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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

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

C Name of organization
MEALS ON WHEELS AMERICA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1550 CRYSTAL DRIVE NO 1004

City or town, state or province, country, and ZIP or foreign postal code
ARLINGTON, VA 22202

D Employer identification number
23-7447812

E Telephone number
(703) 548-5558

G Gross receipts \$ 83,818,925

F Name and address of principal officer:
ELLIE HOLLANDER
1550 CRYSTAL DRIVE NO 1004
ARLINGTON, VA 22202

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.MEALSONWHEELSAMERICA.ORG

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

L Year of formation: 1976

M State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO EMPOWER LOCAL PROGRAMS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF VULNERABLE SENIORS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 11

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 40

6 Total number of volunteers (estimate if necessary) 6 12

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 395

b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 9,879,320 69,392,961

9 Program service revenue (Part VIII, line 2g) 9 1,886,317 1,612,404

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 240,982 248,833

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 12,686 410

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 12,019,305 71,254,608

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 3,799,139 35,673,180

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 3,725,873 4,398,080

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 1,418,692 1,987,933

b Total fundraising expenses (Part IX, column (D), line 25) ▶2,297,047

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 3,053,042 5,159,363

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 11,996,746 47,218,556

19 Revenue less expenses. Subtract line 18 from line 12 19 22,559 24,036,052

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 12,925,873 39,209,514

21 Total liabilities (Part X, line 26) 21 3,326,314 5,204,580

22 Net assets or fund balances. Subtract line 21 from line 20 22 9,599,559 34,004,934

Part II Signature Block

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

Sign Here

Signature of officer
ELLIE HOLLANDER PRESIDENT AND CEO
Type or print name and title

2021-08-17
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2021-08-17

Check ☐ if self-employed PTIN P00639053

Firm's name ▶ MARCUM LLP Firm's EIN ▶ 11-1986343

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

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2020)

Part 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:

MEALS ON WHEELS AMERICA (THE ORGANIZATION) EMPOWERS LOCAL COMMUNITY PROGRAMS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE SENIORS THEY SERVE SO THAT NO ONE IS LEFT HUNGRY OR ISOLATED.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 41,584,173 including grants of \$ 35,537,350) (Revenue \$ 779,554)
See Additional Data

4b (Code:) (Expenses \$ 927,432 including grants of \$ 135,830) (Revenue \$ 803,350)
See Additional Data

4c (Code:) (Expenses \$ 355,287 including grants of \$) (Revenue \$)
See Additional Data

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

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
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	Yes
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	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
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	No
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	No
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	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
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	No
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	No
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	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
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	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

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 40			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
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		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.		15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No

Part VI

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

☒

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17

List the states with which a copy of this Form 990 is required to be filed▶

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

18

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19

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

20

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

▶KENNETH C EUWEMA 1550 CRYSTAL DRIVE NO 1004 ARLINGTON, VA 22202 (703) 548-5558

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATTI LYONS CHAIR	2.00	X		X				0	0	0
(2) CALVIN MOORE VICE CHAIR	2.00	X		X				0	0	0
(3) JOHN WIDER SECRETARY/TREASURER	2.00	X		X				0	0	0
(4) NATALIE ADLER DIRECTOR	1.00	X						0	0	0
(5) VINSEN FARIS DIRECTOR	1.00	X						0	0	0
(6) HOLLY HAGLER DIRECTOR	1.00	X						0	0	0
(7) JOHN MARICK DIRECTOR	1.00	X						0	0	0
(8) DERRICK MASHORE DIRECTOR	1.00	X						0	0	0
(9) SANDY NOE DIRECTOR	1.00	X						0	0	0
(10) LUANN OATMAN DIRECTOR	1.00	X						0	0	0
(11) SASA OLESSI MONTAO DIRECTOR	1.00	X						0	0	0
(12) DAVID SELDIN DIRECTOR - UNTIL 09/2020	1.00	X						0	0	0
(13) ELLIE HOLLANDER PRESIDENT AND CEO	40.00			X				399,970	0	28,209
(14) KENNETH C EUWEMA CHIEF FINANCIAL & OPERATING OFFICER	40.00			X				111,048	0	0
(15) PAMELA FURNEAUX - CHIEF FIN & ADMIN. OFFICER - UNTIL 06/2020	40.00			X				97,663	0	8,060
(16) SUSAN WALDMAN CHIEF MARKETING & COMM. OFFICER	40.00				X			208,367	0	17,567
(17) LUCY THEILHEIMER CHIEF STRATEGY & IMPACT OFFICER	40.00				X			220,081	0	20,010

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KRISTINE TEMPLIN CHIEF DEVELOPMENT OFFICER	40.00				X			218,302	0	13,244
(19) ROBERT HERBOLSHEIMER CHIEF LEGAL & COMPLIANCE OFFICER	40.00				X			235,530	0	0
(20) ERIKA KELLY CHIEF MEMBERSHIP & ADVOCACY OFFICER	40.00				X			174,501	0	10,305
(21) JENNIFER YOUNG VICE PRESIDENT OF COMMUNICATIONS	40.00					X		112,791	0	13,115
(22) SHARRON CORLE DIRECTOR, LEARNING AND DEVELOPMENT	40.00					X		102,886	0	11,409
(23) QINGXIN CAI SENIOR DIRECTOR, FINANCE	40.00					X		105,141	0	8,624
(24) LEA FLORENCE SENIOR DIRECTOR, STRATEGY & IMPACT	40.00					X		105,014	0	8,202
(25) UCHEOMA AKOBUNDU SENIOR DIRECTOR, NUTRITION STRATEGY & IMPACT	40.00					X		102,789	0	8,959

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,194,083	0	147,704

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 12**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 10**

Form 990 (2020)										Page 9	
Part VIII Statement of Revenue											
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>											
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .					1a	46,442				
	b Membership dues . . .					1b					
	c Fundraising events . . .					1c					
	d Related organizations					1d					
	e Government grants (contributions)					1e	402,774				
	f All other contributions, gifts, grants, and similar amounts not included above					1f	68,943,745				
	g Noncash contributions included in lines 1a - 1f:\$					1g	735,758				
	h Total. Add lines 1a-1f ▶					69,392,961					
Program Service Revenue						Business Code					
	2a FEE FOR SERVICE					900099	779,554	779,554			
	b MEMBER DISCOUNT PROG.					900099	386,204	386,204			
	c MEMBERSHIP DUES					900099	224,146	224,146			
	d CONFERENCE					900099	222,500	193,000		29,500	
	e										
	f All other program service revenue.										
	g Total. Add lines 2a-2f. ▶					1,612,404					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶						202,901				202,901
	4 Income from investment of tax-exempt bond proceeds ▶										
	5 Royalties ▶										
	6a Gross rents					6a	(i) Real	(ii) Personal			
	b Less: rental expenses					6b					
	c Rental income or (loss)					6c					
	d Net rental income or (loss) ▶										
	7a Gross amount from sales of assets other than inventory					7a	(i) Securities	(ii) Other			
							12,608,928				
	b Less: cost or other basis and sales expenses					7b					
							12,562,996				
	c Gain or (loss)					7c					
							45,932				
	d Net gain or (loss) ▶					45,932					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					8a					
	b Less: direct expenses					8b					
c Net income or (loss) from fundraising events . . . ▶											
9a Gross income from gaming activities. See Part IV, line 19					9a						
b Less: direct expenses					9b						
c Net income or (loss) from gaming activities . . . ▶											
10a Gross sales of inventory, less returns and allowances . . .					10a						
						1,716					
b Less: cost of goods sold . . .					10b						
						1,321					
c Net income or (loss) from sales of inventory . . . ▶					395						
Miscellaneous Revenue					Business Code						
11a OTHER INCOME					900099	15				15	
b											
c											
d All other revenue											
e Total. Add lines 11a-11d ▶					15						
12 Total revenue. See instructions ▶					71,254,608						
						1,582,904		395		278,348	

Form 990 (2020)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	35,663,180	35,663,180		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	10,000	10,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,762,558	1,143,901	527,004	91,653
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	1,609,546	1,043,415	481,844	84,287
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	42,350	27,458	12,677	2,215
9 Other employee benefits	740,032	479,991	221,413	38,628
10 Payroll taxes	243,594	158,005	72,878	12,711
11 Fees for services (non-employees):				
a Management				
b Legal	24,228	6,044	18,184	
c Accounting	71,979	17,956	54,023	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,987,933			1,987,933
f Investment management fees	40,319		40,319	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,922,198	2,856,832	56,300	9,066
12 Advertising and promotion				
13 Office expenses	468,904	149,050	293,060	26,794
14 Information technology	396,203	289,235	106,968	
15 Royalties				
16 Occupancy	288,231	196,901	72,963	18,367
17 Travel	52,548	39,767	1,338	11,443
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	69,976	69,976		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,466	56,336	20,875	5,255
23 Insurance	26,511	18,111	6,711	1,689
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBER SERVICES	582,774	582,774		
b DUES AND SUBSCRIPTIONS	74,577	57,960	9,611	7,006
c MISCELLANEOUS	41,791		41,791	
d STATE REGISTRATION FEES	16,658	0	16,658	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	47,218,556	42,866,892	2,054,617	2,297,047
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,202,092	1	4,239,119
	2	Savings and temporary cash investments		181,124	2	181,598
	3	Pledges and grants receivable, net		3,161,574	3	3,134,446
	4	Accounts receivable, net		3,100	4	5,631
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		20,125	8	23,259
	9	Prepaid expenses and deferred charges		73,560	9	144,124
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 972,544			
	b	Less: accumulated depreciation	10b 469,227	555,311	10c	503,317
	11	Investments—publicly traded securities		7,582,892	11	30,767,597
	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		146,095	15	210,423
16	Total assets. Add lines 1 through 15 (must equal line 33)		12,925,873	16	39,209,514	
Liabilities	17	Accounts payable and accrued expenses		1,961,167	17	3,390,495
	18	Grants payable			18	
	19	Deferred revenue		336,787	19	376,014
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	507,200
	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		1,028,360	25	930,871
	26	Total liabilities. Add lines 17 through 25		3,326,314	26	5,204,580
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		5,980,010	27	21,809,514
	28	Net assets with donor restrictions		3,619,549	28	12,195,420
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		9,599,559	32	34,004,934
33	Total liabilities and net assets/fund balances		12,925,873	33	39,209,514	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	71,254,608
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,218,556
3	Revenue less expenses. Subtract line 2 from line 1	3	24,036,052
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,599,559
5	Net unrealized gains (losses) on investments	5	369,323
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,004,934

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:
Software Version:
EIN: 23-7447812
Name: MEALS ON WHEELS AMERICA

Form 990 (2020)

Form 990, Part III, Line 4a:

