15201	25-0984596	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SHELBY COUNTY OUTREACH MINISTRIES, INC. MEALS ON WHEELS - P.O. BOX 1029 - CENTER, TX 75935	75-2710921	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
KLAMATH BASIN SENIOR CITIZENS' CENTER, INC. - 2045 ARTHUR STREET, PO BOX JE - KLAMATH FALLS, OR 97602	46-0716639	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
BOSSIER COUNCIL ON AGING 706 BEARKAT DRIVE BOSSIER CITY, LA 71111	72-0822231	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SEICAA MEALS ON WHEELS 641 N. 8TH AVE. POCATELLO, ID 83201	82-0290341	501(C)(3)	10,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF DELAWARE 100 WEST 10TH STREET, SUITE 207 WILMINGTON, DE 19801	51-0355145	501(C)(3)	9,783.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALDEZ SENIOR CENTER 1300 E HANAGITA VALDEZ, AK 99686	92-0082275	501(C)(3)	9,587.	0.			PROJECT SUPPORT AND OTHER SERVICES
WEST HILLS - MEALS ON WHEELS 1205 RIDGE AVENUE CORAOPOLIS, PA 15108	81-2355167	501(C)(3)	9,549.	0.			PROJECT SUPPORT AND OTHER SERVICES
CSRA REGIONAL COMMISSION AREA AGENCY ON AGING - 3626 WALTON WAY EXTENSION - AUGUSTA, GA 30909	58-0899839	501(C)(3)	9,299.	0.			PROJECT SUPPORT AND OTHER SERVICES
FAYETTEVILLE SENIOR ACTIVITY & WELLNESS CENTER - 945 S COLLEGE AVE. - FAYETTEVILLE, AR 72701	71-0521887	501(C)(3)	9,193.	0.			PROJECT SUPPORT AND OTHER SERVICES
ROUTT COUNTY COUNCIL ON AGING P.O. BOX 770207 STEAMBOAT SPRINGS, CO 80477	84-0678596	501(C)(3)	9,080.	0.			PROJECT SUPPORT AND OTHER SERVICES
FIVE CITIES MEALS ON WHEELS P.O. BOX 156 PISMO BEACH, CA 93448	95-2932124	501(C)(3)	9,073.	0.			PROJECT SUPPORT AND OTHER SERVICES
LAKEWOOD MEALS ON WHEELS 5510 CLARK AVE. LAKEWOOD, CA 90712	95-2929207	501(C)(3)	9,073.	0.			PROJECT SUPPORT AND OTHER SERVICES
LEWIS COUNTY SENIOR CITIZENS CENTER, INC. - 171 W. 2ND ST. - WESTON, WV 26452	55-0524706	501(C)(3)	9,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
APPALACHIAN AGENCY FOR SENIOR CITIZENS - PO BOX 765 - CEDAR BLUFF, VA 24609	54-0990533	501(C)(3)	8,919.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS NIAGARA FALLS 1920 18TH STREET NIAGARA FALLS, NY 14305	16-1265460	501(C)(3)	8,784.	0.			PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA - 6350 CENTER DR., BLDG. 5, STE. 101 - NORFOLK, VA 23502	54-6069786	501(C)(3)	8,573.	0.			PROJECT SUPPORT AND OTHER SERVICES
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD. STE 1006 NEWPORT NEWS, VA 23606	51-0151069	501(C)(3)	8,558.	0.			PROJECT SUPPORT AND OTHER SERVICES
BLUE LEDGE, INC. P.O. BOX 1332 AMHERST, VA 24521	71-1020696	501(C)(3)	8,558.	0.			PROJECT SUPPORT AND OTHER SERVICES
THOMAS J. RILEY SENIOR CENTER 100 MADISON AVENUE WESTWOOD, NJ 07675	22-3179212	501(C)(3)	8,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MASON & THURSTON COUNTIES - 222 COLUMBIA ST., NW - OLYMPIA, WA 98501	91-0907573	501(C)(3)	8,341.	0.			PROJECT SUPPORT AND OTHER SERVICES
FISHES AND LOAVES COOPERATIVE MINISTRIES - 5115 SECOND AVENUE - PITTSBURGH, PA 15207	90-0681840	501(C)(3)	8,274.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CHEYENNE 2015 SOUTH GREELEY HIGHWAY CHEYENNE, WY 82007	83-0211345	501(C)(3)	8,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
DUNN COUNTY NUTRITION PROGRAM 3001 STATE HWY 12 EAST MENOMONIE, WI 54751	39-1540586	501(C)(3)	8,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEXANDER CITY MEALS ON WHEELS 3316 HWY 280 ALEXANDER CITY, AL 35010	63-0991476	501(C)(3)	8,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
GILA RIVER INDIAN COMMUNITY ELDERLY NUTRITION PROGRAM - PO BOX 956 - SACATON, AZ 85147	86-0107023	501(C)(3)	7,783.	0.			PROJECT SUPPORT AND OTHER SERVICES
PRESCOTT MEALS ON WHEELS 1280 E. ROSSER STREET PRESCOTT, AZ 86301	86-0417621	501(C)(3)	7,783.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREATER HYDE PARK, INC. - 1 CHURCH STREET - HYDE PARK, NY 12538	14-1585991	501(C)(3)	7,567.	0.			PROJECT SUPPORT AND OTHER SERVICES
CHESTNUT HILL MEALS ON WHEELS 1710 BETHLEHEM PIKE FLOURTOWN, PA 19031	26-4192537	501(C)(3)	7,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NORTHERN VIRGINIA - PO BOX 40203 - ARLINGTON, VA 22204	52-1344727	501(C)(3)	7,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
