- 8	879-TE		IRS e-file S	a Signature Au Fax Exempt	Ithorization Entity		OMB No. 1545-0047	
Form \checkmark		For colondar year 200		•	I, and ending SEP 30	··· 22	0004	
		i or calendar year 202	-	d to the IRS. Keep fo		_ , 20 	2021	
	ent of the Treasury levenue Service				ne latest information.			
Name o			de le mininelge			EIN or SSN	J	
	MEALS	ON WHEELS	AND MORE,	INC.		23-7	202594	
Name a	nd title of officer or pe		HENRY VAN					
		-	PRESIDENT					
Part			turn Information					
Form 5 or 10a whiche	330 filers may enter below, and the amo	r dollars and cents ount on that line fo	. For all other forms, or the return being file	enter whole dollars or d with this form was b	applicable amount, if any, f nly. If you check the box or blank, then leave line 1b, 2 en enter -0- on the applicat	n line 1a, 2a, 2b, 3b, 4b, 5b	, 3a, 4a, 5a, 6a, 7a, 8a, 9a, o, 6b, 7b, 8b, 9b, or 10b,	
1a	Form 990 check h	nere 🕨 🗶	b Total revenue,	, if any (Form 990, Pa	rt VIII, column (A), line 12)		н <u>1</u> 7,803,568.	
2a	Form 990-EZ che	ck here 🕨 🗌	b Total revenue,	, if any (Form 990-EZ,	line 9)		2b	
3a	Form 1120-POL	check here 🕨 🗌						
4a	Form 990-PF che	ck here 🕨 🗌			(Form 990-PF, Part V, line			
5a	Form 8868 check							
6a	Form 990-T chec				4)			
7a	Form 4720 check)			
8a	Form 5227 check			at end of tax year (8b	
9a	Form 5330 check			1 5330, Part II, line 19)			9b	
10a	Form 8038-CP ch		,	, , ,	, ted (Form 8038-CP, Part II	L line 22)	10b	
Part					Person Subject to Ta			
Under					I am a person subject to			
of entit) a			
financia later th payme person	al institution to debi an 2 business days nt of taxes to receiv	t the entry to this a prior to the payme re confidential infor	account. To revoke a ent (settlement) date. rmation necessary to	payment, I must cont I also authorize the fi answer inquiries and	ayment of the federal taxes tact the U.S. Treasury Fina nancial institutions involve resolve issues related to the plicable, the consent to ele	ncial Agent a d in the proce ne payment. I	t 1-888-353-4537 no essing of the electronic have selected a	
2	K I authorize AV	ENSON HAM	ANN CPAS, L	LP		to enter my F	PIN 78702	
			ERO	firm name		-	Enter five numbers, but	
Signature	do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax by Muthanana Bate 8-15-2023							
Part	III Certifica	tion and Auth	entication			Dui		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros								
submit		A ' '			ctronically filed return indic e-File (MeF) Information for			
	ignature 🕨 <u> ()</u>	At			Date ▶ <u>8</u>	/15/23		
	ERO Must Retain This Form - See Instructions							
						. 6.		
	Do Not Submit This Form to the IRS Unless Requested To Do So							
LHA F	For Privacy act and	Paperwork Redu	iction Act Notice, se	e instructions.			Form 8879-TE (2021)	
102521 ()1-11-22							

~~~			Return of Organization Exempt Fro	om Ir	ncome Tax	OMB No. 1545-0047						
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			s) <b>2021</b>						
			Do not enter social security numbers on this form as it									
Department of the Treasury Internal Revenue Service			<ul> <li>Go to www.irs.gov/Form990 for instructions and the</li> </ul>	-	•	Open to Public Inspection						
					EP 30, 2022							
	heck if		organization		D Employer identific	ation number						
a	pplicab	le:			2							
	Addre	meal MEAL	S ON WHEELS AND MORE, INC.									
	Name chang	, <u> </u>	usiness as MEALS ON WHEELS CENTRAL TEXAS	5	23-720259	94						
	Initial			m/suite	E Telephone number							
	 	3227	EAST 5TH STREET		512-476-6							
	termi	n_	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	18,380,101.						
	Amer returr	AUST	IN, TX 78702	ĺ	H(a) Is this a group re	turn						
	Appli tion		nd address of principal officer: HENRY VAN DE PUTTE		for subordinates?							
	pendi		AS C ABOVE		H(b) Are all subordinates ind							
ΙT	ax-ex	empt status:	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or [	527		ist. See instructions						
J۷	Vebsi	ite: 🕨 WWW 🕽	MEALSONWHEELSANDMORE.ORG		H(c) Group exemption	number						
ΚF	orm o	f organization: [	X Corporation Trust Association Other ►	L Year o	of formation: 1972 M	State of legal domicile: ${f T}{f X}$						
Pa	rt I	Summary										
4	1	Briefly describ	e the organization's mission or most significant activities: HELPING	G NEA	ARLY 5,000 C	LDER						
Governance		ADULTS	IN CENTRAL TEXAS LIVE INDEPENDENTY SO	O TH	EY CAN AGE	IN PLACE						
rna	2	Check this box	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or disposed o	of more t	than 25% of its net ass	ets.						
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)		3	<u> </u>						
	4	Number of ind	nber of independent voting members of the governing body (Part VI, line 1b)									
es	5		of individuals employed in calendar year 2021 (Part V, line 2a)			165						
viti	6	Total number of volunteers (estimate if necessary)			3047							
Activities &	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12			0.						
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.						
					Prior Year	Current Year						
e	8		and grants (Part VIII, line 1h)		24,401,516.	16,724,394.						
Revenue	9	•	ce revenue (Part VIII, line 2g)		1,133,283.	934,844.						
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		55,421.	116,114.						
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>179,856.</u> 25,770,076.	<u>28,216.</u> 17,803,568.						
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		211,027.	267,936.						
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	207,930.						
	14		to or for members (Part IX, column (A), line 4)		5,683,824.	6,354,565.						
ses			compensation, employee benefits (Part IX, column (A), lines 5-10)		78,163.	0,334,303.						
ens			undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)   1,375,198.		70,103.	0.						
Expense			es (Part IX, column (A), lines 11a-11d, 11f-24e)		9,692,955.	10,683,268.						
	17 18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,665,969.	17,305,769.						
	19		expenses. Subtract line 18 from line 12		10,104,107.	497,799.						
- Les		i levende less			jinning of Current Year	End of Year						
Net Assets or - und Balances	20	Total assets (F	Part X, line 16)		24,535,746.	23,786,195.						
Asse Bala	20		(Part X, line 26)		3,580,305.	3,587,053.						
Vet , und	21		fund balances. Subtract line 21 from line 20		20,955,441.	20,199,142.						
	rt II	Signature		1 .	_ , , , , , , , , , , , , , , , , , , ,							
		-	declare that I have examined this return, including accompanying schedules and	statemer	nts, and to the best of my	knowledge and helief it is						
			Declaration of preparer (other than officer) is based on all information of which p									
	20110											

Sign Here	Signature of officer         HENRY VAN DE PUTTE, PRESIDENT & CEO         Type or print name and title	Date						
	Print/Type preparer's name Preparer's signature	Date Check DTIN						
Paid	CATHERINE AVENSON E-FILED	self-employed P01259734						
Preparer	Firm's name 🕒 AVENSON HAMANN CPAS, LLP	Firm's EIN ▶ 46-3330935						
Use Only	Firm's address 7421 BURNET ROAD #522							
	AUSTIN, TX 78757	Phone no. 512-693-9131						
May the IRS discuss this return with the preparer shown above? See instructions								
	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) MEALS ON WHEELS AND MORE, INC. 23-7202594 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO NOURISH AND ENRICH THE LIVES OF THE HOMEBOUND AND OTHER PEOPLE IN
	NEED THROUGH PROGRAMS THAT PROMOTE DIGNITY AND INDEPENDENT LIVING.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4.0	revenue, if any, for each program service reported. (Code:) (Expenses \$ 6,810,287. including grants of \$) (Revenue \$1,499,425.)
4a	(Code:) (Expenses \$6,810,287 including grants of \$) (Revenue \$1,499,425) MEAL PROGRAMS - PREPARED AND DELIVERED MEALS TO THE HOMEBOUND, ELDERLY,
	DISABLED, AND OTHER PEOPLE IN NEED IN THE GREATER AUSTIN AREA AND
	SURROUNDING RURAL AREAS. ADDTIONAL MEALS PROVIDED TO NUTRITIONALLY AT
	RISK PEOPLE.
	PROVIDED MEALS AND SOCIAL ACTIVITIES AT NO COST TO SENIORS IN THE
	GREATER AUSTIN AREA TO PREVENT MALNUTRITION AND FEELINGS OF ISOLATION.
4b	(Code: ) (Expenses \$ 5,519,191. including grants of \$ 10,000. ) (Revenue \$ )
	HOME REPAIR - MAJOR AND MINOR REPAIRS TO IMPROVE SAFETY AND REPAIR
	STORM DAMAGES.
4c	(Code:) (Expenses \$1, 377, 511. including grants of \$257, 936. ) (Revenue \$84,000. )
	CLIENT ASSISTANCE - PROVIDED DIRECT FINANCIAL ASSISTANCE TO CLIENTS FOR
	RENT, UTILITIES, AND OTHER BASIC NEEDS.
	PROVIDED EDER DER BOOD AND HEALMH (WELLNEGG AGGIGMANGE BOD GLIENMG!
	PROVIDED FREE PET FOOD AND HEALTH/WELLNESS ASSISTANCE FOR CLIENTS' PETS, WHICH REDUCES DEPRESSION AND ISOLATION FOR THE HOMEBOUND AND
	ELDERLY.