STRATEGY AND IMPACT - THE MEALS ON WHEELS AMERICA STRATEGY AND IMPACT TEAM PROVIDES THOUGHT LEADERSHIP, RESEARCH AND DATA, INNOVATIVE PROGRAMMING AND TOOLS, AND GRANT OPPORTUNITIES TO AID LOCAL PROGRAMS IN EXTENDING THEIR REACH AND IMPACT. THE TEAM LEVERAGES BEST PRACTICES AND EVIDENCE-BASED INTERVENTIONS IN THE FOUNDATIONAL SUPPORT SYSTEMS THAT ENABLE SENIORS TO LIVE INDEPENDENTLY: NUTRITION, SOCIALIZATION, SAFETY AND COMMUNITY CONNECTIONS AT BOTH THE NATIONAL AND LOCAL LEVELS. EXAMPLES OF SUCH INITIATIVES INCLUDE THE WORK OF MEALS ON WHEELS HEALTH THAT BRINGS TOGETHER OUR NATIONWIDE NETWORK IN PARTNERSHIP WITH HEALTHCARE PROVIDERS AND PAYERS THAT IMPROVE HEALTH OUTCOMES AND THE QUALITY OF CARE, WHILE LOWERING COSTS OF HEALTHCARE'S HIGH-RISK, SPECIAL NEEDS POPULATION. (CONTINUATION FROM PART III, LINE 4A ON PAGE 2)AS A RESULT OF THE COVID-19 PANDEMIC AND A DRAMATIC INCREASE IN DEMAND FOR HOME DELIVERED MEALS, MEALS ON WHEELS AMERICA ESTABLISHED A FUND EARMARKED FOR "RESPONSE AND RECOVERY" SUPPORT OF THE ASSOCIATION'S NATIONAL AND MEMBER'S LOCAL PROGRAMS. AS A RESULT, THE ASSOCIATION WAS ABLE TO INCREASE ITS GRANTMAKING ACTIVITIES TO AN UNPRECEDENTED LEVEL. IN ADDITION, THE ASSOCIATION IMPLEMENTED SEVERAL OTHER MEMBER SUPPORT PROGRAMS AIMED AT MEETING THE CURRENT AND FUTURE CHALLENGES OF THE NEW PARADIGM WE FIND OURSELVES IN. THE TRUST MEALS ON WHEELS HAS BUILT OVER DECADES OF SUPPORTING SENIORS IN THEIR COMMUNITIES MEANS THE ASSOCIATION MEMBERS ARE INVITED INTO THE HOMES OF THEIR CLIENTS DAILY, AND THEREFORE ARE ABLE TO IDENTIFY ANY THREATENING CHANGES IN THEIR CONDITION OR HOME SAFETY HAZARDS THAT NEED ATTENTION. AS SUCH, MEALS ON WHEELS IS ALSO GROWING ITS ROLE IN THE HEALTHCARE CONTINUUM, PROVIDING PREVENTATIVE SUPPORT TO OUR MOST VULNERABLE OLDER AMERICANS THAT HELPS AVERT HEALTH CRISES BEFORE THEY HAPPEN AND TO SUPPORT TRANSITIONS OUT OF HOSPITALS, NURSING HOMES AND REHAB CENTERS BACK INTO THEIR HOMES AS PAINLESSLY AS POSSIBLE. IN ADDITION, THE STRATEGY AND IMPACT TEAM ENGAGES IN RESEARCH TO DEMONSTRATE THE IMPACT AND VALUE THAT MEALS ON WHEELS HAS IN ADDRESSING HUNGER, MALNUTRITION, ISOLATION AND LONELINESS AMONG MILLIONS OF SENIORS EACH YEAR. THIS WORK SUPPORTS OUR COMMITMENT TO ENSURING THAT LOCAL MEALS ON WHEELS PROGRAMS HAVE THE TOOLS AND RESOURCES THEY NEED TO MEET THE GROWING DEMAND FOR SERVICES IN THEIR COMMUNITIES.

Form 990, Part III, Line 4b:

MEMBERSHIP SERVICES - THE MEALS ON WHEELS AMERICA MEMBERSHIP TEAM PROVIDES DIRECT MEMBER SUPPORT IN A VARIETY OF WAYS THAT INCLUDES ADVOCACY, EDUCATION AND TRAINING, PROGRAM AND CAPACITY-BUILDING SUPPORT AND NETWORKING OPPORTUNITIES. IN ADDITION, THE TEAM PROVIDES GRANTS AND REVENUE DISTRIBUTION SERVICES, PEER-TO-PEER LEARNING, AND A DISCOUNT PROGRAM THAT DELIVERS SAVINGS ON THE PRODUCTS AND SERVICES THAT LOCAL COMMUNITY-BASED NUTRITION ORGANIZATIONS RELY ON TO RUN THEIR OPERATIONS. THE TEAM PRODUCES AND PROVIDES TRAINING PROGRAMS AND LEARNING OPPORTUNITIES FOR LOCAL MEALS ON WHEELS PROGRAM STAFF THROUGH A NATIONAL CONFERENCE, STATE ASSOCIATION MEETINGS, WEBINARS, INFORMATION SHARING THROUGH ONLINE PLATFORMS, PROFESSIONAL DEVELOPMENT AND CRISIS RESPONSE TOOLS AND RESOURCES. (CONTINUATION FROM PART III, LINE 4B ON PAGE 2)THE TEAM IS ALSO ENGAGED IN ONGOING ADVOCACY INITIATIVES AND ACTIVITIES AIMED AT DRIVING SUBSTANTIAL REVENUE FOR LOCAL PROGRAMS TO SUPPORT THEIR EFFORTS TO COMBAT THE GROWING PROBLEMS OF SENIOR HUNGER AND ISOLATION. TO THAT END, WE WORK TO BUILD SUPPORT ON CAPITOL HILL AND WITHIN THE ADMINISTRATION TO ADVANCE LEGISLATION AND POLICIES THAT STRENGTHEN HOME-DELIVERED AND GROUP SETTING (CONGREGATE) PROGRAMS, THE VOLUNTEERS WHO MAKE THEM HAPPEN AND THE SENIORS THEY SERVE.

Form 990, Part III, Line 4c:

MARKETING AND COMMUNICATIONS - THE MEALS ON WHEELS AMERICA MARKETING AND COMMUNICATIONS TEAM RAISES VISIBILITY OF THE HIDDEN AND GROWING NATIONWIDE EPIDEMICS OF SENIOR HUNGER AND ISOLATION AND THE VALUE/IMPACT OF MEALS ON WHEELS. AS SUCH, THE TEAM WORKS TO STRENGTHEN AND LEVERAGE THE MEALS ON WHEELS BRAND ACROSS AMERICA THROUGH VARIOUS THOUGHT-LEADERSHIP EFFORTS, EARNED MEDIA AND DIGITAL MARKETING INITIATIVES. THIS WORK IS DESIGNED TO GARNER MORE SUPPORT FOR THIS CRITICAL, WOEFULLY UNDER-RESOURCED CAUSE BY ENGAGING KEY INFLUENCERS ACROSS MULTIPLE SECTORS, THROUGH MULTIPLE CHANNELS, TO STEP UP TO VOLUNTEER, ADVOCATE AND/OR DONATE SO THAT NO SENIOR IS FORGOTTEN. (CONTINUATION FROM PART III, LINE 4C ON PAGE 2)IN ADDITION, THIS TEAM SUPPORTS THE COMMUNICATIONS NEEDS OF OUR HEALTHCARE INITIATIVES, ADVOCACY TEAM AND MEMBER SERVICES TEAM TO ENSURE THAT THE NATIONAL NETWORK IS INFORMED, ENGAGED AND BUILDING A SUSTAINABLE AND EFFECTIVE FUTURE ON BEHALF OF AMERICA'S SENIORS.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MEALS ON WHEELS AMERICA

Employer identification number
23-7447812

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	7,026,739	9,625,423	10,934,346	9,879,320	69,392,961	106,858,789
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	7,026,739	9,625,423	10,934,346	9,879,320	69,392,961	106,858,789
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) . .						10,860,541
6	Public support. Subtract line 5 from line 4.						95,998,248

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4.	7,026,739	9,625,423	10,934,346	9,879,320	69,392,961	106,858,789
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	324,406	217,474	172,603	193,471	202,901	1,110,855
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).					15	15
11	Total support. Add lines 7 through 10						107,969,659
12	Gross receipts from related activities, etc. (see instructions)						12 7,146,320
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	88.910 %
15	Public support percentage for 2019 Schedule A, Part II, line 14	15	72.340 %
16a	33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b	33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2016 AMOUNT: \$ 0. 2017 AMOUNT: \$ 0. 2018 AMOUNT: \$ 0. 2019 AMOUNT: \$ 0. 2020 AMOUNT: \$ 15.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated group
totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a. If zero or less, enter -0-**i** Subtract line 1f from line 1c. If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		5,968
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		74,266
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			80,234
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	THE ORGANIZATION'S LOBBYING ACTIVITIES INCLUDE: - MAILINGS VIA EMAIL AND SOCIAL MEDIA TO MEMBERSHIP AND SUPPORTERS REQUESTING THEM TO CONTACT THEIR MEMBERS OF CONGRESS ON MATTERS RELATING TO THE COVID-19 EMERGENCY RESPONSE, ANNUAL FEDERAL APPROPRIATIONS PROCESS, FEDERAL NUTRITION PROGRAMS, CHARITABLE TAX ISSUES, AND LEGISLATION IMPACTING SENIOR NUTRITION PROGRAMS NATIONWIDE. - DIRECT CONTACT WITH MEMBERS OF CONGRESS, THEIR STAFF, AND ADMINISTRATION OFFICIALS THROUGH MEETINGS, LETTERS, EMAILS, BRIEFINGS AND PUBLIC POLICY EVENTS RELATED TO THE COVID-19 EMERGENCY RESPONSE, OLDER AMERICANS ACT, ANNUAL FEDERAL APPROPRIATIONS PROCESS, FEDERAL NUTRITION AND HEALTHCARE PROGRAMS, AND CHARITABLE TAX ISSUES.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MEALS on WHEELS AMERICA

Employer identification number
23-7447812

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2020

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

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

3a

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

(i) Unrelated organizations

(ii) Related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

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

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

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

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

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

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-7447812
Name: MEALS ON WHEELS AMERICA

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED DECEMBER 31, 2020, AND DETERMINED THAT THERE ARE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD 1,321.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD 1,321.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MEALS ON WHEELS AMERICA

Employer identification number
23-7447812

Part I

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	COVID-19 EMERGENCY RESPONSE	10,000	WIRE TRANSFER			

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**
- 3 Enter total number of other organizations or entities **0**

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

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Supplemental Information Regarding Fundraising or Gaming Activities

2020

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

23-7447812

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

- | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| TRUESENSE MARKETING
502 KEYSTONE DRIVE

WARRENDALE, PA 15086 | DIRECT MAIL | Yes | | 1,987,933 | 1,987,933 | 0 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 1,987,933 | 1,987,933 | |

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	ON AVERAGE, IT TAKES ABOUT THREE YEARS FOR A DIRECT MAIL PROGRAM TO COVER ALL DONOR ACQUISITION COSTS AND BEGIN NETTING REVENUE. THE ORGANIZATION HAS A "PAY-AS-YOU-GROW" AGREEMENT WITH THE FUNDRAISER, WHEREBY THE COST INCURRED BY THE FUNDRAISER ARE ONLY REIMBURSABLE TO THE EXTEND OF THE REVENUE RAISED THROUGH THE APPEAL. THE FUNDRAISER COLLECTS, PROCESSES, AND DEPOSITS THE FUNDS FROM THE DIRECT MAIL APPEALS INTO A BANK ACCOUNT CONTROLLED BY THE ORGANIZATION.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
MEALS ON WHEELS AMERICA

Employer identification number

23-7447812

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE GRANTEE MUST COMPLETE A GRANT REPORT DOCUMENTING THAT FUNDS WERE USED AS DESCRIBED IN ITS PROPOSAL BEFORE THE FULL BALANCE OF THE GRANT FUNDS ARE PAID. THE EXCEPTION TO THIS PROCEDURE IS THE SUBARU SHARE THE LOVE GRANT, WHICH IS FOR UNRESTRICTED GENERAL OPERATING PURPOSES.