GARRETT COUNTY COMMUNITY ACTION COMMITTEE, INC. - 104 E. CENTER ST. - OAKLAND, MD 21550	52-0820662	501(C)(3)	7,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
GENTRY COUNTY SENIOR CENTER, INC. 219 NORTH HIGH STREET STANBERRY, MO 64489	43-1092074	501(C)(3)	7,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
COASTAL SENIORS P.O. BOX 437 POINT ARENA, CA 95468	95-4680437	501(C)(3)	7,500.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER 900 WHITING DR. YANKTON, SD 57078	46-0309709	501(C)(3)	7,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
PLOWSHARES PEACE AND JUSTICE CENTER - 1346 SOUTH STATE STREET - UKIAH, CA 95482	68-0218781	501(C)(3)	7,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
ROCK PORT SENIOR CENTER ASSOCIATES 505 SOUTH COUNTRY CLUB DR. ROCK PORT, MO 64482	43-1267974	501(C)(3)	7,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
PLATTE SENIOR SERVICES, INC. 11724 N.W. PLAZA CIRCLE KANSAS CITY, MO 64153	43-1255220	501(C)(3)	7,500.	0.			PROJECT SUPPORT AND OTHER SERVICES
ST. JOHNS COUNTY COUNCIL ON AGING, INC. - 180 MARINE STREET - ST. AUGUSTINE, FL 32084	59-1525829	501(C)(3)	7,495.	0.			PROJECT SUPPORT AND OTHER SERVICES
KINSHIP CENTER 921 S. CARROLLTON AVE. NEW ORLEANS, LA 70118	94-2971761	501(C)(3)	7,296.	0.			PROJECT SUPPORT AND OTHER SERVICES
MASCOUTAH SENIOR SERVICES PROGRAM 227 NORTH MARKET ST. MASCOUTAH, IL 62258	37-1009479	501(C)(3)	7,163.	0.			PROJECT SUPPORT AND OTHER SERVICES
MACOMB COMMUNITY ACTION 21885 DUNHAM ROAD, SUITE 6 CLINTON TOWNSHIP, MI 48036	11-1111111	N/A	7,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NEMAHA COUNTY 607 NEMAHA STREET SENECA, KS 66538	11-1111111	N/A	7,000.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRISON COUNTY COUNCIL ON AGING 1316 S. 25TH ST. BETHANY, MO 64424	43-0921944	501(C)(3)	6,963.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF LEE'S SUMMIT PO BOX 1393 LEES SUMMIT, MO 64063	43-1886433	501(C)(3)	6,926.	0.			PROJECT SUPPORT AND OTHER SERVICES
JEWISH SOCIAL SERVICE AGENCY MOW 6123 MONTROSE ROAD ROCKVILLE, MD 20852	53-0196598	501(C)(3)	6,800.	0.			PROJECT SUPPORT AND OTHER SERVICES
SOLDOTNA AREA SENIOR CITIZENS, INC. - 197 W. PARK AVE. - SOLDOTNA, AK 99669	92-0116416	501(C)(3)	6,690.	0.			PROJECT SUPPORT AND OTHER SERVICES
DUNKIRK-FREDONIA MEALS ON WHEELS 196 NEWTON STREET FREDONIA, NY 14063	16-1188087	501(C)(3)	6,675.	0.			PROJECT SUPPORT AND OTHER SERVICES
SHENANGO VALLEY MEALS ON WHEELS, INC. - 396 BUHL BLVD. - SHARON, PA 16146	26-4065859	501(C)(3)	6,549.	0.			PROJECT SUPPORT AND OTHER SERVICES
GOLDEN CONNECTIONS COMMUNITY CENTER - 20-C GOTHAM PLACE - RED LION, PA 17356	23-2289794	501(C)(3)	6,549.	0.			PROJECT SUPPORT AND OTHER SERVICES
DOUGLAS COUNTY SENIOR SERVICES 1036 SE DOUGLAS AVE., ROOM 221 ROSEBURG, OR 97470	48-0802260	501(C)(3)	6,536.	0.			PROJECT SUPPORT AND OTHER SERVICES
LASSEN SENIOR SERVICES, INC. 1700 SUNKIST DR. SUSANVILLE, CA 96130	94-2833250	501(C)(3)	6,500.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS ROCKINGHAM COUNTY P.O. BOX 1915 REIDSVILLE, NC 27323	56-1480312	501(C)(3)	6,256.	0.			PROJECT SUPPORT AND OTHER SERVICES
VALLEY PROGRAM FOR AGING SERVICES, INC. - P.O. BOX 817 - WAYNESBORO, VA 22980	54-0958526	501(C)(3)	6,194.	0.			PROJECT SUPPORT AND OTHER SERVICES
CLINTON COUNTY SENIOR SERVICES 630 8TH STREET CARLYLE, IL 62231	37-1053881	501(C)(3)	6,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
SULLIVAN COUNTY MULTI-PURPOSE SENIOR CENTER - 111 N MARKET STREET - MILAN, MO 63556	43-1210881	501(C)(3)	6,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
MORGANTOWN AREA MEALS ON WHEELS, INC. - 3375 UNIVERSITY AVE. - MORGANTOWN, WV 26505	55-0536022	501(C)(3)	6,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
THE COUNCIL OF SENIOR CITIZENS OF GILMER COUNTY - 720 NORTH LEWIS STREET - GLENVILLE, WV 26351	55-0537612	501(C)(3)	6,000.	0.			PROJECT SUPPORT AND OTHER SERVICES
TABITHA MEALS ON WHEELS 4720 RANDOLPH ST. LINCOLN, NE 68510	47-0377998	501(C)(3)	5,939.	0.			PROJECT SUPPORT AND OTHER SERVICES
NORTH BOROUGH - SEWICKLEY AREA MEALS ON WHEELS - 28 PITTSBURGH STREET - EMSWORTH, PA 15202	27-0254773	501(C)(3)	5,600.	0.			PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WESTERN BROOME 705 WEST MAIN ST. ENDICOTT, NY 13760	16-0975652	501(C)(3)	5,567.	0.			PROJECT SUPPORT AND OTHER SERVICES