	PROVIDED GROCERY SHOPPING TRIPS AND DELIVERY FOR HOMEBOUND PERSONS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ ) Total program service expenses ► 13,706,989.
4e	Total program service expenses ► 13,706,989. Form 990 (2021)
132000	Form 330 (2021) 12-09-21
102002	3

2021.06010 MEALS ON WHEELS AND MORE, MOW____1

Form	990	(2021)
	330	

 Form 990 (2021)
 MEALS ON WHEELS AND MORE, INC.
 23-7202594
 Page 3

 Part IV
 Checklist of Required Schedules
 Page 3
 Page 3

1         Interreganization described in section SPI(SQ) or 4947(A)(1) (other than a private foundation)?         1         X           2         Interreganization requires Schedule 0, Schedule 0, Caribadue 7 See Instructions         2         X           2         Interreganization requires to complete Schedule 0, Part 1         3         X           3         X         Section SPI(G) organizations to Other organization engage in tobbing activities on have a section SD(h) election in effect during the tax year? // ws.," complete Schedule 0, Part 1         4         X           6         Did the organization machine in the Proc. 99-19? // Yes," complete Schedule 0, Part 1         5         X           7         Did the organization machine in the organization engage in tobbing activities or accounts 1 // Yes," complete Schedule 0, Part 1         5         X           8         Did the organization machines on the organization machines of the organization machines on the distribution or investment of anise machines on the organization machines on the organization machines of the organization machines of the organization machines of the organization machines on the state assess the organization machines on the organization machines on the organization machine on the torganization, heddd or formal and and organization, h				Yes	No
2         b the organization engage in direct pitted or indirect pitted campagin activities on behall of ori opposition to candidates for public office? If "Yes," complete Schedule C, Part I         2         X           3         Did the organization engage in direct pitted campagin activities, on have a section 501(h) election in effect direction 501(c)(a) organization. Did the organization range in lobbying activities, or have a section 501(h) election in effect direction 501(c)(a) (a) (c)(a) (c)(	1				
<ul> <li>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 II</i></li> <li>3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>II Yes, "complete Schedule C, Part II</i></li> <li>4 X</li> <li>5 Did the organization maintan and youn arkived times or accounts for which donars have the right to provide activice on the distribution or investment of amounts in such funds or accounts for which donars have the right to provide activice on the distribution or investment of amounts in such funds or accounts for which donars have the right to provide activice and account activity of the cognization maintan collections of vorks of art, historical treasures, or other similar assets? <i>If Yes, "complete Schedule D, Part II</i></li> <li>9 Did the organization maintan collections of vorks of art, historical treasures, or other similar assets? <i>If Yes, "complete Schedule D, Part II</i></li> <li>9 Did the organization report an amount in Part X, line 12, for scrow or custodial account liability, serve as a custodian for amounts on tised in the organization, hold assets in donor-restricted andowments or in quasi endowments? <i>If Yes, "complete Schedule D, Part IV</i></li> <li>9 Did the organization report an amount for insuth funds, and equipment in Part X, line 10? <i>II Yes, "complete Schedule D, Part IV</i></li> <li>10 X</li> <li>11 If the organization report an amount for insuthematics in the sciencific in Part X, line 13? <i>II Yes, "complete Schedule D, Part V</i></li> <li>11 Did the organization report an amount for insuthings, and equipment in Part X, line 10? <i>II Yes, "complete Schedule D, Part V</i></li> <li>11 Did the organization report an amount for insuthings, and equipment in Part X, line 10? <i>II Yes, "complete Schedule D, Part V</i></li> <li>11 Did the organization report</li></ul>	_				
public office? If 'Yes, 'complete Schedule Q. Part I         3         X           4         Section 50((k)) organization. Did the organization engage in lobbying activities, or have a section 50((k)) election in effect.         4         X           5         Is the organization a section 50((k). 50' (c)(k) or (c)(			2	Ă	
4         Section 501(k)3) organizations. Did the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? If "Yes," complete Schedule C, Part II         4         X           5         is the organization a section 501(k)(k), 501(k)(k), or 501(k), or 50	3				v
during the tax year? If Yes, "complete Schedule C, Part II         4         X           5         is the organization a section S(16(4), 50(16)(3) or 50(16)(3) or 50(16)(3) or 50(16)(3) or 20(16)(3)         5         X           6         Did the organization mantain any domra advised funds or any similar funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such tunds or accounts? If 'Yes, 'complete Schedule D, Part II         6         X           7         Not the organization mantain any domra advised funds or any similar funds or accounts? If 'Yes, 'complete Schedule D, Part II         7         X           8         Did the organization mantain collections of works of art, historical treasures, or other similar assets? If 'Yes, ' complete Schedule D, Part II         8         X           9         Did the organization indication point a manut. The Part X, line 12, the similar assets in donor-restricted endowments         9         X           10         Did the organization (field) or through a related organization, hold assets in donor-restricted endowments         10         X           11         If the organization report an amount for line, solidly, and equipment in Part X, line 10? If 'Yes, ' complete Schedule D, Part VI         10         X           12         Did the organization report an amount for line investments. organization in Part X, line 12? If 'Yes, ' complete Schedule D, Part VI         10         X           13         X			3		
5         Is the organization ascience 501(c)(d), 501(c)(g), or 901(c)(g) or	4				v
similar amounts as defined in Rev. Proc. 98-197. If "Yes," complete Schedule C, Part II         5         X           6         Did the organization maintain any domar advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I         6         X           7         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, or interior similar assets? If "Yes," complete Schedule D, Part II         X           8         Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II         8         X           9         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV         8         X           10         Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 12? If "It is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI         10         X           111         X         Did the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VI         116         X           112	_		4		
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 in acutofunds or accounts? If "Yes," complete Schedule D, Part II         6         X           7         Did the organization maintain any donor advised funds or accounts? If "Yes," complete Schedule D, Part II         7         X           8         Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II         7         X           9         Did the organization model collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV         8         X           9         Did the organization regord an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for any of the following questions is "Yes," then complete Schedule D, Part VI         9         X           9         Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI         10         X           9         Did the organization report an amount for investments - order seeurities in Part X, line 12, If that is 5% or more of its total assets reported in Part X, line 17 If "Yes," complete Schedule D, Part VI         11         X           10         Did the organization report an amount for investments - order seese in Part X, line 12, If that is 5% or more of its total assets reported in Part X, line 17 If "Yes," complete Schedule	5		_		v
provide advice on the distribution or investment of amounts in such funds or accounts? (if "Yes," complete Schedule D, Part I       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic istructures? (if "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar asset? (if "Yes," complete Schedule D, Part IV       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custolial account liability, serve as a custodian for amounts not lated in Part X, or provide credit coupanization, hold assets in donor-restricted endowments or in quasi forwas, complete Schedule D, Part V       10       X         10       Did the organization identity or through a related organization, hold assets in donor-restricted endowments or in quasi forwas, complete Schedule D, Part V       10       X         11       If the organization report an amount for lawstments - organize Schedule D, Part V       11a       X         11       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? ("Yes," complete Schedule D, Part X       11a       X         11       Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? ("Yes," complete Schedule D, Part X       11d       X	~		5		Λ
7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "ke," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization negative collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for another asset applicable.       9       X         10       Did the organization server to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, V, or X, as applicable.       10       X         a Did the organization report an amount for investments- other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         0       Did the organization report an amount for investments- program related in Part X, line 12, If "Yes," complete Schedule D, Part VI       11d       X         10       Did the organization neoperation anount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         11       Did the organization n	0				v
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       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?       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII       10       X         11a       X       11a       X       11a       X </td <td>7</td> <td></td> <td>0</td> <td></td> <td>-23</td>	7		0		-23
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? # 'Yes,' complete Schedule D, Part III       III         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?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part SU, VII, VIII, IX, or X, as applicable.       10       X         12       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - rogram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part XI       11b       X         14       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X       11d       X         15       Did the organization isolation submits of the liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X       11t       X <t< td=""><td>1</td><td></td><td>-</td><td></td><td>v</td></t<>	1		-		v
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V V.       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11a       X         13       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11a       X         14       Did the organization report an amount for investments - portegram related in Part X, line 15. That is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         15       Did the organization report an amount for investments for the tax year: notuce a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	•				Λ
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 regair, or debt negatization services?       9       X         10       Ubit the organization, directly or through a related organization, hold assets in donorrestricted endowments?       10       X         11       If the organization, directly or through a related organization, hold assets in donorrestricted endowments?       10       X         12       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments?       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part VI       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11d       X         14       Did the organization included in consolidated financial statements for the tax year include a footnote that addresses       11d       X         15       Did the organization subtin use parate, independent audited financial statements for the tax	8				v
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# "Yes, "complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VII, VII, VII, VII, VII, VII,	9				
10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? (I' 'Yes, "complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,					v
or in quasi endowments? If 'Yes,' complete Schedule D, Part V     10     X       11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VIII, XI, or X, as applicable.     111a     X       a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI     11a     X       b Did the organization report an amount for investments - other securities in Part X, line 12? If 'Yes,'' complete Schedule D, Part VII     11a     X       c Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VIII     11c     X       d Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VIII     11d     X       e Did the organization report an amount for other liabilities in Part X, line 15? If 'Yes,'' complete Schedule D, Part X     11d     X       11d     X     11d     X     11d     X       12a     Did the organization included in consolidated financial statements for the tax year?     If 'Yes,'' complete Schedule D, Part X     11d     X       12a     X     X     11d     X     11d     X     11d     X       12a     Did the organization answerd 'No' to line 12a, then completing Schedule D, Part X X and XII     11d<	40		9		
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VX, or X, as applicable. <ul> <li>a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> <li>c) Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> <li>d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> <li>D) Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>D) Did the organization separate, independent audited financial statements for the tax year?</li> <li>If Was," complete Schedule D, Part X</li> <li>D) Did the organization asset section T/DiO(I/V)(V)II " If "Yes," complete Schedule D, Part X</li> <li>D) Did the organization answered 'No' to line 12a, then completing Schedule D, Part X and XI is optional</li> <li>If the organization and of described in section T/DiO(I/V)(V)II " If "Yes," complete Schedule D, Part X and XI is optional</li> <li>If the organization and the organization answered 'No' to line 12a, then completing Schedule D, Part X and XI is optional</li> <li>If the organization and the organization neopert on Part IX, column (A), line 3, more than \$10,000 from grantmaking, tundraising, business, investment, and</li></ul>	10		10	v	