Additional Data

Software ID:
Software Version:
EIN: 23-7447812
Name: MEALS ON WHEELS AMERICA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS CENTRAL TEXAS 3227 EAST 5TH STREET AUSTIN, TX 78702	23-7202594	501(C)(3)	692,064	370,000	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
OSCEOLA COUNCIL ON AGING 700 GENERATION POINT KISSIMMEE, FL 34744	59-1595398	501(C)(3)	301,000	106,000	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF CENTRAL MARYLAND 515 S HAVEN ST BALTIMORE, MD 21224	52-6074723	501(C)(3)	263,157	32,000	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
LIFECARE ALLIANCE 1699 W MOUND ST COLUMBUS, OH 43223	31-4379494	501(C)(3)	254,952	30,000	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITYMEALS ON WHEELS PO BOX 5560 NEW YORK, NY 10087	13-3634381	501(C)(3)	254,635				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ATLANTA 1705 COMMERCE DR NW ATLANTA, GA 30318	58-0960309	501(C)(3)	198,727				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS SAN ANTONIO 4306 NORTHWEST LOOP 410 SAN ANTONIO, TX 78229	74-1948646	501(C)(3)	197,064				PROJECT SUPPORT AND OTHER SERVICES
ATHENS COMMUNITY COUNCIL ON AGING 135 HOYT ST ATHENS, GA 30601	58-0977680	501(C)(3)	196,099				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS CHICAGO 314 WEST SUPERIOR STREET CHICAGO, IL 60654	36-3667584	501(C)(3)	191,019				PROJECT SUPPORT AND OTHER SERVICES
FOOD FOR THOUGHT 6550 RAILROAD AVENUE FORESTVILLE, CA 95436	68-0181095	501(C)(3)	175,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 92123	95-1644024	501(C)(3)	165,500				PROJECT SUPPORT AND OTHER SERVICES
SENIOR NEIGHBORS INC 678 FRONT AVE NW STE 205 GRAND RAPIDS, MI 49504	23-7195491	501(C)(3)	161,575	56,000	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL ALABAMA PO BOX 320189 BIRMINGHAM, AL 35232	63-0288846	501(C)(3)	160,000				PROJECT SUPPORT AND OTHER SERVICES
CHATHAM COUNTY COUNCIL ON AGING PO BOX 715 PITTSBORO, NC 27312	56-1084260	501(C)(3)	159,256	10,000	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH STAR COUNCIL ON AGING 1424 MOORE STREET FAIRBANKS, AK 99701	92-0037749	501(C)(3)	159,000	10,000	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
BAY RIDGE CENTER 6935 4TH AVENUE BROOKLYN, NY 11209	80-0559714	501(C)(3)	158,067				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY BRIDGES MEALS ON WHEELS FOR SANTA CRUZ COUNTY 1777-A CAPITOLA ROAD SANTA CRUZ, CA 95062	94-2460211	501(C)(3)	156,804				PROJECT SUPPORT AND OTHER SERVICES
HUMAN SERVICES ASSOCIATION 6800 FLORENCE AVE BELL GARDENS, CA 90201	95-1816054	501(C)(3)	156,804				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LAS CRUCES PO BOX 20000 LAS CRUCES, NM 88004	85-6000147	501(C)(3)	153,500				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS GUERNSEY COUNTY 1022 CARLISLE AVE CAMBRIDGE, OH 43725	31-0814891	501(C)(3)	153,037				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UR MEDICINE HOME CARE-MEALS ON WHEELS 2180 EMPIRE BLVD WEBSTER, NY 14580	82-5091873	501(C)(3)	152,972				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF ALBUQUERQUE PO BOX 92614 ALBUQUERQUE, NM 87199	85-0307043	501(C)(3)	152,737				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST BATON ROUGE COUNCIL ON AGING 5790 FLORIDA BLVD BATON ROUGE, LA 70806	72-0637496	501(C)(3)	150,015				PROJECT SUPPORT AND OTHER SERVICES
AGE WELL SENIOR SERVICES INC 23101 LAKE CENTER DRIVE LAKE FOREST, CA 92630	93-1163563	501(C)(3)	150,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF METRO TULSA 12620 E 31ST ST TULSA, OK 74146	73-1125389	501(C)(3)	148,896				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SARASOTA INC 421 N LIME AVE SARASOTA, FL 34237	59-1391249	501(C)(3)	147,495				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR CITIZENS INC 3025 BULL STREET SAVANNAH, GA 31405	58-0864009	501(C)(3)	143,599				PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY SENIOR SERV INC 1200 NORTH KNOLLWOOD CIRCLE ANAHEIM, CA 92801	95-2771715	501(C)(3)	142,550				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VNA MEALS ON WHEELS 1440 W MOCKINGBIRD LANE DALLAS, TX 75247	75-0800692	501(C)(3)	142,427				PROJECT SUPPORT AND OTHER SERVICES
ELDER CARE SERVICES INC 2518 WEST TENNESSEE STREET TALLAHASSEE, FL 32304	59-1426079	501(C)(3)	142,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038	95-4115863	501(C)(3)	140,000				PROJECT SUPPORT AND OTHER SERVICES
SENIOR CONCERNS 401 HODENCAMP ROAD THOUSAND OAKS, CA 91360	95-2992927	501(C)(3)	139,536				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN INTER-FAITH ASSOCIATION 910 VANCE AVENUE MEMPHIS, TN 38126	62-0803601	501(C)(3)	138,547				PROJECT SUPPORT AND OTHER SERVICES
YWCA OF HOUSTON 6309 MARTIN LUTHER KING BOULEVARD HOUSTON, TX 77021	74-1109658	501(C)(3)	135,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGING MATTERS IN BREVARD 3600 KING STREET COCOA, FL 32926	59-1110325	501(C)(3)	132,500				PROJECT SUPPORT AND OTHER SERVICES
MAYERSON JCC 8485 RIDGE RD CINCINNATI, OH 45236	31-0536986	501(C)(3)	131,952				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATTARAUGUS COUNTY DEPARTMENT OF THE AGING 1 LEO MOSS DRIVE OLEAN, NY 14760	11-1111111	N/A	130,567				PROJECT SUPPORT AND OTHER SERVICES
FAMILY & COMMUNITY SERVICES INC 705 OAKWOOD ST RAVENNA, OH 44266	34-1109890	501(C)(3)	130,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS MONTGOMERY COUNTY 111 SOUTH 2ND STREET CONROE, TX 77301	23-7310650	501(C)(3)	130,000				PROJECT SUPPORT AND OTHER SERVICES
SENIOR RESOURCE ASSOCIATION 694 14TH STREET VERO BEACH, FL 32960	59-1539957	501(C)(3)	130,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS PEOPLE 7710 SW 31ST AVENUE PORTLAND, OR 97219	93-0584318	501(C)(3)	129,870				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SAN DIEGO COUNTY 2254 SAN DIEGO AVE 200 SAN DIEGO, CA 92110	95-2660509	501(C)(3)	129,536				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGWELL INC 307 WAVERLEY OAKS ROAD SUITE 205 WALTHAM, MA 02452	04-2616064	501(C)(3)	128,166				PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY ACTION CORPORATION OF SOUTH TEXAS 204 E 1ST STREET ALICE, TX 78332	74-1679824	501(C)(3)	127,715				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVER SAGE COMMUNITY CENTER PO BOX 1416 BANDERA, TX 78003	74-2309449	501(C)(3)	126,500				PROJECT SUPPORT AND OTHER SERVICES
CITY OF GLENDALE - SENIOR SERVICES 613 E BROADWAY SUITE 120 GLENDALE, CA 91206	11-1111111	N/A	125,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS NORTH CENTRAL TEXAS 106 EAST KILPATRICK STREET CLEBURNE, TX 76031	75-1555153	501(C)(3)	122,564				PROJECT SUPPORT AND OTHER SERVICES
CATHOLIC CHARITIES OF DALLAS 1421 WEST MOCKINGBIRD LANE DALLAS, TX 75247	75-2745221	501(C)(3)	117,700				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARTIN COUNCIL ON AGING INC PO BOX 39 BREAUX BRIDGE, LA 70517	72-0758720	501(C)(3)	117,500				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ETC 2801 S FINANCIAL CT SANFORD, FL 32773	59-2977907	501(C)(3)	117,495				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENINSULA VOLUNTEERS INC 800 MIDDLE AVE MENLO PARK, CA 94025	94-1294939	501(C)(3)	117,073				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS WEST 1823 MICHIGAN AVE STE A SANTA MONICA, CA 90404	95-4613280	501(C)(3)	116,536				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORLY CARE NETWORK 13945 EVERGREEN AVE CLEARWATER, FL 33762	59-1218100	501(C)(3)	115,000				PROJECT SUPPORT AND OTHER SERVICES
ST VINCENT MEALS ON WHEELS 2303 MIRAMAR STREET LOS ANGELES, CA 90057	95-3696693	501(C)(3)	114,073				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE ROCHESTER 4600 18TH STREET NW ROCHESTER, MN 55901	41-0883453	501(C)(3)	113,000	10,000	FMV	GIFT CARDS	PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS DIABLO REGION 1300 CIVIC DRIVE WALNUT CREEK, CA 94596	68-0044205	501(C)(3)	111,573				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF NEPA 541 WYOMING AVENUE SCRANTON, PA 18509	23-1856098	501(C)(3)	111,549				PROJECT SUPPORT AND OTHER SERVICES
OPEN HAND 181 ARMOUR DRIVE NE ATLANTA, GA 30324	58-1816778	501(C)(3)	110,013				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY 4240 FRITCH DR BETHLEHEM, PA 18020	23-1861779	501(C)(3)	109,912				PROJECT SUPPORT AND OTHER SERVICES
MARION POLK FOOD SHARE 1660 SALEM INDUSTRIAL DRIVE NE SALEM, OR 97301	94-3034161	501(C)(3)	109,536				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HESSCO ELDER SERVICES ONE MERCHANT ST SHARON, MA 02067	04-2936321	501(C)(3)	109,345				PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY SERVINGS INC 179 AMORY STREET JAMAICA PLAIN, MA 02130	22-3154028	501(C)(3)	109,345				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ETHOS 555 AMORY STREET JAMAICA PLAIN, MA 02130	23-7304163	501(C)(3)	109,345				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SAN FRANCISCO 1375 FAIRFAX AVENUE SAN FRANCISCO, CA 94124	94-1741155	501(C)(3)	109,080				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF SOLANO COUNTY 95 MARINA CENTER SUISUN CITY, CA 94585	94-2453452	501(C)(3)	109,073				PROJECT SUPPORT AND OTHER SERVICES
METRO MEALS ON WHEELS-MINNEAPOLIS 1200 WASHINGTON AVE S MINNEAPOLIS, MN 55415	31-1501057	501(C)(3)	108,939				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF MINNESOTA 2485 COMO AVE SAINT PAUL, MN 55108	41-0872993	501(C)(3)	108,939				PROJECT SUPPORT AND OTHER SERVICES
ASTER AGING INC 45 W UNIVERSITY DRIVE MESA, AZ 85201	94-2596075	501(C)(3)	107,783				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDMORE WNY 100 JAMES E CASEY DR BUFFALO, NY 14206	22-2470820	501(C)(3)	106,972				PROJECT SUPPORT AND OTHER SERVICES