Schedule I (Form 990)



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

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

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

**PART I, LINE 2:**

THE GRANTEE MUST COMPLETE A GRANT REPORT DOCUMENTING THAT FUNDS WERE USED AS DESCRIBED IN ITS PROPOSAL BEFORE THE FULL BALANCE OF THE GRANT FUNDS ARE PAID. THE EXCEPTION TO THIS PROCEDURE IS THE SUBARU SHARE THE LOVE GRANT, WHICH IS FOR UNRESTRICTED GENERAL OPERATING PURPOSES.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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>		

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Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELLIE HOLLANDER PRESIDENT AND CEO	(i)	369,782.	28,000.	2,188.	11,288.	16,921.	428,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LUCY THEILHEIMER CHIEF STRATEGY & IMPACT OFFICER	(i)	200,981.	17,000.	2,100.	5,784.	14,226.	240,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT HERBOLSHEIMER CHIEF LEGAL & COMPLIANCE OFFICER	(i)	190,311.	19,000.	26,219.	0.	0.	235,530.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KRISTINE TEMPLIN CHIEF DEVELOPMENT OFFICER	(i)	196,061.	21,000.	1,241.	5,450.	7,794.	231,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SUSAN WALDMAN CHIEF MARKETING & COMM. OFFICER	(i)	189,290.	17,000.	2,077.	5,600.	11,967.	225,934.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERIKA KELLY CHIEF MEMBERSHIP & ADVOCACY OFFICER	(i)	156,395.	17,000.	1,106.	4,544.	5,761.	184,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 7:

DURING THE YEAR ENDED DECEMBER 31, 2020, THE PRESIDENT AND CEO RECEIVED A DISCRETIONARY BONUS AS APPROVED BY THE BOARD OF DIRECTORS. ALL OTHER OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES RECEIVED A DISCRETIONARY BONUS AS APPROVED BY THE PRESIDENT AND CEO, AND ENDORSED BY THE BOARD OF DIRECTORS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		85,417.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	19	57,341.	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	1	590,000.	FMV
26 Other ▶ ( <u>OFFICE EQUIPM</u> )	X	1	3,000.	FMV
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.		X
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? b If "Yes," describe in Part II.		X
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.		

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**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 CONTRIBUTORS.

Multiple horizontal lines for data entry.

**COPY**

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

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

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

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

THE TRUST MEALS ON WHEELS HAS BUILT OVER DECADES OF SUPPORTING SENIORS IN THEIR COMMUNITIES MEANS THE ASSOCIATION MEMBERS 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 AS PAINLESSLY AS POSSIBLE.

IN ADDITION, THE STRATEGY AND IMPACT TEAM ENGAGES IN RESEARCH TO DEMONSTRATE THE IMPACT AND VALUE THAT MEALS ON WHEELS HAS IN ADDRESSING HUNGER, MALNUTRITION, ISOLATION AND LONELINESS AMONG MILLIONS OF

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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Name of the organization <b>MEALS ON WHEELS AMERICA</b>	Employer identification number <b>23-7447812</b>
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SENIORS EACH YEAR. THIS WORK SUPPORTS OUR COMMITMENT TO ENSURING THAT LOCAL MEALS ON WHEELS PROGRAMS HAVE THE TOOLS AND RESOURCES THEY NEED TO MEET THE GROWING DEMAND FOR SERVICES IN THEIR COMMUNITIES.

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

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

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

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

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

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

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

THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION CONSISTING OF GENERAL MEMBERSHIP.



Name of the organization MEALS ON WHEELS AMERICA	Employer identification number 23-7447812
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FORM 990, PART VI, SECTION A, LINE 7A:

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

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

GENERAL MEMBERS OF THE ORGANIZATION HAVE 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 ORGANIZATION'S DRAFT OF IRS FORM 990 UNDERGOES A NUMBER OF INTERNAL AND EXTERNAL REVIEWS BEFORE IT IS FILED WITH THE IRS. IT IS PREPARED BY THE SENIOR DIRECTOR OF FINANCE AND THE ORGANIZATION'S INDEPENDENT AUDITORS (MARCUM) AND THEN REVIEWED BY THE CHIEF FINANCIAL AND OPERATIONS OFFICER AND THE PRESIDENT AND CEO BEFORE PRESENTATION TO THE AUDIT COMMITTEE. THE FINAL DRAFT OF THE FORM 990 IS THEN PROVIDED TO THE AUDIT COMMITTEE AT LEAST THREE BUSINESS DAYS PRIOR TO AN AUDIT COMMITTEE MEETING WHERE IT IS PRESENTED BY MANAGEMENT AND THE ORGANIZATION'S INDEPENDENT AUDITORS FOR ACCEPTANCE BY THE COMMITTEE. ONCE ACCEPTED BY THE AUDIT COMMITTEE, 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 FILING WITH THE INTERNAL REVENUE SERVICE.

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

ALL BOARD OF DIRECTORS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND SUBMIT A DISCLOSURE STATEMENT AT THE BOARD OF DIRECTORS MEETING HELD IN AUGUST OR SEPTEMBER OF EACH YEAR. IT IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS TO BRING ANY CONFLICTS UP AS THEY ARISE. THE

Name of the organization <b>MEALS ON WHEELS AMERICA</b>	Employer identification number <b>23-7447812</b>
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ORGANIZATION REGULARLY AND CONSISTENTLY REQUIRES BOARD MEMBERS TO RECUSE THEMSELVES FROM PARTICIPATING IN ANY MATTER IN WHICH THEY HAVE A PERSONAL INTEREST. THIS IS REQUIRED IN THE ORGANIZATION'S BYLAWS. FURTHER, THE ORGANIZATION HAS A COMPLIANCE OFFICER TO OVERSEE COMPLIANCE WITH CONFLICT OF INTEREST AND OTHER ORGANIZATIONAL POLICIES.

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

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

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

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

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

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

**COPY**