as applicable. <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.          b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.          c Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.           d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X.           e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.           f Did the organization is separate, independent audited financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year?           f Did the organization nebuto described in section 170(b)(1)(4)(0)? If "Yes," complete Schedule D, Part X and XII.           2a       Did the organization nebuto as service activities outside the United States?           f Did the organization as chool described ID, ent IVA.             3a       X         t Did the organization as chool described ID			10		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? if "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VI       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VII       11c       X         e Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part X       11d       X         f Did the organization report an amount for other lasbilities in Part X, line 25? if "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       11t       X         13       If Yes," and XII       Yes," and XII as optional       12a       X         14       Did the organization aschool described in section 170(b)(1/4/li)? if "Yes," complete Schedule E       13i       X         14       Did the organization report on Part	11				
Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 18? // **********************************					
b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       116       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       116       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       111       X         d       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       111       X         f       Did the organization is parate, independent audited financial statements for the tax year?       111       X         111       X       Was the organization obtain separate, independent audited financial statements for the tax year?       111       X         112       Did the organization aschool described in section 170(b)(1/(A)(ii)? If "Yes," complete Schedule D, Part X       111       X         113       Is the organization nave aggregate revenues or expenses of more than \$5,000 of rag natmaking, fundraising, business, investment, and program service activities outside the United States?       114       X         114       Did the organization nave aggregate revenues or expenses of more than \$5,000 of aggregate grants or o	а			v	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         11d       X       11d       X         12a       Did the organization separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization nebicide section insection 170(b)(1)(A)(ii)?       If "Yes," complete Schedule E       13       X         13       Is the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service acrivities ou			<u>11a</u>	<u> </u>	
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? /f "Yes," complete Schedule D, Part IVII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part X       11c       X         e       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? /f "Yes," complete Schedule D, Part X       11e       X         e       Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e       X         f       Did the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       12e       X         13       Is the organization asinered "No" to line 12a, then completing Schedule D, Part X and XII is optional       13a       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV       14b <td< td=""><td>b</td><td></td><td></td><td></td><td>v</td></td<>	b				v
assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11d       X         e Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization otalin separate, independent audited financial statements for the tax year? /f "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         12a       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         14a       Did the organization askered "No" to line 12a, then completing Schedule D, Part X and XII is optional       13       X         14b       Did the organization askered "No" to line 12a, then completing Schedule D, Part X and XII is optional       13       X         14b       Did the organization askered "No" to line 12a, then completing Schedule D, Part X       14a       X         14b       Did the organization report on Part X, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes			11b		Δ
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization asserte, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part XI and XII       12a       X         b Was the organization aschool described in section 170(b(V)(J)(J)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)	с				v
Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         Polit the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         If Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         13       Is the organization a school described in section 170(b)(1)/(k)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization nawered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization nawered "No" to line 12a, then completing Schedule E       13       X         14a       Did the organization nawered "No" to line 12a, then completing Schedule E       13       X         14b       Did the organization nawered "No" to line 12a, then second program service activities outside the United States?       14a       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 individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organizatio			110		
e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization blain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X AI AVII is optional       12b       X         13       the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X	d				v
f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization similability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       111       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X       111       X         12a       Did the organization notuin separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X       111       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part IX, column (A), lin					
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i> 12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         12c       If "Yes," and <i>if</i> the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16       X         17       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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16       X         18       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16       X         19       <			11e		Δ
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         b       Was the organization a school described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for or any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II       17<	t			v	
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for origin organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of gross income and contributions on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from	10		111		
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?       14a       X         b       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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from grantmaking event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activi	12a				v
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of grass income from garning activities on Part VIII, line 9a? If "Yes,"       18       X         19       D		,	<u>12a</u>		Δ
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complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	10		18		A
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21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X					Δ
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		
	21		04	x	
	1005-				0001

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 58			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	↓ 12-09-21	Form	990	(2021)
	5			,

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2021.06010 MEALS ON WHEELS AND MORE, MOW____1

Form	990 (2021) MEALS ON WHEELS AND MORE, INC. 23-7202	594	Pa	age <b>5</b>
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 165			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	

b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	<u>X</u>	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?				
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O				
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b			7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X X
f					
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				A >
-	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
9	sponsoring organization have excess business holdings at any time during the year?	N/A	8		
a		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter:		0.0		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:		1		
а	Gross income from members or shareholders <u>N/A</u>	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		1		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	- I			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a 14b		X
b	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O				<u> </u>
15					
	excess parachute payment(s) during the year?				X
	If "Yes," see the instructions and file Form 4720, Schedule N.				37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in		4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	IN / A	17		
	If "Yes," complete Form 6069.				1

Form 990	(2021)
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MEALS ON WHEELS AND MORE, INC.

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Χ

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

		1		Yes	INC
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	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?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?		3		x
	Did the organization make any significant changes to its governing documents since the prior Form 99				Х
	Did the organization become aware during the year of a significant diversion of the organization's asse				Х
6	Did the organization have members or stockholders?				X
	Did the organization have members, stockholders, or other persons who had the power to elect or app				
74	more members of the governing body?		7a		x
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto		<u>1a</u>		- 23
			76		x
	persons other than the governing body?		7b		Δ
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	, ,		v	
	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ned at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	pters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body			Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	0			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma_e$		125		
С		-,	100	x	
40	on Schedule O how this was done			X	
	Did the organization have a written whistleblower policy?			X	
	Did the organization have a written document retention and destruction policy?		14		
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?				
	The organization's CEO, Executive Director, or top management official			X	
b	Other officers or key employees of the organization		<b>15</b> b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	ation's			
	exempt status with respect to such arrangements?		16b		
Sect	tion C. Disclosure			-	
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and	1 990-T (section 501(	:)(3)s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		,,(e)e e <b>j</b> )	ar ana.	
		an Cabadula ()			
10	X Own website Another's website I Upon request Other (explain of Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		and finan	cial	
19		mot of interest policy	anu iirian	uldi	
00	statements available to the public during the tax year.	a and use and the			
20	State the name, address, and telephone number of the person who possesses the organization's book THE OPCANTZATION $-512-476-6325$	s and records 🕨 _			
	THE ORGANIZATION - 512-476-6325 3227 EAST 5TH STREET, AUSTIN, TX 78702				
	JZZZ BAST DIE SIKEET, AUSTIN, TX /8/UZ				

Form 990 (2021)	MEALS ON WHEELS AND MORE, INC.	23-7202594	Page 7							
Part VII Compens	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employee	es, and Independent Contractors									
Check if Sch	edule O contains a response or note to any line in this Part VII									
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete this table f	or all persons required to be listed. Report compensation for the calendar year e	nding with or within the organization's	s tax year.							
<ul> <li>List all of the organ</li> </ul>	nization's current officers, directors, trustees (whether individuals or organization	ns), regardless of amount of compens	ation.							

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box,	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	a a a	recto	r/trus	(ee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1099-NEO)	and related
	below	dual t	Institutional trustee	-	mploy	st coi	Ŀ	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) ADAM HAUSER	40.00									
PRES & CEO (THRU FEB'22)	5.00			Х				277,562.	0.	38,062.
(2) MICHAEL WILSON	40.00									
<u> </u>				Х				128,299.	0.	13,112.
(3) CHARLES CLOUTMAN	40.00									
VP HOME REPAIR						Х		112,372.	0.	12,572.
(4) NORINE YUKON	1.00									
CHAIR/IMMEDIATE PAST-CHAIR	1.00	Х		Х				0.	0.	0.
(5) MEG YOUNGBLOOD	1.00									
IMMEDIATE PAST-CHAIR	1.00	Х		Х				0.	0.	0.
(6) SAMUEL HOUSTON	1.00									
SECRETARY	1.00	Х		Х				0.	0.	0.
(7) MICHAEL BROWN	1.00									
TREASURER/CHAIR	1.00	Х		Χ				0.	0.	0.
(8) NICK WEYNAND	1.00									
VICE CHAIR	1	Х		Χ				0.	0.	0.
(9) GREG WILLIAMS	1.00									•
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(10) BJ FRIEDMAN	1.00								0	•
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(11) JULIAN RIVERA	1.00								0	0
BOARD MEMBER	1 0 0	X						0.	0.	0.
(12) STEWART WHITEHEAD	1.00							0	0	0
BOARD MEMBER	1 0 0	Χ						0.	0.	0.
(13) JON WEIZENBAUM	1.00							0	0	0
BOARD MEMBER	1 0 0	Χ						0.	0.	0.