CATHOLIC CHARITIES SENIOR DININGMOWS 157 ROOSEVELT ROAD ST CLOUD, MN 56301	41-0737799	501(C)(3)	106,704				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREBLE COUNTY COUNCIL ON AGING 800 E SAINT CLAIR ST EATON, OH 45320	31-0830453	501(C)(3)	106,500				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS BY ACC 7375 PARK CITY DRIVE SACRAMENTO, CA 95831	30-0610870	501(C)(3)	106,073				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUPAGE SENIOR CITIZENS COUNCIL 1990 SPRINGER DRIVE LOMBARD, IL 60148	36-2988023	501(C)(3)	105,915				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NORTHWEST INDIANA 8446 VIRGINIA STREET MERRILLVILLE, IN 46410	31-1168281	501(C)(3)	105,834				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS PLUS INC PO BOX 903 ABILENE, TX 79604	51-0148188	501(C)(3)	105,777				PROJECT SUPPORT AND OTHER SERVICES
MIZELL SENIOR CENTER 480 S SUNRISE WAY PALM SPRINGS, CA 92262	95-3464835	501(C)(3)	105,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT LAKES COMMUNITY ACTION PARTNERSHIP PO BOX 590 FREMONT, OH 43420	34-0975934	501(C)(3)	105,000				PROJECT SUPPORT AND OTHER SERVICES
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD SANTA ROSA, CA 95403	68-0121855	501(C)(3)	105,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELDER SERVICES OF THE MERRIMACK VALLEY 280 MERRIMACK STREET LAWRENCE, MA 01843	04-2545136	501(C)(3)	105,000				PROJECT SUPPORT AND OTHER SERVICES
YPSILANTI MEALS ON WHEELS 1110 W CROSS ST YPSILANTI, MI 48197	38-2038528	501(C)(3)	105,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMOKY MOUNTAIN MEALS ON WHEELS 3509 TUCKALEECHIE PIKE MARYVILLE, TN 37803	62-1561673	501(C)(3)	104,645				PROJECT SUPPORT AND OTHER SERVICES
KLEINLIFE KLEINLIFE PHILADELPHIA, PA 19116	27-0840848	501(C)(3)	104,049				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMIGOS DEL VALLE INC 4138 W CROSSPOINT BLVD EDINBURG, TX 78539	74-1815988	501(C)(3)	104,000				PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES SOUTHWEST MICHIGAN 918 JASPER STREET KALAMAZOO, MI 49001	38-1747660	501(C)(3)	104,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARELINK PO BOX 5988 NORTH LITTLE ROCK, AR 72119	71-0521402	501(C)(3)	104,000				PROJECT SUPPORT AND OTHER SERVICES
MOBILE MEALS OF SPARTANBURG PO BOX 461 SPARTANBURG, SC 29304	57-0653452	501(C)(3)	104,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIORAGE AREA AGENCY ON AGING 1735 S FORT AVE SPRINGFIELD, MO 65807	43-1018538	501(C)(3)	103,841				PROJECT SUPPORT AND OTHER SERVICES
WHATCOM COUNTY COUNCIL ON AGING - MEALS ON WHEELS AND MORE 315 HALLECK ST BELLINGHAM, WA 98225	91-0784024	501(C)(3)	103,341				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS ENCORE 40 N 9 ST READING, PA 19601	23-1656050	501(C)(3)	103,274				PROJECT SUPPORT AND OTHER SERVICES
TRI-VALLEY INC 10 MILL ST DUDLEY, MA 01571	04-2594201	501(C)(3)	103,166				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY 3963 THREE MILE ROAD TRAVERSE CITY, MI 49686	38-2027389	501(C)(3)	103,057				PROJECT SUPPORT AND OTHER SERVICES
ROSE CENTERS FOR AGING WELL 11890 FAIRHILL ROAD CLEVELAND, OH 44120	34-0714482	501(C)(3)	103,037				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE COUNTY COUNCIL ON AGING 8520 E AVE MENTOR, OH 44060	23-7266637	501(C)(3)	103,037				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NORTHEAST OHIO 2279 ROMIG ROAD AKRON, OH 44320	51-0148544	501(C)(3)	103,037				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIETERT CENTER 451 GUADALUPE STREET KERRVILLE, TX 78028	74-2697204	501(C)(3)	102,649				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS JEFFERSON AND HARDIN COUNTIES 4590 CONCORD RD BEAUMONT, TX 77703	76-0074137	501(C)(3)	102,574				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HERITAGE AREA AGENCY ON AGING 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	83-0545648	501(C)(3)	102,500				PROJECT SUPPORT AND OTHER SERVICES
SENIOR RESOURCES INC 2817 MILLWOOD AVE COLUMBIA, SC 29205	57-0484965	501(C)(3)	102,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY AREA COUNCIL ON AGING 115 E JEFFERSON STREET MONTGOMERY, AL 36104	63-0634950	501(C)(3)	102,026				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS WESTERN SOUTH DAKOTA 1621 SHERIDAN LAKE ROAD SUITE C RAPID CITY, SD 57702	46-0362991	501(C)(3)	101,761				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEARFIELD COUNTY AREA AGENCY ON AGING 103 NORTH FRONT ST CLEARFIELD, PA 16830	25-1336855	501(C)(3)	101,400				PROJECT SUPPORT AND OTHER SERVICES
SILVER KEY SENIOR SERVICES 1625 S MURRAY BLVD COLORADO SPRINGS, CO 80916	23-7109922	501(C)(3)	101,121				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN MAINE AGENCY ON AGING 136 US ROUTE ONE SCARBOROUGH, ME 04074	01-0360259	501(C)(3)	100,178				PROJECT SUPPORT AND OTHER SERVICES
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION STREET CHARLOTTE, NC 28203	56-1201496	501(C)(3)	100,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF GREENVILLE COUNTY 15 OREGON STREET GREENVILLE, SC 29605	57-0531378	501(C)(3)	100,000				PROJECT SUPPORT AND OTHER SERVICES
CICOA AGING & IN-HOME SOLUTIONS 8440 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	35-1310387	501(C)(3)	100,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTIVE GENERATIONS 2300 W 46TH ST SIOUX FALLS, SD 57105	46-0305500	501(C)(3)	100,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WESTERN MICHIGAN 2900 WILSON AVE SW SUITE 500 GRANDVILLE, MI 49418	38-2535537	501(C)(3)	100,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST ASSISTANCE MINISTRIES MEALS ON WHEELS 15555 KUYKENDAHL RD HOUSTON, TX 77090	76-0088702	501(C)(3)	100,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS CALIFORNIA HSALA BELLS GARDENS, CA 90201	47-4698325	501(C)(3)	100,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF BOULDER 3701 CANFIELD ST BOULDER, CO 80301	84-0594180	501(C)(3)	100,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS TEXAS MEALS ON WHEELS INC OF TARRANT COUNTY FORT WORTH, TX 76117	47-2777882	501(C)(3)	100,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENTURA COUNTY AREA AGENCY ON AGING 646 COUNTY SQUARE DRIVE VENTURA, CA 93003	77-0168920	501(C)(3)	100,000				PROJECT SUPPORT AND OTHER SERVICES
LIFESCAPE COMMUNITY SERVICES INC 705 KILBURN AVE ROCKFORD, IL 61101	36-3303361	501(C)(3)	100,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHTENAW COUNTY OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT 415 WEST MICHIGAN AVENUE YPSILANTI, MI 48197	11-1111111	N/A	100,000				PROJECT SUPPORT AND OTHER SERVICES
CENTRAL VERMONT COUNCIL ON AGING 59 N MAIN ST SUITE 200 BARRE, VT 05641	03-0276104	501(C)(3)	100,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBEMARLE COMMISSION SENIOR NUTRITION PROGRAM 512 SOUTH CHURCH STREET HERTFORD, NC 27944	11-1111111	N/A	100,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SHEBOYGAN COUNTY 1004 S TAYLOR DRIVE SHEBOYGAN, WI 53081	39-1238290	501(C)(3)	99,748				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD FOR LANE COUNTY 770 BAILEY HILL ROAD EUGENE, OR 97402	93-0888347	501(C)(3)	99,036				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SENIOR SERVICES 950 WILLIAMS ST BLDG C STE 200 ROCKWALL, TX 75087	31-1621625	501(C)(3)	99,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS MONMOUTH COUNTY 810 FOURTH AVE ASBURY PARK, NJ 07712	22-2896129	501(C)(3)	99,000				PROJECT SUPPORT AND OTHER SERVICES
CJE SENIORLIFE 3003 W TOUHY AVE CHICAGO, IL 60645	36-2727597	501(C)(3)	98,878				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNOXVILLE-KNOX COUNTY COMMUNITY ACTION COMMITTEE PO BOX 51650 KNOXVILLE, TN 37950	23-7432847	501(C)(3)	98,547				PROJECT SUPPORT AND OTHER SERVICES
CHARLESTON AREA SENIOR CITIZENS - MEALS ON WHEELS OF CHARLESTON 259 MEETING STREET CHARLESTON, SC 29401	57-6030048	501(C)(3)	98,046				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA YWCA METROPOLITAN PHOENIX 8561 NORTH 61ST AVENUE GLENDALE, AZ 85302	86-0098936	501(C)(3)	97,210				PROJECT SUPPORT AND OTHER SERVICES
SENIOR MEALS PROGRAM CAF 60 1015 WILLAMETTE STREET EUGENE, OR 97401	11-1111111	N/A	97,100				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS MINISTRY INC 3001 ROBERTSON RD TYLER, TX 75701	23-7313019	501(C)(3)	96,915				PROJECT SUPPORT AND OTHER SERVICES
AREA AGENCY ON AGING OF NORTHWEST ARKANSAS PO BOX 1795 HARRISON, AR 72602	71-0521887	501(C)(3)	96,900				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAGINAW COUNTY COMMISSION ON AGING 2355 SCHUST ROAD SAGINAW, MI 48603	38-6004887	501(C)(3)	96,000				PROJECT SUPPORT AND OTHER SERVICES
SEWA-AIFW 3702 EAST LAKE STREET MINNEAPOLIS, MN 55406	05-0608392	501(C)(3)	96,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEYLIFE 5508 NW 88TH ST JOHNSTON, IA 50131	30-0577845	501(C)(3)	96,000				PROJECT SUPPORT AND OTHER SERVICES
SCV SENIOR CENTER 27180 GOLDEN VALLEY ROAD SANTA CLARITA, CA 91350	95-3081997	501(C)(3)	95,700				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER SPOKANE COUNTY MEALS ON WHEELS 12101 EAST SPRAGUE AVENUE SPOKANE VALLEY, WA 99206	91-1042546	501(C)(3)	95,512				PROJECT SUPPORT AND OTHER SERVICES
ESTUARY COUNCIL OF SENIORS INC 220 MAIN ST OLD SAYBROOK, CT 06475	06-0919178	501(C)(3)	95,436				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY SENIOR SERVICES PO BOX 2217 FARGO, ND 58108	23-7215906	501(C)(3)	95,000				PROJECT SUPPORT AND OTHER SERVICES
SOUTHERN MISSISSIPPI PLANNING AND DEVELOPMENT DISTRICT 10441 CORPORTATE DRIVE GULFPORT, MS 39503	64-0441554	501(C)(3)	95,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS PROGRAMS & SERVICES OF ROCKLAND INC 121 WEST NYACK ROAD NANUET, NY 10954	13-2831197	501(C)(3)	94,675				PROJECT SUPPORT AND OTHER SERVICES
SOURCEPOINT 800 CHESHIRE RD DELAWARE, OH 43015	31-1354284	501(C)(3)	94,193				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPISCOPAL RETIREMENT HOMES 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	31-0554071	501(C)(3)	93,518				PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES PLUS 2603 N RODGERS AVE ALTON, IL 62002	37-0975762	501(C)(3)	93,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIORS FIRST INC 5395 LB MCLEOD RD ORLANDO, FL 32811	59-2759603	501(C)(3)	93,122				PROJECT SUPPORT AND OTHER SERVICES
LIFESPAN INC 314 E 8TH AVE HOMESTEAD, PA 15120	23-7319621	501(C)(3)	92,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIEDMONT AGENCY ON AGING PO BOX 997 GREENWOOD, SC 29648	57-0524221	501(C)(3)	92,500				PROJECT SUPPORT AND OTHER SERVICES
CINCINNATI AREA SENIOR SERVICES 644 LINN ST STE 304 CINCINNATI, OH 45203	31-0825754	501(C)(3)	91,915				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN HUB COMMUNITY CENTER 1009 NORTH LINCOLN ST FREDERICKSBURG, TX 78624	74-1930212	501(C)(3)	91,862				PROJECT SUPPORT AND OTHER SERVICES
RAINBOW SENIOR CENTER 17 OLD SAN ANTONIO RD BOERNE, TX 78006	74-2323883	501(C)(3)	91,574				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS COLLIN COUNTY 600 NORTH TENNESSEE STREET MCKINNEY, TX 75069	75-1544507	501(C)(3)	91,574				PROJECT SUPPORT AND OTHER SERVICES
CITY OF BROWNWOOD SENIOR CITIZENS CENTER PO BOX 1389 BROWNWOOD, TX 76804	11-1111111	N/A	91,362				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEUTIAN PRIBILOF ISLANDS ASSOCIATION 1131 EAST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518	92-0073013	501(C)(3)	90,200				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MESA COUNTY - ST MARY'S HOSPITAL 551 CHIPETA AVENUE GRAND JUNCTION, CO 81501	84-0425720	501(C)(3)	90,161				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF ROWAN PO BOX 1914 SALISBURY, NC 28145	56-1152417	501(C)(3)	90,000				PROJECT SUPPORT AND OTHER SERVICES
LOCAL OFFICE ON AGING PO BOX 14205 ROANOKE, VA 24038	54-0916248	501(C)(3)	90,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD ALLIANCE 1536 EAST 30TH STREET LORAIN, OH 44055	34-0714471	501(C)(3)	90,000				PROJECT SUPPORT AND OTHER SERVICES
EAST TENNESSEE HUMAN RESOURCE AGENCY 9111 CROSS PARK DRIVE KNOXVILLE, TN 37923	62-1493851	501(C)(3)	90,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON-MORGAN COMMUNITY ACTION 218 PUTNAM STREET MARIETTA, OH 45750	31-0738285	501(C)(3)	90,000				PROJECT SUPPORT AND OTHER SERVICES
SANTA YNEZ SENIOR CITIZEN FOUNDATION PO BOX 1946 BUELLTON, CA 93427	95-3169593	501(C)(3)	90,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER LYNN SENIOR SERVICES 8 SILSBEE STREET LYNN, MA 01901	04-2581129	501(C)(3)	89,166				PROJECT SUPPORT AND OTHER SERVICES
BRUNSWICK SENIOR RESOURCES INC 3620 EXPRESS DRIVE SHALLOTTE, NC 28470	01-0656674	501(C)(3)	89,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF EASTERN KANSAS 2134 SOUTHWEST WESTPORT DRIVE TOPEKA, KS 66614	48-0792685	501(C)(3)	88,473				PROJECT SUPPORT AND OTHER SERVICES
RAMONA SENIOR CENTER 434 AQUA LANE RAMONA, CA 92065	23-7333513	501(C)(3)	87,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE - UPPER OHIO VALLEY 2200 MAIN STREET WHEELING, WV 26003	55-0357074	501(C)(3)	87,500				PROJECT SUPPORT AND OTHER SERVICES
JACKSONVILLE SENIOR WELLNESS & ACTIVITY CENTER 100 VICTORY CIRCLE JACKSONVILLE, AR 72076	71-0424713	501(C)(3)	87,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE COUNTY OFFICE FOR THE AGING 40 MATTHEWS ST GOSHEN, NY 10924	14-6002567	501(C)(3)	87,500				PROJECT SUPPORT AND OTHER SERVICES
WARREN COUNTY HOME DELIVERY MEALS INC 106 EAST END DRIVE MCMINNVILLE, TN 37110	59-1766201	501(C)(3)	87,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKENS COUNTY MEALS ON WHEELS 349 EDMONT AVENUE LIBERTY, SC 29657	57-0708817	501(C)(3)	87,046				PROJECT SUPPORT AND OTHER SERVICES
ANN ARBOR MEALS ON WHEELS 2025 TRAVERWOOD DRIVE ANN ARBOR, MI 48105	11-1111111	N/A	86,075				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS IN PRIME 230 LUDLOW STREET HAMILTON, OH 45011	31-0569735	501(C)(3)	85,952				PROJECT SUPPORT AND OTHER SERVICES
CENTRAL OREGON COUNCIL ON AGING 373 NORTHEAST GREENWOOD AVENUE BEND, OR 97701	93-0661229	501(C)(3)	85,900				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONROE COUNTY MEALS ON WHEELS 901 POLK VALLEY ROAD STROUDSBURG, PA 18360	23-7201104	501(C)(3)	85,049				PROJECT SUPPORT AND OTHER SERVICES
HOOD RIVER VALLEY ADULT CENTER 2010 STERLING PLACE HOOD RIVER, OR 97031	51-0154995	501(C)(3)	85,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES SENIOR NUTRITION PROGRAM 30 MYANO LANE STAMFORD, CT 06902	06-0653053	501(C)(3)	85,000				PROJECT SUPPORT AND OTHER SERVICES
TERRE HAUTE AREA MEALS ON WHEELS 300 SOUTH 5TH STREET TERRE HAUTE, IN 47807	35-1185194	501(C)(3)	84,752				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS DAVIDSON COUNTY 555-B WEST CENTER STREET LEXINGTON, NC 27295	11-1111111	N/A	84,356				PROJECT SUPPORT AND OTHER SERVICES
MEIGS COUNTY COUNCIL ON AGING INC PO BOX 722 POMEROY, OH 45769	31-0812413	501(C)(3)	84,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SUNSHINE HOUSE INC 402 E HOLLAND AVE ALPINE, TX 79830	74-1989614	501(C)(3)	83,500				PROJECT SUPPORT AND OTHER SERVICES
BAY AGING PO BOX 610 URBANNA, VA 23175	54-1085032	501(C)(3)	83,200				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF WEST LOS ANGELES INC PO BOX 241576 LOS ANGELES, CA 90024	95-4847907	501(C)(3)	83,000				PROJECT SUPPORT AND OTHER SERVICES
ERIE COUNTY SENIOR CENTER 620 E WATER ST SANDUSKY, OH 44870	34-1016590	501(C)(3)	82,537				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS SOUTH FLORIDA 451 N STATE ROAD 7 PLANTATION, FL 33317	59-2450043	501(C)(3)	82,495				PROJECT SUPPORT AND OTHER SERVICES
DON BOSCO SENIOR CENTER 580 CAMPBELL ST KANSAS CITY, MO 64106	44-0558260	501(C)(3)	81,963				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF RHODE ISLAND 70 BATH ST PROVIDENCE, RI 02908	05-0340723	501(C)(3)	80,979				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS FOR GREATER HOUSTON 3303 MAIN STREET HOUSTON, TX 77002	74-1488102	501(C)(3)	80,867				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENCORE COMMUNITY SERVICES 239 WEST 49TH STREET NEW YORK, NY 10019	13-3104293	501(C)(3)	80,500				PROJECT SUPPORT AND OTHER SERVICES
HORIZONS A FAMILY SERVICE ALLIANCE 819 5TH STREET SOUTHEAST CEDAR RAPIDS, IA 52401	42-1135083	501(C)(3)	80,212				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR FRIENDSHIP CENTERS INC 1888 BROTHER GEENEN WAY SARASOTA, FL 34236	59-1522614	501(C)(3)	80,000				PROJECT SUPPORT AND OTHER SERVICES
COBB COUNTY SENIOR SERVICES 1150 POWDER SPRINGS STREET MARIETTA, GA 30064	58-6000804	501(C)(3)	80,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFELONGCHICKEN SOUP BRIGADE 210 S LUCILE ST SEATTLE, WA 98108	91-1215715	501(C)(3)	80,000				PROJECT SUPPORT AND OTHER SERVICES
HUMAN DEVELOPMENT COMMISSION 429 MONTAGUE AVENUE CARO, MI 48723	38-1792679	501(C)(3)	80,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF OKLAHOMA CITY 222 NORTHWEST 15TH STREET OKLAHOMA CITY, OK 73103	73-0580268	501(C)(3)	79,915				PROJECT SUPPORT AND OTHER SERVICES
SHEPHERD'S CENTER KC CENTRAL 1111 WEST 39TH STREET KANSAS CITY, MO 64111	43-0994417	501(C)(3)	79,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOC SERVICES INC PO BOX 848 MIAMI, OK 74355	73-1615506	501(C)(3)	79,481				PROJECT SUPPORT AND OTHER SERVICES
LONGMONT MEALS ON WHEELS 910 LONGS PEAK AVE LONGMONT, CO 80501	84-0590979	501(C)(3)	79,261				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST TENNESSEE AREA AGENCY ON AGING AND DISABILITY 3211 NORTH ROAN STREET JOHNSON CITY, TN 37601	62-0759446	501(C)(3)	78,800				PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY RENEWAL TEAM INC 555 WINDSOR STREET HARTFORD, CT 06120	06-0795640	501(C)(3)	78,436				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MEALS ON WHEELS OF CHARLOTTESVILLE-ALBEMARLE 704 ROSE HILL DRIVE CHARLOTTESVILLE, VA 22903	54-1061454	501(C)(3)	78,310				PROJECT SUPPORT AND OTHER SERVICES
NEWBERRY COUNTY COUNCIL ON AGING 1300 HUNT ST NEWBERRY, SC 29108	23-7079450	501(C)(3)	78,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASS COUNTY COA 60525 DECATUR ROAD CASSOPOLIS, MI 49031	38-1964011	501(C)(3)	77,700				PROJECT SUPPORT AND OTHER SERVICES
FORT BEND SENIORS MEALS ON WHEELS PO BOX 1488 ROSENBERG, TX 77471	74-1918313	501(C)(3)	77,064				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF TAKOMA PARK 7410 NEW HAMPSHIRE AVE TAKOMA PARK, MD 20912	52-0943628	501(C)(3)	76,375				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS WESTERN CONNECTICUT 232 NORTH ELM STREET WATERBURY, CT 06702	06-1182488	501(C)(3)	76,218				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLD COLONY ELDER SERVICES 144 MAIN STREET BROCKTON, MA 02301	04-2545236	501(C)(3)	75,000				PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY SERVICES AND EMPLOYMENT TRAINING INC 312 NW 3RD AVENUE VISALIA, CA 93291	94-1701352	501(C)(3)	75,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF TEXOMA 4114 AIRPORT DR DENISON, TX 75020	75-1691230	501(C)(3)	75,000				PROJECT SUPPORT AND OTHER SERVICES
BURLEIGH COUNTY SENIOR ADULTS PROGRAM 315 NORTH 20TH STREET BISMARCK, ND 58501	45-0320918	501(C)(3)	75,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF WAKE COUNTY 1001 BLAIR DRIVE SUITE 100 RALEIGH, NC 27603	56-1061085	501(C)(3)	74,718				PROJECT SUPPORT AND OTHER SERVICES