(14) BILLY HILL	1.00							0	0	0
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(15) NAMKEE CHOI	1.00	~						0	0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) JASON MCBRIDE BOARD MEMBER	1.00	x							0.	0
(17) HENRY VAN DE PUTTE	40.00	Δ						0.	0.	0.
(17) HENRY VAN DE PUTTE PRES & CEO (AS OF FEB'22)	40.00			х				0.	0.	0.
FRES & CEO (AS OF FED 22)				Δ				0.	0.	Eorm <b>990</b> (2021)

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132007 12-09-21

	990 (202	,		WHEELS					-			23-72	2025	594	Р	age <b>8</b>
Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)															
	(A) (B) Name and title Average hours per week			hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than c s both	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	I	an	(F) timate nount other	
				(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	fr org and	pensa om th anizat d relat anizati	ie tion ted
					Inc	Ins	Off	Ke	High	Fo						
													$\square$			
													-+			
1h	Subtotal							0.	63,746.							
с	Total fr	om continuation sheets to dd lines 1b and 1c)	Part VI	, Section A							0.		0.	. 0.		
		umber of individuals (includines in the organization from the orga	-	ot limited to th	ose	liste	d ab	ove)	) wh	o re	eceived more than \$100,	000 of reportable	1		Yes	3 No
		organization list any forme		-			•				• •			3	Tes	X
4	For any and rela	individual listed on line 1a, ated organizations greater th	is the su nan \$150	m of reportabl ),000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensat ete S	tion Sche	and dule	oth J f	ner compensation from the form	ne organization		4	X	
	rendere	person listed on line 1a rec d to the organization? <i>If</i> "Ye ndependent Contractors												5		X
1	Comple	te this table for your five hig anization. Report compensa											ensati	ion fro	om	
		Name and b	<b>(A)</b> ousiness	address							<b>(B)</b> Description of s	ervices	C	<b>(C</b> omper		n
PO	BOX	SERVICES 742992, ATLANT								_	FOOD PREPARA	FION	3	,03	9,0	75.
WHEELS ON TEXAS REMODELING <u>156 MEADOW VIEW BLVD, DEL VALLE, TX 78617</u> FIX ALL HANDYMAN							_	HOME REPAIR 1			1,943,260.					
VAL	DEZ	ESSAU RD #169, REMODELING				87	54				HOME REPAIR		_ 1			85.
HOM	3700 B MUSON ST, AUSTIN, TX 78721HOME REPAIRHOME KONSTRUCTION, 1525 E. PALM VALLEYBLVD #608, ROUND ROCK, TX 78764HOME REPAIR											<u>47.</u> 00.				
2																

132008 12-09-21

Form **990** (2021)

			N WHEE	LS AND MO	ORE, INC.		23-7202	594 Page 9
Pa	rt VI	II Statement of Revenue						
		Check if Schedule O contains a	a response	or note to any lin	(	(D)	(0)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							business revenue	
<u> </u>								sections 512 - 514
nts	1 a	Federated campaigns		6,386.	-			
araı our	k	• • • • • • • • • • • • • • • • • • • •			4			
a, ( Am	c	Fundraising events			-			
Gift lar	c	Related organizations			4			
ini,	e	e Government grants (contributions)	1e	6,055,648.	-			
er S	f	All other contributions, gifts, grants, and	d					
ibu		similar amounts not included above $\dots$	1f	10,662,360.	-			
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in lines 1a-1f	1g \$	880,518.	-			
<u>a C</u>	ŀ	Total. Add lines 1a-1f		1	16,724,394.			
				Business Code				
e	2 a	-		624200	894,044.	894,044.		
ervi e	k	MANAGEMENT FEES		900099	40,800.	40,800.		
enu Se	c	·						
ran ev	c	l l						
Program Service Revenue	e							
ā	f	All other program service revenue						
	ç				934,844.			
	3	Investment income (including divide						
		other similar amounts)			129,655.			129,655.
	4	Income from investment of tax-exer	· ·					
	5	Royalties						
			(i) Real	(ii) Personal	-			
	6 a	a Gross rents 6a	43,200.		-			
	k		0.		-			
	c		43,200.		42.000	42.000		
	_ c	( )	Coouritioo		43,200.	43,200.		
	7 a		Securities	(ii) Other	-			
		assets other than inventory <b>7a</b>	561,992.	1,000.	-			
0	Ľ	• Less: cost or other basis	576 533	0.				
evenue		and sales expenses 7b	576,533. -14,541.		-			
		. ,			-13,541.			-13,541.
Other R		I Net gain or (loss)		····· 🕨	-13,541.			-13,541.
the	8 8	<ul> <li>Gross income from fundraising events including \$</li> </ul>						
0		including \$ contributions reported on line 1c). §						
	k	Part IV, line 18			-			
		Net income or (loss) from fundraisir						
	9 =	Gross income from gaming activitie	-					
	00	Part IV, line 19						
	ŀ	D Less: direct expenses			1			
		Net income or (loss) from gaming a						
		a Gross sales of inventory, less return						
		and allowances		a				
	k	Less: cost of goods sold		1	1			
		Net income or (loss) from sales of ir						
		· ·		Business Code				
sno	11 a	OTHER REVENUE		900099	45,381.	45,381.		
ane	b	INSURANCE PROCEEDS		900099	-60,365.			-60,365.
scellaneo <u>Revenue</u>	c	>						
Miscellaneous Revenue	c	All other revenue						
2		• Total. Add lines 11a-11d			-14,984.			
	12	Total revenue. See instructions			17,803,568.	1,023,425.	0.	55,749.
132009	9 12-0	9-21						Form <b>990</b> (2021)

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MEALS ON WHEELS AND MORE, INC. 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 respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	10,000.	10,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	257,936.	257,936.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	607,865.	157,675.	381,175.	69,015.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,733,418.	3,660,035.	682,708.	390,675.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	130,517.	101,998.	14,576.	<u>13,943</u> . 28,167.
9	Other employee benefits	461,984.	325,126.	108,691.	28,167.
10	Payroll taxes	420,781.	313,296.	71,818.	35,667.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	41,035.		41,035.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	37,108.		37,108.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	727,987.	92,171.	258,514.	377,302.
12	Advertising and promotion				
13	Office expenses	13,343.		13,232.	111.
14	Information technology	372,453.	112,041.	89,955.	170,457.
15	Royalties				
16	Occupancy	156,872.	152,417.	1,509.	2,946.
17	Travel	157,614.	157,614.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		10 501	10.000	
19	Conferences, conventions, and meetings	30,193.	13,521.	10,238.	6,434.
20	Interest	85,528.	72,523.	13,005.	
21	Payments to affiliates				00.001
22	Depreciation, depletion, and amortization	555,829.	445,955.	89,580.	20,294.
23	Insurance	209,633.	798.	208,835.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	HOME REPAIR COSTS	4,729,881.	4,729,881.		
b	MEAL COSTS	2,141,896.	2,141,896.		
с	SUPPLIES	579,971.	565,513.	6,834.	7,624.
d	MISCELLANEOUS	331,082.	248,825.	79,106.	3,151.
е	All other expenses	512,843.	147,768.	115,663.	249,412.
25	Total functional expenses. Add lines 1 through 24e	17,305,769.	13,706,989.	2,223,582.	1,375,198.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

132010 12-09-21

11 2021.06010 MEALS ON WHEELS AND MORE, MOW____1

	990 (/ <b>t X</b>	2021) MEALS ON WHEELS AND MORE, INC. Balance Sheet		23-	7202594 Page 11
Fai	נא	Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,404,644.	1	1,748,363.
	2	Savings and temporary cash investments	6,152,486.	2	581,252.
	3	Pledges and grants receivable, net	1,825,506.	3	2,836,793.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	206,660.	9	147,694.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10,934,730.			
	b	Less: accumulated depreciation 10b 5,760,738.	5,392,486.	10c	5,173,992.
	11	Investments - publicly traded securities	9,306,299.	11	13,121,911.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	247,665.	15	176,190.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	24,535,746.	16	23,786,195.
	17	Accounts payable and accrued expenses	881,088.	17	965,835.
	18	Grants payable		18	
	19	Deferred revenue	179,484.	19	244,204.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,444,733.	23	2,377,014.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	==		
		of Schedule D	75,000.	25	0.
	26	Total liabilities. Add lines 17 through 25	3,580,305.	26	3,587,053.
(0		Organizations that follow FASB ASC 958, check here 🕨 🗴			
lce		and complete lines 27, 28, 32, and 33.	10 005 000		17 010 001
alar	27	Net assets without donor restrictions	18,905,288.	27	17,010,621.
ä	28	Net assets with donor restrictions	2,050,153.	28	3,188,521.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
ч		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t A:	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	20,955,441.	32	20,199,142.
	33	Total liabilities and net assets/fund balances	24,535,746.	33	23,786,195.

Form 990 (2021)

	1990 (2021) MEALS ON WHEELS AND MORE, INC.	23-7	202594	Pag	_{je} 12
Pa	rt 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	17,803		
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,305	-	
3	Revenue less expenses. Subtract line 2 from line 1	3		7 <u>,79</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,955		
5	Net unrealized gains (losses) on investments	5	-1,254	<u>1,09</u>	98.
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	20,199	9,14	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	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?		2b	X	
	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 X Consolidated basis Both consolidated and separate basis				
с	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	
			Form	<b>990</b> (2	2021)

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name	lame of the organization Employer identification number											
		MEAL	S ON WHEEL	S AND MORE, 1	INC.			2	3-7202594			
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1 [		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3 [		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4 [		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in			
_		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7 [	Х	An organization that norma	Ily receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general j	public described in			
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8 [		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or			
-		university:										
10		An organization that norma										
		activities related to its exem		•	. ,				•			
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acquii	red by the org	anization a	Ifter June 30, 1975.			