ST VINCENT DE PAUL SOCIETY NAPLES DISTRICT COUNCIL INC 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	74,700				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDDLETOWN SENIOR CENTER 21256 WASHINGTON STREET MIDDLETOWN, CA 95461	94-2832316	501(C)(3)	74,073				PROJECT SUPPORT AND OTHER SERVICES
HIGHLAND VALLEY ELDER SERVICES 320 RIVERSIDE DRIVE SUITE B FLORENCE, MA 01062	04-2563340	501(C)(3)	73,203				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENRY COUNTY SENIOR CENTER 203 ROHRS STREET NAPOLEON, OH 43545	34-1458573	501(C)(3)	73,000				PROJECT SUPPORT AND OTHER SERVICES
MID-CUMBERLAND HUMAN RESOURCE AGENCY 1101 KERMIT DRIVE SUITE 300 NASHVILLE, TN 37217	62-0923487	501(C)(3)	72,500				PROJECT SUPPORT AND OTHER SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRFIELD COUNTY COUNCIL ON AGING 210 E WASHINGTON ST WINNSBORO, SC 29180	57-0778839	501(C)(3)	72,000				PROJECT SUPPORT AND OTHER SERVICES
PEOPLE FOR PEOPLE MEALS ON WHEELS 1008 W AHTANUM ROAD STE 3 UNION GAP, WA 98903	91-0783225	501(C)(3)	71,682				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS ORANGE COUNTY NC PO BOX 2102 CHAPEL HILL, NC 27515	59-1721954	501(C)(3)	70,800				PROJECT SUPPORT AND OTHER SERVICES
HOMAGE - SENIOR SERVICES 5026 196TH STREET SW LYNNWOOD, WA 98036	91-0910680	501(C)(3)	70,682				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS INC OF TARRANT COUNTY 5740 AIRPORT FREEWAY FORT WORTH, TX 76117	75-1568798	501(C)(3)	70,397				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NORTH CAROLINA 404 CROSSWICK ROAD CLEMMONS, NC 27012	83-3370195	501(C)(3)	70,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES LAKE COUNTY 721 NORTH LASALLE STREET CHICAGO, IL 60654	36-2170821	501(C)(3)	70,000				PROJECT SUPPORT AND OTHER SERVICES
COUNCIL ON AGING - GLADWIN COUNTY 215 S ANTLER ST GLADWIN, MI 48624	11-1111111	N/A	70,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KITCHEN ANGELS 1222 SILER RD SANTA FE, NM 87507	85-0423492	501(C)(3)	69,000				PROJECT SUPPORT AND OTHER SERVICES
SENIOR CITIZEN RESOURCES 3100 DEVONSHIRE ROAD CLEVELAND, OH 44109	34-1098212	501(C)(3)	69,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ANTHONY'S COMMUNITY CENTER CITY FARE 1703 W 10TH ST WILMINGTON, DE 19805	51-0116737	501(C)(3)	69,000				PROJECT SUPPORT AND OTHER SERVICES
ALAMANCE COUNTY MEALS ON WHEELS INC 411 W 5TH STREET SUITE A BURLINGTON, NC 27215	56-1061980	501(C)(3)	68,756				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MURRAY CALLOWAY COUNTY SENIOR CITIZENS CENTER 607 POPLAR STREET SUITE D MURRAY, KY 42071	61-0730009	501(C)(3)	68,000				PROJECT SUPPORT AND OTHER SERVICES
SOUND GENERATIONS MEALS ON WHEELS KING COUNTY 2208 2ND AVENUE SEATTLE, WA 98121	91-0823767	501(C)(3)	67,753				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOBILE MEALS OF SOUTHERN ARIZONA 4803 E 5TH ST STE 209 TUCSON, AZ 85711	23-7157579	501(C)(3)	67,283				PROJECT SUPPORT AND OTHER SERVICES
ABCAP 406 W PLUM ST GEORGETOWN, OH 45121	26-3202165	501(C)(3)	67,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS GRAND FORKS 620 4TH AVE SOUTH GRAND FORKS, ND 58201	45-0311269	501(C)(3)	66,950				PROJECT SUPPORT AND OTHER SERVICES
FOODNET MEALS ON WHEELS 2422 NORTH TRIPHAMMER RD ITHACA, NY 14850	16-1285569	501(C)(3)	66,867				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KALKASKA COUNTY COMMISSION ON AGING 303 SOUTH CORAL STREET KALKASKA, MI 49646	38-6004861	501(C)(3)	66,600				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS FAIRFIELD COUNTY 1515 CEDAR HILL ROAD LANCASTER, OH 43130	23-7331496	501(C)(3)	66,278				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMPA BAY NETWORK TO END HUNGER 4532 WEST KENNEDY BOULEVARD TAMPA, FL 33609	36-4758155	501(C)(3)	65,245				PROJECT SUPPORT AND OTHER SERVICES
GOLD COUNTRY COMMUNITY SERVICES PO BOX 968 GRASS VALLEY, CA 95945	94-2436273	501(C)(3)	65,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON COUNTY COMMISSION ON AGING INC 535 EAST FRANKLIN STREET HAGERSTOWN, MD 21740	52-0899001	501(C)(3)	65,000				PROJECT SUPPORT AND OTHER SERVICES
ACTIONS INC OF BRAZORIA COUNTY 1524 E MULBERRY ANGLETON, TX 77515	74-1957799	501(C)(3)	65,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HOUSE 1020 S MATTHEW STREET PEORIA, IL 61605	37-0661229	501(C)(3)	65,000				PROJECT SUPPORT AND OTHER SERVICES
HEALY SENIOR CENTER PO BOX 1849 REDWAY, CA 95560	94-2762224	501(C)(3)	65,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER BOSTON CHINESE GOLDEN AGE CENTER 75 KNEELAND STREET BOSTON, MA 02111	23-7181452	501(C)(3)	65,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SOUTHWEST OH & NORTHERN KY 2091 RADCLIFF DRIVE CINCINNATI, OH 45204	31-0537097	501(C)(3)	64,952				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS FOUNDATION OF NORTHERN ILLINOIS 7222 W CERMAK RD SUITE 302 NORTH RIVERSIDE, IL 60546	36-4461669	501(C)(3)	64,463				PROJECT SUPPORT AND OTHER SERVICES
MODERN MATURITY CENTER INC 1121 FORREST AVENUE DOVER, DE 19904	51-0108568	501(C)(3)	64,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THAMES VALLEY COUNCIL FOR COMMUNITY ACTION INC 1 SYLVANDALE ROAD JEWETT CITY, CT 06351	06-0806128	501(C)(3)	63,718				PROJECT SUPPORT AND OTHER SERVICES
EAST PASCO MEALS ON WHEELS 38145 15TH AVENUE ZEPHYRHILLS, FL 33542	59-1565648	501(C)(3)	63,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAKERSFIELD SENIOR CENTER INC 530 4TH STREET BAKERSFIELD, CA 93304	77-0013149	501(C)(3)	63,323				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF TAMPA 550 WEST HILLSBOROUGH AVE TAMPA, FL 33603	59-1679915	501(C)(3)	62,498				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARROLL COUNTY COUNCIL ON AGING 100 KENSINGTON RD NE CARROLLTON, OH 44615	34-1245760	501(C)(3)	60,500				PROJECT SUPPORT AND OTHER SERVICES
WASILLA AREA SENIORS INC 1301 SOUTH CENTURY CIRCLE WASILLA, AK 99654	92-0082770	501(C)(3)	60,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF HAMILTON COUNTY 395 WESTFIELD RD NOBLESVILLE, IN 46060	35-1344488	501(C)(3)	60,000				PROJECT SUPPORT AND OTHER SERVICES
AROOSTOOK AGENCY ON AGING 260 MAIN ST PRESQUE ISLE, ME 04769	01-0322531	501(C)(3)	60,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINGS COUNTY COMMISSION ON AGING 10953 14TH AVENUE ARMONA, CA 93202	94-1723493	501(C)(3)	60,000				PROJECT SUPPORT AND OTHER SERVICES
AGE WELL 875 ROOSEVELT HWY COLCHESTER, VT 05446	22-2474636	501(C)(3)	60,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEAP MEALS ON WHEELS 7051 BROOKLYN BOULEVARD BROOKLYN CENTER, MN 55429	41-0990340	501(C)(3)	59,469				PROJECT SUPPORT AND OTHER SERVICES
TEAM INC 30 ELIZABETH STREET DERBY, CT 06418	06-0835182	501(C)(3)	59,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IONA SENIOR SERVICES 4125 ALBEMARLE STREET NW WASHINGTON, DC 20016	52-1039553	501(C)(3)	59,000				PROJECT SUPPORT AND OTHER SERVICES
FAMILY SERVICES OF MONTGOMERY COUNTY - MEALS ON WHEELS 1976 EAST HIGH STREET POTTSTOWN, PA 19464	23-1352361	501(C)(3)	58,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMON GROUND SENIOR SERVICES 80 RIDGE ROAD SUTTER CREEK, CA 95685	68-0463039	501(C)(3)	58,500				PROJECT SUPPORT AND OTHER SERVICES
TORRANCE-LOMITA MEALS ON WHEELS C/O CHURCH OF CHRIST TORRANCE, CA 90503	95-2886609	501(C)(3)	58,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVELYN RUBENSTEIN JCC OF HOUSTON 5601 S BRAESWOOD BLVD HOUSTON, TX 77096	74-1198298	501(C)(3)	57,075				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF THE MONTEREY PENINSULA INC 700 JEWELL AVENUE PACIFIC GROVE, CA 93950	94-2157521	501(C)(3)	56,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF SAN DIEGO PO BOX 121831 SAN DIEGO, CA 92112	51-0464013	501(C)(3)	54,500				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS SPOKANE 1222 W 2ND AVE SPOKANE, WA 99201	91-0833015	501(C)(3)	54,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS VICTORIA PO BOX 1433 VICTORIA, TX 77902	74-2116391	501(C)(3)	53,862				PROJECT SUPPORT AND OTHER SERVICES
KENAI SENIOR SERVICES CITY OF KENAI 361 SENIOR CT KENAI, AK 99611	92-0131229	501(C)(3)	52,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SENIOR COASTSIDERS 925 MAIN STREET HALF MOON BAY, CA 94019	94-3119310	501(C)(3)	52,400				PROJECT SUPPORT AND OTHER SERVICES
RALEIGH COUNTY COMMISSION ON AGING 1614 S KANAWHA ST BECKLEY, WV 25801	55-0612785	501(C)(3)	50,796				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MEALS ON WHEELS TRI-COUNTY PO BOX 1365 PALESTINE, TX 75802	75-1525201	501(C)(3)	50,574				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF STATEN ISLAND INC 304 PORT RICHMOND AVE STATEN ISLAND, NY 10302	13-2894978	501(C)(3)	50,567				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STODDARD COUNTY SENIOR CITIZENS AGENCY 23 WEST STODDARD STREET DEXTER, MO 63841	43-1447330	501(C)(3)	50,444				PROJECT SUPPORT AND OTHER SERVICES
MAMA'S KITCHEN 3960 HOME AVENUE SAN DIEGO, CA 92105	33-0434246	501(C)(3)	50,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII MEALS ON WHEELS INC PO BOX 61194 HONOLULU, HI 96839	99-0198132	501(C)(3)	50,000				PROJECT SUPPORT AND OTHER SERVICES
FAMILY SERVICE ASSOCIATION 21250 BOX SPRINGS ROAD MORENO VALLEY, CA 92557	95-1803694	501(C)(3)	50,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND RIVER MULTIPURPOSE CENTER 607 W BUSINESS ROUTE 36 CHILLICOTHE, MO 64601	81-2854745	501(C)(3)	50,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS PENNSYLVANIA C/O BERKS ENCORE READING, PA 19601	27-3882726	501(C)(3)	50,000				PROJECT SUPPORT AND OTHER SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS WACO 501 W WACO DRIVE WACO, TX 76707	74-1776447	501(C)(3)	49,989				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREATER LYNCHBURG PO BOX 1388 LYNCHBURG, VA 24505	23-7399875	501(C)(3)	49,773				PROJECT SUPPORT AND OTHER SERVICES

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HOOD COUNTY COMMITTEE ON AGING PO BOX 849 GRANBURY, TX 76048	75-1630812	501(C)(3)	49,574				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF LONG BEACH INC PO BOX 15688 LONG BEACH, CA 90815	95-2829715	501(C)(3)	49,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COAL CREEK MEALS ON WHEELS 455 N BURLINGTON AVENUE LAFAYETTE, CO 80026	84-0634856	501(C)(3)	49,000				PROJECT SUPPORT AND OTHER SERVICES
MINUTEMAN SENIOR SERVICES 26 CROSBY DR BEDFORD, MA 01730	04-2587212	501(C)(3)	48,760				PROJECT SUPPORT AND OTHER SERVICES

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COMMUNITY EMERGENCY SERVICE 1900 11TH AVE S MINNEAPOLIS, MN 55404	41-1728341	501(C)(3)	48,600				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS INC 1025 PENNSYLVANIA AVENUE LINDEN, NJ 07036	22-1946479	501(C)(3)	47,500				PROJECT SUPPORT AND OTHER SERVICES

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SENIOR RESOURCE CENTER 15856 E FIFTH ST HAYWARD, WI 54843	39-1519694	501(C)(3)	47,000				PROJECT SUPPORT AND OTHER SERVICES
WISE COUNTY COMMITTEE ON AGING INC PO BOX 903 DECATUR, TX 76234	75-1651529	501(C)(3)	46,600				PROJECT SUPPORT AND OTHER SERVICES

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WHITE RIVER AREA AGENCY ON AGING PO BOX 2637 BATESVILLE, AR 72503	71-0521442	501(C)(3)	46,500				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREELEY AND WELD COUNTY 2131 9TH ST GREELEY, CO 80631	84-0673693	501(C)(3)	46,200				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CUMBERLAND COUNTY COUNCIL ON OLDER ADULTS 339 DEVERS STREET FAYETTEVILLE, NC 28303	56-0902659	501(C)(3)	46,000				PROJECT SUPPORT AND OTHER SERVICES
CABARRUS MEALS ON WHEELS 1701 SOUTH MAIN STREET KANNAPOLIS, NC 28081	56-1172942	501(C)(3)	45,128				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEN-TON MEALS ON WHEELS 169 SHERIDAN PARKSIDE DR TONAWANDA, NY 14150	16-1093437	501(C)(3)	45,000				PROJECT SUPPORT AND OTHER SERVICES
PUTNAM COUNTY SENIOR CITIZENS ORGANIZATION 116 S 17TH STREET UNIONVILLE, MO 63565	43-1063546	501(C)(3)	44,426				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SENIORCARE INC 49 BLACKBURN CENTER GLOUCESTER, MA 01930	04-2512171	501(C)(3)	44,266				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF MERCER COUNTY 320 HOLLOWBROOK DRIVE EWING, NJ 08638	22-1990231	501(C)(3)	44,226				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARSON CITY SENIOR CITIZEN CENTER 911 BEVERLY DRIVE CARSON CITY, NV 89706	88-0123061	501(C)(3)	43,357				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF DURHAM INC 2522 ROSS RD DURHAM, NC 27703	56-1729111	501(C)(3)	43,256				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMIT COUNTY COMMUNITY AND SENIOR CENTER PO BOX 1845 FRISCO, CO 80443	84-0989154	501(C)(3)	43,161				PROJECT SUPPORT AND OTHER SERVICES
SENIOR CONNECTIONS 1805 NORTH 16TH STREET SUPERIOR, WI 54880	39-1602800	501(C)(3)	43,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN SERVICES INC PO BOX 1994 HATTIESBURG, MS 39403	64-0730835	501(C)(3)	43,000				PROJECT SUPPORT AND OTHER SERVICES
MAC INC 909 PROGRESS CIRCLE SUITE 100 SALISBURY, MD 21804	52-0992005	501(C)(3)	42,499				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL ON AGING FOR HENDERSON COUNTY 105 KING CREEK BLVD HENDERSONVILLE, NC 28792	56-0936674	501(C)(3)	42,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS IN GREATER NEW BRUNSWICK 211 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	22-2402945	501(C)(3)	42,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOMINGTON MEALS ON WHEELS 601 W 2ND STREET BLOOMINGTON, IN 47402	31-0941563	501(C)(3)	41,419				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS - ANDERSON PO BOX 285 ANDERSON, SC 29622	57-0634729	501(C)(3)	41,031				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEROKEE COUNTY MEALS ON WHEELS PO BOX 1886 GAFFNEY, SC 29342	57-0773044	501(C)(3)	41,000				PROJECT SUPPORT AND OTHER SERVICES
ROCKDALE COUNTY SENIOR SERVICES 1240 DOGWOOD DRIVE SW CONYERS, GA 30012	11-1111111	N/A	41,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF WHEATON 10101 CONNECTICUT AVENUE KENSINGTON, MD 20895	52-0948124	501(C)(3)	41,000				PROJECT SUPPORT AND OTHER SERVICES
COUNCIL ON AGING SERVICES FOR SENIORS - SANTA ROSA 30 KAWANA SPRINGS RD SANTA ROSA, CA 95404	94-6138714	501(C)(3)	40,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUBBOCK MEALS ON WHEELS 2304 34TH STREET LUBBOCK, TX 79411	75-1333736	501(C)(3)	39,900				PROJECT SUPPORT AND OTHER SERVICES
EDMOND MOBILE MEALS INC 25 W 3RD ST EDMOND, OK 73003	73-1250443	501(C)(3)	39,556				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEYSTONE HOSPICE 8765 STENTON AVENUE WYNDMOOR, PA 19038	23-2757697	501(C)(3)	39,549				PROJECT SUPPORT AND OTHER SERVICES
THE HEALTH TRUST 1400 PARKMOOR AVE SAN JOSE, CA 95126	94-6050231	501(C)(3)	39,223				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE CONNECTION FOR AGING SERVICES 106 WEST YOUNG WARRENSBURG, MO 64093	43-1015585	501(C)(3)	39,000				PROJECT SUPPORT AND OTHER SERVICES
ST PAUL'S MEALS ON WHEELS INC 416 CENTER AVENUE PITCAIRN, PA 15140	46-3362083	501(C)(3)	37,949				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE COUNTY AGING PROGRAM INC 2200 EAST MOORE AVENUE SEARCY, AR 72143	71-0697311	501(C)(3)	37,500				PROJECT SUPPORT AND OTHER SERVICES
SERVICES FOR OLDER CITIZENS 158 RIDGE RD GROSSE POINTE, MI 48236	38-2254509	501(C)(3)	37,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALLAHAN COUNTY NUTRITION PROJECT 100 WEST 4TH STREET BAIRD, TX 79504	75-2905021	501(C)(3)	37,000				PROJECT SUPPORT AND OTHER SERVICES
WESTMASS ELDERCARE 4 VALLEY MILL RD HOLYOKE, MA 01040	04-2545848	501(C)(3)	36,719				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS NEW HAMPSHIRE 395 DANIEL WEBSTER HWY MERRIMACK, NH 03054	81-4736530	501(C)(3)	36,000				PROJECT SUPPORT AND OTHER SERVICES
ST JOSEPH COMMUNITY SERVICES PO BOX 910 MERRIMACK, NH 03054	02-0335003	501(C)(3)	35,740				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SAGE ELDERCARE 290 BROAD STREET SUMMIT, NJ 07901	22-1657929	501(C)(3)	35,532				PROJECT SUPPORT AND OTHER SERVICES
CULVER PALMS MEALS ON WHEELS 4427 OVERLAND AVE CULVER CITY, CA 90230	95-2891033	501(C)(3)	35,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON COUNTY SENIOR SERVICES INC 305 N NASHVILLE ST OKAWVILLE, IL 62271	37-1092072	501(C)(3)	35,347				PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES CONSORTIUM OF RAMSEY COUNTY 160 E KELLOGG BLVD SUITE 9100 ST PAUL, MN 55101	31-1689516	501(C)(3)	35,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROWN CENTER FOR SENIOR LIVING 8350 DELCREST DRIVE ST LOUIS, MO 63124	43-1695861	501(C)(3)	35,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NORTHEASTERN ILLINOIS 1723 SIMPSON ST EVANSTON, IL 60201	36-2662113	501(C)(3)	34,463				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIERRA SENIOR PROVIDERS INC 540 GREENLEY RD SONORA, CA 95370	77-0432625	501(C)(3)	34,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WILKES COUNTY 710 VETERANS DRIVE NORTH WILKESBORO, NC 28659	56-0857800	501(C)(3)	34,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AEOA SENIOR SERVICES 702 THIRD AVENUE SOUTH VIRGINIA, MN 55792	41-6052144	501(C)(3)	33,939				PROJECT SUPPORT AND OTHER SERVICES
SENIOR LIFE RESOURCES MEALS ON WHEELS 1824 FOWLER STREET RICHLAND, WA 99352	91-0909913	501(C)(3)	33,341				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GRAFTON COUNTY SENIOR CITIZENS COUNCIL INC 10 CAMPBELL ST LEBANON, NH 03766	23-7248316	501(C)(3)	32,787				PROJECT SUPPORT AND OTHER SERVICES
SOUTHERN ARIZONA AIDS FOUNDATION 375 S EUCLID AVE TUCSON, AZ 85719	86-0864100	501(C)(3)	32,783				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR SERVICES OF ALEXANDRIA 206 N WASHINGTON STREET 301 ALEXANDRIA, VA 22314	54-0842806	501(C)(3)	32,558				PROJECT SUPPORT AND OTHER SERVICES
SENIOR CITIZENS CLUB OF PETROLIA PO BOX 234 PETROLIA, TX 76377	75-1744367	501(C)(3)	32,000				PROJECT SUPPORT AND OTHER SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS YOLO COUNTY 40 N EAST ST SUITE C WOODLAND, CA 95776	94-1599229	501(C)(3)	31,804				PROJECT SUPPORT AND OTHER SERVICES
SPECTRUM COMMUNITY SERVICES 2621 BARRINGTON CT HAYWARD, CA 94545	94-1748275	501(C)(3)	31,804				PROJECT SUPPORT AND OTHER SERVICES