		See section 509(a)(2). (Cor										
11		An organization organized a	-	•	•							
12		An organization organized a	-	-	-			•				
		more publicly supported or	-						check the box on			
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
а				-	• • • •	-						
		the supported organization			i majority c	of the direc	tors or trustee	es of the sl	ipporting			
h		organization. You must o	-		tion with it.		d organizatio	o(o) by bo	ina			
b		<b>Type II.</b> A supporting org					-		•			
		control or management o organization(s). <b>You mus</b>			ame perso	ns that coi	III OF THATIA	ye ine supp	Joned			
с		Type III functionally inte	-		in connect	tion with	and functional	ly integrate	d with			
C		its supported organization	• • • •					ly integrate	a with,			
d		<b>Type III non-functionally</b>		-				ted organi-	zation(s)			
u		that is not functionally int						-				
		requirement (see instructi	с С	<b>o</b> ,				anatonti				
е		Check this box if the orga	-					II. Type III				
Ŭ		functionally integrated, or					rype i, rype	n, rype m				
f	Ente	r the number of supported of			0 0							
		vide the following information	•									
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)			
Total												

MEALS ON WHEELS AND MORE, INC.

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3694025.	3547077.	17613609.	24401516.	16724394.	65980621.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3694025.	3547077.	17613609.	24401516.	16724394.	65980621.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						65980621.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3694025.	3547077.	17613609.	24401516.	16724394.	65980621.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	53,567.	75,120.	69,526.	83,971.	172,855.	455,039.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	17,943.	28,757.	27,782.	38,829.		158,692.
11	Total support. Add lines 7 through 10						66594352.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 21	,716,063.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	99.08 %
	Public support percentage from 2020					15	99.18 %
<b>16</b> a	33 1/3% support test - 2021. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	. ,					
<b>1</b> 7a	10% -facts-and-circumstances test	- 2021. If the org	anization did not (	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, che	ck this box and <b>s</b> t	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qu	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s <b>&gt;</b>
						Schedule A	(Form 990) 2021

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MEALS ON WHEELS AND MORE, INC. 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	L					
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	r	-	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third, [.]	fourth, or fifth tax	year as a section s	501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
<b>19</b> a	a 33 1/3% support tests - 2021. If the	organization did r	not check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar						
k	<b>33 1/3% support tests - 2020.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins		
1320	23 01-04-22					Schedu	le A (Form 990) 2021

1

2

3a

3b

3c

4a

4b

4c

5a

5b

Yes No

#### Part IV Supporting Organizations

Schedule A (Form 990) 2021

(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

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

17

Schedule A (Form 990) 2021

# 5c 6 7 8 9a 9b 9c 10a 10b 2021.06010 MEALS ON WHEELS AND MORE, MOW____1

#### MEALS ON WHEELS AND MORE, INC. Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI. 11c

#### Section B. Type I Supporting Organizations

<ul> <li>Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</li> <li>Did the organization sported for the banefit of environment of the supported is the properties.</li> </ul>	
supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
<b>0</b> Did the experimetion expects for the herefit of any supported experimetion other than the supported	
2 Did the organization operate for the benefit of any supported organization other than the supported	
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
supervised, or controlled the supporting organization. 2	
Section C. Type II Supporting Organizations	

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

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

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

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

1 Check the	e box next to the method	d that the organizatio	n used to satisfy th	he Integral Part Test	during the year	(see instructions).
-------------	--------------------------	------------------------	----------------------	-----------------------	-----------------	---------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruct	ion <u>s).</u>
---	--	---------------------------------------------------	---------------------------------------------------------------------------	----------------

18

2 Activities Test. Answer lines 2a and 2b below.

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- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

### 2021.06010 MEALS ON WHEELS AND MORE, MOW_

1

...

.....

Yes No

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	(D) Current Veer
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Rec	overies of prior-year distributions	2		
3 Othe	er gross income (see instructions)	3		
4 Add	lines 1 through 3.	4		
5 Dep	reciation and depletion	5		
6 Port	ion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mair	ntenance of property held for production of income (see instructions)	6		
7 Othe	er expenses (see instructions)	7		
8 Adju	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	regate fair market value of all non-exempt-use assets (see			
instr	ructions for short tax year or assets held for part of year):			
a Avei	rage monthly value of securities	1a		
<b>b</b> Ave	rage monthly cash balances	1b		
<b>c</b> Fair	market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
e Disc	count claimed for blockage or other factors			
(exp	lain in detail in Part VI):			
2 Acq	uisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	tract line 2 from line 1d.	3		
4 Cas	h 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 Mult	tiply line 5 by 0.035.	6		
7 Rec	overies of prior-year distributions	7		
8 Mini	imum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adju	isted net income for prior year (from Section A, line 8, column A)	1		
2 Ente	er 0.85 of line 1.	2		
3 Mini	mum asset amount for prior year (from Section B, line 8, column A)	3		
	er greater of line 2 or line 3.	4		
5 Inco	me tax imposed in prior year	5		
6 Dist	ributable Amount. Subtract line 5 from line 4, unless subject to			
eme	rgency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functior	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2021 MEALS ON WHEELS AND MORE, INC.
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

Schedule A (Form 990) 2021

MEALS ON WHEELS AND MORE, INC.

Par	t V   Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2021 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
	·	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2021	ıs	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	MEALS	ON WHEEL	S AND	MORE,	INC.	23-7202594 Page 8
Part VI	Supplemental In Part IV, Section A, lin line 1; Part IV, Section	formation. Pro es 1, 2, 3b, 3c, 4b, n D, lines 2 and 3; and 8; and Part V,	vide the explan 4c, 5a, 6, 9a, 9 Part IV, Section Section E, lines	ations requ b, 9c, 11a, E, lines 1c, 2, 5, and 6	ired by Part 11b, and 1 2a, 2b, 3a, Also comp	II, line 10; Part II, 1c; Part IV, Section and 3b; Part V, lir plete this part for a	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V, any additional information.
132028 01-04-2	2			21			Schedule A (Form 990) 202

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2021

er

Name of the organizat	ion	Employer identification numb
	MEALS ON WHEELS AND MORE, INC.	23-7202594
Organization type (ch	leck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
, 0	ation is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule. See instructions.
General Rule		
Eor an organi	ization filing Form 900, 900 F7, or 900 PE that received, during the year, contributions to	taling \$5,000 or more (in money or

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

#### Special Rules

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

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

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

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

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

				Sche	dule B (For	m 990) (202	1)
23							
2021.06010	MEALS	ON	WHEELS	AND	MORE	, MOW	

Schedule B (Form 990) (2021)	
Name of organization	

MEALS ON WHEELS AND MORE, INC.

Employer identification number

23-7202594

Part I	<b>Contributors</b> (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		\$ <u>2,290,335.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b)	(c) Total contributions	(d) Type of contribution						
2	Name, address, and ZIP + 4	\$1,268,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
3		\$558,416.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a)	(b)	(c)	(d)						
<u>No.</u>	Name, address, and ZIP + 4	S 502,322.	Type of contribution         Person       X         Payroll						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
5		\$2,415,695.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No	(b)	(c)	(d)						
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           \$667,893.	Type of contribution         Person       X         Payroll						

123452 11-11-21

08310815 146917 MOW

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-11-21			Schedule B (Form 990) (2021)

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

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

#### Schedule B (Form 990) (2021)

MEALS ON WHEELS AND MORE, INC.

Name of organization

Part I

(a)

No.

(a)

No.

(a)

8

7

Employer identification number

(d)

Type of contribution

X

X

X

23-7202594

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

1

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(c)

**Total contributions** 

(c)

**Total contributions** 

(c)

\$

\$

1,704,500.

1,000,000.

Page 2

2021.06010 MEALS ON WHEELS AND MORE, MOW

08310815 146917 MOW

	B (Form 990) (2021) rganization		Page Employer identification number
MEALS	ON WHEELS AND MORE, INC.		23-7202594
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	L.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
7	GIFT CARDS		
		\$693,5	00. 01/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		_	
		 \$	

123453 11-11-21

Schedule B (Form 990) (2021)

Schedule E	B (Form 990) (2021)		Page <b>4</b>
Name of or	rganization		Employer identification number
MEALS	ON WHEELS AND MORE, IN	с.	23-7202594
Part III	Exclusively religious, charitable, etc., contributor, Complete columns (	tions to organizations described in se a) through (e) and the following line en	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year htry. For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) ► \$
(a) No.	· · · ·		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gif	ft
-	Transferee's name, address, a	Ind 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 gif	ht state of the st
	Transferee's name, address, a	Ind 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
Parti			
		(e) Transfer of gif	ft
-	Transferee's name, address, a	ina <b>ZIP + 4</b>	Relationship of transferor to transferee
		[	
123454 11-11	-21		Schedule B (Form 990) (2021)

26 2021.06010 MEALS ON WHEELS AND MORE, MOW____1

SCHEDULE D	Supplemental Financial Statements	OMB No. 1545		
(Form 990)	► 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.	202		
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	Open to F Inspectio		
Name of the organization	tion	Employer identification		
	MEALS ON WHEELS AND MORE, INC.	23-720259		
Part I Organiz	ations Maintaining Donor Advised Funds or Other Similar Funds or Ac	counts. Complete if the		

	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose confe	erring
_			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	-	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the tax
	year	and the langest of N	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
~	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and onforcing concernation	accomenta during the year
7	Amount of expenses incurred in monitoring, inspecting, hand \$	ling of violations, and enforcing conservations	easements during the year
8	Does each conservation easement reported on line 2(d) abov	a satisfy the requirements of section $170(b)(4)$	
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
5	balance sheet, and include, if applicable, the text of the footn	-	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pub	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balan	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			<b>N A</b>
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gair	n, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021
132051	10-28-21		
		27	

2021.06010 MEALS ON WHEELS AND MORE, MOW____1

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 23 - 7202594

Sche		N WHEELS AN								02594		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historic	al Tre	easures, o	r Othe	r Sim	nilar /	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any	of the f	following that	t make s	ignific	ant use	e of its			
	collection items (check all that apply):											
а	Public exhibition	d	Loar	n or exc	hange progra	am						
b	Scholarly research	e	Othe	er								
с	Preservation for future generations											
4	Provide a description of the organization's co	llections and explain	how they fu	irther th	ne organizatio	on's exer	mpt pu	irpose	in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historie	cal treas	sures, or othe	er similar	⁻ asset	S				
	to be sold to raise funds rather than to be ma								🗌	Yes		No
Par	t IV Escrow and Custodial Arrang					"Yes" or	n Form	990, F	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.	-									
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for conti	ibution	s or other as	sets not	includ	ed				
	on Form 990, Part X?								🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII a											
										Amount		
с	Beginning balance							1c				
	Additions during the year							1d				
	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo						lity?			Yes		No
b	If "Yes," explain the arrangement in Part XIII.											]
Par	t V Endowment Funds. Complete in	the organization and	swered "Yes	" on Fo	orm 990, Part	IV, line	10.					
		(a) Current year	(b) Prior	year	(c) Two yea	rs back	(d) Th	iree yea	irs back	(e) Four	years	back
1a	Beginning of year balance	1,158,590.	1,050	5,566.	1,08	0,120.		1,046	5,745.	1,	001,	023.
b	Contributions											
с	Net investment earnings, gains, and losses	-159,521.	145	5,225.	1	5,122.		33	3,375.		45,	722.
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs		43	8,201.	3	8,676.						
f	Administrative expenses											
g	End of year balance	999,069.	1,158	8,590.	1,05	6,566.		1,080	),120.	1,	046,	745.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, co	lumn (a)	)) held as:							
а	Board designated or quasi-endowment		%									
b	Permanent endowment  100	%										
с		%										
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.										
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are	held ar	nd administer	red for th	ne orga	anizatio	on	_		
	by:									[	Yes	No
	(i) Unrelated organizations									3a(i)		Х
	(ii) Related organizations									3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization									3b		
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipm	ent.										
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line	e 11a. S	See Form 990	, Part X,	line 1	0.				
	Description of property	(a) Cost or ot			t or other		ccum			(d) Book	value	э
		basis (investm	ent)	basis	(other)	de	precia	tion				
1a	Land				9,032.							32.
	Buildings			7,08	2,382.	2,	962	,119	9.	4,120	),20	53.
	Leasehold improvements											
	Equipment			98	6,889.		756			230	),69	93.
	Other				6,427.		042				1,00	
	Add lines 1a through 1e. (Column (d) must ed		(. column (B	). line 1	0c.)					5,173	3,99	92.
		• • • • • • • • • • • • • • • • • • • •						-				

Schedule D (Form 990) 2021

Schedule D	(Form 990) 2021	MEALS ON WE	EELS A	AND MORE	, INC.	23-7202594 Page <b>3</b>
Part VII		Other Securities.				
	Complete if the orga	anization answered "Yes'	on Form 99	90, Part IV, line	11b. See Form 990, Part X, lir	ne 12.
(a) Descrip	tion of security or categ	Ory (including name of security)	<b>(b)</b> B	ook value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financia	al derivatives					
(2) Closelv						
(3) Other			-			
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	h) must equal Form 990	, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments - F	Program Related.				
		-	on Form 99	90. Part IV. line	11c. See Form 990, Part X, lir	ne 13.
	(a) Description of i			ook value		Cost or end-of-year market value
(1)	(		() -		(-)	· · · · · · · · · · · · · · · · · · ·
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	h) must equal Form 000	, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets.					
		anization answered "Yes'	on Form 99	0 Part IV line	11d. See Form 990, Part X, lir	ne 15
			Description			(b) Book value
(4)		(4)	Decemption	•		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
<u>(9)</u>						
Part X	<u>omn (b) must equal For</u> Other Liabilities	r <u>m 990, Part X, col. (B) lín</u> •	e 15.)			
FaitA			on Form Of	DO Dort IV line	110 or 11f Coo Form 000 Do	at V line 05
		escription of liability	011 F0111 98	90, Part IV, IIIe	11e or 11f. See Form 990, Pa	(b) Book value
<u>1.</u>						(b) BOOK value
	leral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
		r <u>m 990, Part X, col. (B) lin</u>				
2. Liability	for uncertain tax pos	itions. In Part XIII, provide	e the text of	the footnote to	the organization's financial s	tatements 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 .... 🚺

	edule D (Form 990) 2021 MEALS ON WHEELS AND MORE ,			7202594 Page 4			
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 12	a.					
1	Total revenue, gains, and other support per audited financial statements			1	16,512,362.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a -	-1,254,098.				
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d			2e	-1,254,098.		
3	Subtract line 2e from line 1			3	17,766,460.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,108.				
b	Other (Describe in Part XIII.)	4b					
	Add lines <b>4a</b> and <b>4b</b>	4c	37,108.				
с							
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	17,803,568.		
5			Expenses per R		<u>17,803,568.</u> n.		
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	nents With	I Expenses per R		n.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	nents With a.	I Expenses per R		17,803,568. n. 17,268,661.		
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12.	nents With a.	I Expenses per R	Retur	n.		
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With	I Expenses per R	Retur	n.		
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents With a.	I Expenses per R	Retur	n.		
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b	I Expenses per R	Retur	n.		
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a           2b           2c	I Expenses per R	Retur	n.		
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	I Expenses per R	Retur	n. <u>17,268,661.</u> 0.		
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	I Expenses per R	1	n.		
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses and through 2d	2a           2b           2c           2d	I Expenses per R	letur 1 2e	n. <u>17,268,661.</u> 0.		
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	I Expenses per R	letur 1 2e	n. <u>17,268,661.</u> 0.		
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	I Expenses per R	letur 1 2e	n. 17,268,661. 0. 17,268,661.		
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           2d           4a           4b	1 Expenses per R	letur 1 2e	n. 17,268,661. 0. 17,268,661. 37,108.		
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) <b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	37,108.	1 2e 3	n. 17,268,661. 0. 17,268,661.		

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 V, LINE 4:

MEALS ON WHEELS AND MORE, INC. ESTABLISHED THE MYRTLE AGNEW WALKER

ENDOWMENT WITH THE PURPOSE OF CREATING A PERMANENT ENDOWMENT TO SUPPORT

IN-HOME CARE ACTIVITIES.

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES. THAT STANDARD PRESCRIBES A MINIMIUM RECOGNITION THRESHOLD AND

MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN

IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN FINANCIAL

STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DE-RECOGNITION, CLASSIFICATION,

INTEREST AND PENALTIES, ACCOUNTIN IN INTERIM PERIODS, DISCLOSURE, AND

132054 10-28-21

Schedule D (Form 990) 2021

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00260725 146917 MOW

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2021.06010 MEALS ON WHEELS AND MORE, MOW____

Schedule D (Form 990) 2021         MEALS         ON         Mean           Part XIII         Supplemental Information (continued)         Continued         Continued         Continued	WHEELS AND MORE, INC.	23-7202594 Page 5
Part XIII Supplemental Information (continued		
TRANSITION. THEH ORGANIZATION'	S FEDERAL EXEMPT ORGANIZAT	TION RETURN FOR THE
YEARS ENDED SEPTEMBER 30, 2018	AND AFTER ARE SUBJECT TO	EXAMINATION BY THE
INTERNAL REVENUE SERVICE.		
		Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047							
(Form 990)	organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury Internal Revenue Service <ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>								2021 Open to Public		
Internal Revenue Service		to www.irs.gov/Form990 for inst	ruction	s and	the latest informati	on.		Inspection		
Name of the organization	rganization Employe MEALS ON WHEELS AND MORE, INC. 23-72									
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
		sed funds through any of the followi	ng activ	ities. (	Check all that apply.					
	a X Mail solicitations e X Solicitation of non-government grants									
	email solicitations			•	•					
c Phone solici		g [] Specia	l fundra	lising	events					
		or oral agreement with any individua	l (includ	ling of	ficers, directors, trus	tees,	or			
key employees list	ed in Form 990, P	art VII) or entity in connection with p	professi	onal fi	undraising services?		X Ye	s 🗌 No		
<b>b</b> If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursu organization.	uant to a	agreei	ments under which th	ne fur	ndraiser is to b	e		
			(iii) fundr	Did			Amount paid	(vi) Amount paid		
(i) Name and addres or entity (fund		(ii) Activity	have ci or con	ustody trol of	(iv) Gross receipts from activity	<b>`</b>	or retained by) fundraiser	to (or retained by) organization		
			contribu			lis	ted in col. (i)			
LAUTMAN MASKA NEILI COMPANY - 1730 RHOI		FUNDRAISING SERVICES	Yes	No X	1,271,690.		92,602.	1,179,088.		
							,			
			_							
			_							
Total					1,271,690.		92,602.	1,179,088.		
		n is registered or licensed to solicit		utions		it is e	,			
or licensing.										
TX										
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-F	Z.		Schedul	e G (Form 990) 2021		
SEE		FOR CONTINUATIONS					22.10441			
132081 10-21-21										

MEALS ON WHEELS AND MORE, INC. 23-7202594 Page 2

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-F7 lines 1 and 6b. List ev	

		of fundraising event contributions and gro		EZ, lines I and 6D. List e		s greater than \$5,000.
			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
anue						
Revenue	1	Gross receipts				
		Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
-	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through	( )		🕨	
Pa	11 rt	Net income summary. Subtract line 10 from li				
10		<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered res on Form	990, Part IV, line 19, or r	eported more than	
Revenue		• • • • • • • • • • • • • • • • • • •	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve						
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	No	No	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)			
		Hot gaming moome caninary. Castractime r				1
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended or te	rminated during the tax v	ear?	Yes No
		Yes," explain:				
13208	32 10	-21-21			Sche	dule G (Form 990) 2021

00260725 146917 MOW

Sch	edule G (Form 990) 2021	MEALS ON	WHEELS AND	MORE,	INC.	23-7	202594	Page 3
11	Does the organization conduct gam						Yes	No
12	Is the organization a grantor, benefic	ciary or trustee of	a trust, or a membe	r of a partnei	rship or other entity f	formed		
	to administer charitable gaming? $\ldots$						Yes	No
	Indicate the percentage of gaming a							
	The organization's facility						13a	%
	An outside facility						13b	%
14	Enter the name and address of the p	person who prepa	ares the organization	's gaming/sp	pecial events books a	and records:		
	Name							
	Address 🕨							
15a	Does the organization have a contra	ict with a third pa	rty from whom the o	rganization r	eceives gaming reve	nue?	Yes	No No
h	If "Yes," enter the amount of gaming	n revenue receive	d by the organization	n 🕨 \$	an	d the amount		
	of gaming revenue retained by the t			· · · ·				
с	If "Yes," enter name and address of							
	Name 🕨							
	Address 🕨							
16	Gaming manager information:							
	Name							
	Gaming manager compensation 🕨	\$						
	Decidentia de la companya de la D							
	Description of services provided							
	Director/officer	Employee		pendent cont	ractor			
17	Mandatory distributions:							
	Is the organization required under st	ate law to make	charitable distribution	ns from the g	gaming proceeds to			
	retain the state gaming license?		- 1				Yes	No
b	Enter the amount of distributions red	quired under state	e law to be distribute	ed to other e	kempt organizations	or spent in the		
De	organization's own exempt activities							
Ра	rt IV Supplemental Inform					iii) and (v); and Par	t III, lines 9, 9	∂b, 10b,
	15b, 15c, 16, and 17b, as a	splicable. Also pr	ovide any additional	information.	See instructions.			
SC	HEDULE G, PART I, I	LINE 2B.	LIST OF TEI	N HIGHE	EST PAID FU	INDRAISERS	:	
							-	
/ -		. т аттор <i>е</i>	***					
(1	) NAME OF FUNDRAISE	IR: LAUTM	AN MASKA NI	EILL AN	ND COMPANY			
(I	) ADDRESS OF FUNDRA	AISER: 17	30 RHODE IS	SLAND A	AVE, NW, WA	SHINGTON,	DC 2	0036
4055						Oshe i		000\ 0004
13208	3 10-21-21		24			Schedi	ule G (Form	990) 2021

Sche	dule	G	(Form	990
			-	

Part IV	Supplemental Information (continue	ed)
		Schedule G (Form 990)
132084 11-18-	21	

SCHEDULE I (Form 990)		Comple Comple	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.}	d Other Assistance to Organizations, ts, and Individuals in the United States anization answered "Yes" on Form 990, Part IV, line 21 or 2	te to Organi s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047	,
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form 990. www.irs.gov/Form990 for the latest information.	n 990. · the latest inform	ation.		Open to Public Inspection	
Ę	tion MEALS ON WHEELS	WHEELS AND	MORE,					Employer identification number 23-7202594	
Part I General I	General Information on Grants and Assistance	nd Assistance							
1 Does the organ	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	o substantiate the	amount of the grants c	or assistance, the g	Irantees' eligibility	for the grants or assis	tance, and the selectic	:	
	criteria used to award the grants or assistance?	tance?	oring the use of arout f	inde in the Linited	Ctotoo				
Part II Grants an	Describe in Fact ty the organization's procedures for monitoring the use or grant runos in the organization answered "Yes" on Form 990, Part IV, line 21, for any cants and Other Assistance to Domestic Organizations and Domestic Governments.	Domestic Organiz	ations and Domestic	Governments. Co	orates. omplete if the orga	Inization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	5,000. Part II can	be duplicated if additio	nal space is neede	d.			•	
<b>1 (a)</b> Name and a or go	<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	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance	
AUSTIN HOUSING FOR ALL PO BOX 41833	OR ALL							SUPPORT AFFORDABLE	
AUSTIN, TX 78704		20-8249818	501(C)(3)	10,000.	• 0			HOUSING BOND	
2 Enter total num	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	anizations listed in the	line 1 table					
3 Enter total num	Enter total number of other organizations listed in the line 1 table	s listed in the line 1	table						
LHA For Paperwor	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021	

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

132101 10-26-21

Schedule I (Form 990) 2021 MEALS ON WHEELS	S AND MORE,	, INC.			23-7202594 Page 2
Part III         Grants and Other Assistance to Domestic Individuals.           Part III         can be duplicated if additional space is needed.		organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	90, Part IV, line 22.	
(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
FOOD, RENT, AND OTHER ASSISTANCE	200	257,936.		EMV	GROCERIES, RENT, UTILITIES, HOUSEHOLD GOODS
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l quired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
GRANTS ARE DESIGNATED FOR SPECIFIC	PURPOSES	THAT FURTHER	HER THE MEALS	ALS ON	
WHEELS MISSION.					
CASE MANAGERS EVALUATE CLIENT NEEDS	AND	PROVIDE ASSIS	ASSISTANCE BASED	O ON TYPE OF	
NEED. PAYMENTS ARE MADE DIRECTLY TO	THE	VENDORS - UTI	UTILITY COMPANIES	NIES,	
LANDLORDS, OR PURCHASES OF ITEMS. I	ASSISTANCE	E FOR EACH	FOR EACH CLIENT IS	CAPPED AT A	
SPECIFIC DOLLAR AMOUNT PER YEAR EXC	EXCEPT IN E	XTREME CIR	EXTREME CIRCUMSTANCES	APPROVED BY	
THE VP. ADDITIONAL ASSISTANCE IS PF	PROVIDED T	O CLIENTS	ED TO CLIENTS VIA PARTNER	œ	
132102 10-26-21					Schedule I (Form 990) 2021

Part IV	Supplemental	Information
Schedule I	(Form 990)	MEALS

MEALS ON WHEELS AND MORE, INC. 23-7202594 Page 2

ORGANIZATIONS, WHICH IS COORDINATED BY THE CASE MANAGERS.

Schedule I (Form 990)

132291 04-01-21

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>N</b> 1	
-	-	Compensated Employees		20		
-		<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organizatio	n		identificatio		nber
		MEALS ON WHEELS AND MORE, INC.	23-'	7202594	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or	°	nal use			
	Travel for con					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
~						
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
-				1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
2	Indicate which if a	ay of the following the executation used to establish the companyation of the execution's				
3		ny, of the following the organization used to establish the compensation of the organization's ector. Check all that apply. Do not check any boxes for methods used by a related organization of the sector of the sector.				
		ation of the CEO/Executive Director, but explain in Part III.	JITIO			
	X Compensatio					
		compensation consultant X Compensation survey or study				
	X Form 990 of c		ommittee			
			ommittee			
4	During the year, di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	-					
	Only section 501(	:)(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 compensatio	'n			
	contingent on the	evenues of:				
						X
		ation?				X
		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the	-				37
а						X
b		ation?		6b		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				x
0				8		
9		id the organization also follow the rebuttable presumption procedure described in		9		
	Regulations section	eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	000	2021
гпа			Schee	aule o (Forn	1 990)	2021

Schedule J (Form 990) 2021 MEALS	Ö	MEALS ON WHEELS AN	AND MORE, INC.	<u>с</u> .	23-7202594	594		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	oldm	<u>yees, and Highest C</u>	ompensated Emplo	oyees. Use duplica	te copies if additional s	pace 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.	orm 5	oorted on Schedule J 90, Part VII.	, report compensati	on from the organize	ttion on row (i) and fror	n related organization:	s, described in the instr	uctions, on row (ii).
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.	ed inc	lividual must equal th	e total amount of Fc	ırm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	E) amounts for that indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi- indi indi	vidual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ADAM HAUSER	(i)	227,562.	50,000.	0.	30,100.	7,962.	315,624.	0.
PRES & CEO (THRU FEB'22)	(ii)	.0	.0	0.	.0	.0	.0	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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							Schedu	Schedule J (Form 990) 2021

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Page 3											990) 2021
23-7202594	omplete this part for any additional information.										Schedule J (Form 990) 2021
Schedule J (Form 990) 2021 MEALS ON WHEELS AND MORE, INC.	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.										

SCHEDULE L		Tra	nsactior	ıs V	Vith	Int	erested	P	ersons			ON	/IB No. ⁻	1545-00	47
(Form 990)			ganization and	swered	d "Yes	on F		t IV,	line 25a, 25b, 2	6, 27,	28a,		2	02	1
Department of the Treasury			Atta	ich to	Form	990 or	Form 990-E2	Z.				-	pen T		lic
Internal Revenue Service Name of the organization		io to w	/ww.irs.gov/Fo	orm990	0 for ir	nstruc	tions and the	late	est information.	Em		ident	spect		mhor
Name of the organization		ON W	VHEELS A	ו תא	MORI	د ج	INC.					025		on nu	mber
Part I Excess B								ctior	n 501(c)(29) orgai						
									Form 990-EZ, Pa						
1 (a) Name of disgualif	fied nerson	<b>(b)</b> Re	elationship betv			ified		<b>c)</b> De	escription of tran	sactic	'n		(d)	Corre	cted?
			person and or	rganiza	ation			<b>, , ,</b>		Juotic	,,,,,		Y	es	No
														$\rightarrow$	
														+	
2 Enter the amount of	-			0			•	Ŭ			•				
section 4958 3 Enter the amount of											► \$				
3 Enter the amount of	tax, ii any, on ii	ne z, a	bove, reimburs	eu by	the or	janiza					•				
Part II Loans to	and/or From	n Inte	erested Pers	sons.											
Complete if	the organizatior	n answ	ered "Yes" on F	Form 9	90-EZ	, Part V	V, line 38a or F	orm	n 990, Part IV, line	e 26; (	or if th	e orga	nizatio	n	
	amount on Form	1		1 I								(h) (h)	provod		
(a) Name of interested person	(b) Relatio with organ		(c) Purpose of loan	fron	an to or n the	· ·	e) Original cipal amount	(f	) Balance due		) In ault?	( <b>h)</b> Ap by bo	ard or		/ritten ment?
	With organ	Zation	orioari		zation?		sipai amount					comm		Yes	1
				To	From					Yes	No	Yes	No	res	No
								<u> </u>							
Total							> \$								
	r Assistance		-												
	the organization								( )) T						
(a) Name of interes	sted person		<ul> <li>Relationship interested pers the organiza</li> </ul>	son and			c) Amount of assistance		(d) Type assistan				) Purp assista		T
											-+				
											-+				
LHA For Paperwork Re	duction Act No	tice, s	ee the Instruc	tions f	or For	m 990	) or 990-EZ.				Sche	dule L	. (Forr	n 990	) 2021

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INC.	23-7202594	Page 2

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

MEALS ON WHEELS AND MORE,

	tes on ronnes	90, Fart IV, II	116 200	l, ∠0	50, 01 20C.			
(a) Name of interested person	(b) Relationship person and	between in the organiza		d	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
							Yes	No
MIGHTY CITIZEN	BUSINESS	OWNED	BY	В	18,804.	WEBSITE SER		X

#### Part V Supplemental Information.

Schedule L (Form 990) 2021

Provide additional information for responses to questions on Schedule L (see instructions).

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

#### (A) NAME OF PERSON: MIGHTY CITIZEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

## BUSINESS OWNED BY BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: WEBSITE SERVICES

Schedule L (Form 990) 2021

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SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

21

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	ment of the Treasury         I Revenue Service         Go to www.irs.gov/		r instructions and	the latest information.		Open to Public Inspection
	e of the organization MEALS ON WHE					ridentification number
Pa	rt 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) d of determining ontribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods	X		29,487.	FMV	
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	X	2	7,239.	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	X	12	154,931.	\$1.74/LB	
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ( <b><u>GIFTCARDS FOR</u></b> )	X	1	693,500.	FMV	
26	Other  ( )					
	Other  ()					
27						

for which the organization completed Form 8283, Part V, Donee Acknowledgement _____ 29

30a	During the year, did the organization receive by contribution any property reported 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			
		20-		v
	exempt purposes for the entire holding period?	30a		
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		Х
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			

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

Schedule M (Form 990) 2021

Yes No

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Part II	<b>Supplemental Information.</b> 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.
132142 11-17-	Schedule M (Form 990) 202
	15

Schedule M (Form 990) 2021 MEALS ON WHEELS AND MORE, INC. 23-7202594 Page 2

00260725 146917 MOW

SCHEDULE O (Form 990)

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection Employer identification number

MEALS ON WHEELS AND MORE, INC. 23-7202594

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN THEIR HOMES.

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

FORM 990 IS REVIEWED BY KEY STAFF AND PROVIDED TO THE BOARD OF DIRECTORS

PRIOR TO FILING WITH THE IRS.

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

THE BOARD OF DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL

CONFLICTS OF INTEREST TO THE BOARD OF DIRECTORS AS THEY ARISE.

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

SALARIES ARE ESTABLISHED BASED ON JOB PERFORMANCE, SKILL LEVEL AND

EXPERIENCE. SALARY INCREASES ARE BASED ON MARKET RATES AND BUDGETARY

FACTORS; THE CEO'S SALARY IS APPROVED BY THE BOARD, AND OTHER SALARIES ARE

SET BY THE CEO AND HUMAN RESOURCES.

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

ALL REQUIRED DOCUMENTS ARE AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

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46 2021.06010 MEALS ON WHEELS AND MORE, MOW_

SCHEDULE R (Form 990) Completion (Form 990) Completion of the Treasury Department of the Treasury Internal Revenue Service	<ul> <li>Related Organizations and Unrelated Partnerships</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.</li> <li>▲ Attach to Form 990.</li> <li>▲ Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	ONS and Unrelated Pa ered "Yes" on Form 990, Part IV, I ► Attach to Form 990. 1990 for instructions and the lates	<b>therships</b> ine 33, 34, 35b, 3 ti information.	6, or 37.	ō <b>O</b>	OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organization           MEALS         ON         WHEELS	S AND MORE, INC.				Employer identification number 23-7202594	cation number 394
Part I Identification of Disregarded Entities. Complete if the organization	e if the organization answered "Yes"	answered "Yes" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
<b>Part II</b> Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, t	ecause it had one	or more related tax-exer	mpt
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
HELPING THE AGING, NEEDY AND DISABLED, INC. - 74-1888198, 3227 E. 5TH STREET, AUSTIN, TX - 70707	IN-HOME CARE GIVING TO THE	0 K A GE		((c)(c)) ((c)(c)	MEALS ON WHEELS	Ves No
						4
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R	Schedule R (Form 990) 2021

132161 11-17-21 LHA

3 (Form 990) 2021 MEALS ON WHEELS AND MORE Identification of Related Organizations Taxable as a Partnership organizations treated as a partnership during the tax year.	F-1 .	e if the organiz	, $INC$ , $23-7202594$ Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	es" on Form 990	, Part IV, line (	34, because	$\frac{23-72}{2}$ it had one or m	- 7 2 0 2 5 9 4 e or more relatec	Page 2
(b) Primary activity	(c) (d) Legal Direct controlling state or foreign		(e) Predominant income (related, unrelated, excluded from tax under sections 519-514)	(f) Share of total sincome er	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(j) (k) General or Percentage managing ownership
<b>cable</b> st duri	Identification of Related Organizations 1 axable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	Complete if th	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	wered "Yes" on I	-orm 990, Pa	t IV, line 34	, because it had	one or mo	ire relat
	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of P- end-of-year o assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
1		α			_	-	Schedu	ile R (Forr	Schedule R (Form 990) 2021

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INC. Schedule R (Form 990) 2021 MEALS ON WHEELS AND MORE,

Page 3 23-7202594

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	on one one difficu			Yes No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				1h X
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				tk X
I Performance of services or membership or fundraising solicitations for related organization(s)	iization(s)			1 X
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	nı(s)			1n X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X
<ul> <li>Beimbursement paid to related organization(s) for expenses</li> </ul>				1b X
				1q X
<ul> <li>Other transfer of cash or non-adv to related organization(s)</li> </ul>				* ×
If the answer to any of the above is "Yes," see the instructions for inform	no must complete thi	s line, including covered r	nation on who must complete this line, including covered relationships and transaction thresholds.	-
	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
HELPING THE AGING, NEEDY AND DISABLED,	ц	40,800.	CASH	
HELPING THE AGING, NEEDY AND DISABLED,	F	43,200.		
(3)				
(4)				
(5)				
(6)				
132163 11-17-21	01		Schedule	Schedule R (Form 990) 2021

594 Page 4		gross revenue)	(j) (k) General or managing partner? Ves. No.	2				Schedule R (Form 990) 2021
23-7202594		total assets or gros	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	3 				Schedule R
		asured by	Dispropor- tionate allocations?	3				
	37.	of its activities (mea	(g) Share of end-of-year assets					
	990, Part IV, line 3	than five percent	(f) Share of total income					
	" on Form	cted more	er orgs?	2				
IC.	e organization answered "Yes" on Form 990, Part IV, line 37	which the organization conducted more than five percent of its activities (measured by total assets or tain investment partnerships.	(d) Predominant income (related, unrelated, excluded from tax under sections 512-214)					
AND MORE, INC	mplete if the organi	ip through which th ion for certain inve	(c) Legal domicile (state or foreign country)					
ON WHEELS ANI	l <b>e as a Partnership.</b> Col	ntity taxed as a partnersh ructions regarding exclus	<b>(b)</b> Primary activity					
Schedule R (Form 990) 2021 MEALS	Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity					

Part VII Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

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