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MEALS ON WHEELS NORTH JERSEY 100 MADISON AVENUE SUITE 3 WESTWOOD, NJ 07675	22-2340025	501(C)(3)	31,747				PROJECT SUPPORT AND OTHER SERVICES
AGING AHEAD 14535 MANCHESTER RD MANCHESTER, MO 63011	43-1833987	501(C)(3)	31,426				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MEALS ON WHEELS GUILFORD COUNTY 1401 BENJAMIN PARKWAY GREENSBORO, NC 27408	56-1181577	501(C)(3)	31,256				PROJECT SUPPORT AND OTHER SERVICES
CLAY COUNTY SENIOR CITIZENS PO BOX 533 HENRIETTA, TX 76365	75-1667838	501(C)(3)	31,074				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KC KOSHER MEALS ON WHEELS 10147 MACKEY STREET OVERLAND PARK, KS 66212	43-1772532	501(C)(3)	31,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF THE PALM BEACHES INC PO BOX 247 W PALM BEACH, FL 33402	27-2891297	501(C)(3)	30,622				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OSWEGO COUNTY OPPORTUNITIES INC 239 ONEIDA STREET FULTON, NY 13069	16-0979876	501(C)(3)	30,567				PROJECT SUPPORT AND OTHER SERVICES
KANAWHA VALLEY SENIOR SERVICES INC 2428 KANAWHA BOULEVARD E CHARLESTON, WV 25311	55-0626556	501(C)(3)	30,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN AREA AGENCY ON AGING 240 STATE STREET BREWER, ME 04412	01-0328376	501(C)(3)	30,178				PROJECT SUPPORT AND OTHER SERVICES
CHEER INC 546 S BEDFORD ST GEORGETOWN, DE 19947	51-0112599	501(C)(3)	30,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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INDEPENDENCE COUNTY - SENIOR CITIZENS PROGRAM 1590 E COLLEGE STREET BATESVILLE, AR 72501	71-6016119	501(C)(3)	30,000				PROJECT SUPPORT AND OTHER SERVICES
SENIOR RESOURCE CONNECTION 105 S WILKINSON STREET DAYTON, OH 45402	31-0592759	501(C)(3)	30,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA ST EUREKA, CA 95501	94-2261434	501(C)(3)	29,536				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NEW CASTLE PO BOX 5122 NEW CASTLE, PA 16105	27-0608967	501(C)(3)	29,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MACEDONIA FACE 5001 BAUM BOULEVARD PITTSBURGH, PA 15213	25-1778222	501(C)(3)	29,400				PROJECT SUPPORT AND OTHER SERVICES
THE FRIENDLY KITCHEN 1771 W HARVARD AVE ROSEBURG, OR 97471	93-0779289	501(C)(3)	29,036				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LIVE OAK SENIORS INC PO BOX 1389 CLEARLAKE OAKS, CA 95423	94-2768581	501(C)(3)	29,000				PROJECT SUPPORT AND OTHER SERVICES
CHICO MEALS ON WHEELS PO BOX 1662 CHICO, CA 95927	94-1732875	501(C)(3)	29,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN COUNTY COUNCIL ON AGING INC 202 MEDICAL HEIGHTS DR FRANKFORT, KY 40601	61-6041002	501(C)(3)	28,882				PROJECT SUPPORT AND OTHER SERVICES
DAVIESS COUNTY MULTI-PURPOSE SENIOR CENTER INC 109 S MAIN ST GALLATIN, MO 64640	43-1037501	501(C)(3)	28,626				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LIFEPATH INC 101 MUNSON STREET SUITE 201 GREENFIELD, MA 01301	04-2542539	501(C)(3)	28,166				PROJECT SUPPORT AND OTHER SERVICES
SENIOR HUB MEALS ON WHEELS 10190 BANNOCK STREET NORTH GLENN, CO 80260	74-2412032	501(C)(3)	28,161				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DIGNITY HEALTH CONNECTED LIVING 200 MERCY OAKS DRIVE REDDING, CA 96003	23-7115371	501(C)(3)	28,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NORTHEAST TENNESSEE 704 ROLLING HILLS DRIVE JOHNSON CITY, TN 37604	62-0928394	501(C)(3)	27,645				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BARRE HOUSING SERVICES CITY HOTEL CAF 30 WASHINGTON ST BARRE, VT 05641	46-5180875	501(C)(3)	27,500				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS BURLINGTON COUNTY 795 WOODLANE ROAD WESTAMPTON, NJ 08060	21-6000107	501(C)(3)	27,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AMHERST MEALS ON WHEELS INC 370 AUDUBON PARKWAY AMHERST, NY 14228	16-1240804	501(C)(3)	27,500				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF WILLIAMSON & BURNET COUNTIES 604 HIGH TECH DRIVE GEORGETOWN, TX 78626	74-6075213	501(C)(3)	26,915				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LIFEBRIDGE COMMUNITY SERVICES 475 CLINTON AVENUE BRIDGEPORT, CT 06605	06-0646974	501(C)(3)	26,827				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS ERIE 4408 PEACH ST ERIE, PA 16509	51-0200640	501(C)(3)	26,549				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF CHARLOTTE COUNTY INC 3082 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	59-1358912	501(C)(3)	26,500				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF DENTON COUNTY 1800 MALONE ST DENTON, TX 76201	75-1497010	501(C)(3)	26,064				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MYSTIC VALLEY ELDER SERVICES 300 COMMERCIAL STREET - 19 MALDEN, MA 02148	04-2562646	501(C)(3)	26,000				PROJECT SUPPORT AND OTHER SERVICES
OTTAWA COUNTY SENIOR RESOURCES - HOME DELIVERED MEALS 8180 W STATE RT 163 OAK HARBOR, OH 43449	11-1111111	N/A	26,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDMORE - MEALS ON WHEELS 1415 RHOADMILLER STREET RICHMOND, VA 23220	54-1150923	501(C)(3)	26,000				PROJECT SUPPORT AND OTHER SERVICES
AZCEND PO BOX 591 CHANDLER, AZ 85244	86-0428780	501(C)(3)	25,710				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY MEALS INC C/O COMMUNITY CHURCH OF GLEN ROCK GLEN ROCK, NJ 07452	22-1607272	501(C)(3)	25,208				PROJECT SUPPORT AND OTHER SERVICES
AGING PROJECTS INCFRIENDSHIP MEALS 112 W SHERMAN STREET HUTCHINSON, KS 67501	48-0813686	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERVICE OPPORTUNITY FOR SENIORS 2235 POLVOROSA DR STE 260 SAN LEANDRO, CA 94577	94-1725204	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
WASHOE COUNTY HUMAN SERVICES AGENCY 350 SOUTH CENTER STREET RENO, NV 89501	11-1111111	N/A	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
60'S PLUS DINING - ICAP PO BOX 268 MADISON, SD 57042	46-0282131	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS NORTHWEST ARKANSAS 506 E SPRUCE ST ROGERS, AR 72757	71-0406286	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADRC OF BROWN COUNTY 300 S ADAMS STREET GREEN BAY, WI 54301	39-1286261	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
SENIOR CITIZENS ASSOCIATION HOME DELIVERED MEALS 600 SENIOR WAY FLORENCE, SC 29505	57-0515239	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPORT MEALS ON WHEELS PO BOX 204 ROANOKE, TX 76262	75-2298847	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS KITSAP 2817 WHEATON WAY SUITE 208 BREMERTON, WA 98310	91-1197374	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHIAWASSEE COUNCIL ON AGING 300 N WASHINGTON ST OWOSSO, MI 48867	38-2052027	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
WALTON COUNTY SENIOR CITIZENS PO BOX 764 MONROE, GA 30655	58-1076363	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT ANGEL HEART 4950 WASHINGTON STREET DENVER, CO 80216	84-1199481	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
BAKER COUNTY COUNCIL ON AGING 9264 BUCK STARLING ROAD MACCLENNY, FL 32063	59-1596339	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORESBURG COMMUNITY ASSOCIATION 318 MCNEIL CIRCLE MOORESBURG, TN 37811	94-3416521	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
LTSC COMMUNITY DEVELOPMENT CORPORATION 231 EAST 3RD STREET LOS ANGELES, CA 90013	95-4444102	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN PEDRO MEALS ON WHEELS 731 SOUTH AVERILL AVENUE SAN PEDRO, CA 90732	95-2803612	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
HOCKING ATHENS PERRY COMMUNITY ACTION (HAPCAP) 3 CARDARAS DRIVE GLOUSTER, OH 45732	31-0718322	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINOT COMMISSION ON AGING 21 1ST AVE SE MINOT, ND 58701	45-0318382	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
MAT-SU SENIOR SERVICES 1132 S CHUGACH ST PALMER, AK 99645	92-0078503	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSKINGUM COUNTY CENTER FOR SENIORS 160 N 4TH STREET ZANESVILLE, OH 43701	91-1884444	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
NORTHEAST KANSAS AREA AGENCY ON AGING 1803 OREGON AVENUE HIAWATHA, KS 66434	48-0802891	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIORS FIRST 12183 LOCKSLEY LANE 205 AUBURN, CA 95602	68-0430154	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
JEWISH FAMILY SERVICE OF GREATER DALLAS 5402 ARAPAHO ROAD DALLAS, TX 75248	32-0307257	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLADEN COUNTY DIVISION ON AGING 608 MCLEOD STREET ELIZABETHTOWN, NC 28337	11-1111111	N/A	25,000				PROJECT SUPPORT AND OTHER SERVICES
THE SENIOR ALLIANCE INC 5454 VENNOY ROAD WAYNE, MI 48184	38-2322126	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANKAKEE COUNTY COMMUNITY SERVICES 657 E COURT ST SUITE 207 KANKAKEE, IL 60901	36-3478633	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
LAMAR COUNTY HUMAN RESOURCES COUNCIL INC PO BOX 714 PARIS, TX 75461	75-1494942	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL AREA AGENCY ON AGING PO BOX 66038 BATON ROUGE, LA 70896	72-0738045	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
PROSPECT HILL SENIOR CENTER 283 PROSPECT AVENUE BROOKLYN, NY 11215	11-1111111	N/A	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HANOVER COUNTY SENIOR RESOURCE CENTER 2222 SOUTH COLLEGE ROAD WILMINGTON, NC 28403	56-6000324	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
AGEWELL SERVICES 275 WEST CLAY AVENUE MUSKEGON, MI 49440	38-2033822	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN KENTUCKY AREA DEVELOPMENT DISTRICT 22 SPIRAL DRIVE FLORENCE, KY 41042	61-0719369	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
SOUTH LOUISVILLE COMMUNITY MINISTRIES 415 1/2 W ASHLAND AVENUE LOUISVILLE, KY 40214	31-0891259	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLUVANNA MEALS ON WHEELS INC 105 CROFTON PLAZA SUITE 8 PALMYRA, VA 22963	26-0185272	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
HIGHLANDS SENIOR SERVICE CENTER PO BOX 180 CLEARLAKE, CA 95422	68-0010987	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIORSPLUS 8 FALCON ROAD LEWISTON, ME 04240	01-0317103	501(C)(3)	25,000				PROJECT SUPPORT AND OTHER SERVICES
COSHOCTON SENIOR CENTER 201 BROWNS LANE COSHOCTON, OH 43812	31-0720520	501(C)(3)	24,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TRAINING EMPLOYMENT & COMMUNITY HELP INC 112 E 2ND ST ALTURAS, CA 96101	94-2578204	501(C)(3)	24,404				PROJECT SUPPORT AND OTHER SERVICES
PASADENA MEALS ON WHEELS 500 EAST COLORADO BOULEVARD PASADENA, CA 91101	95-6111667	501(C)(3)	24,354				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JAMIESON COMMUNITY CENTER PO BOX 495 MONMOUTH, IL 61462	37-0912489	501(C)(3)	24,200				PROJECT SUPPORT AND OTHER SERVICES
SENIORS ASSISTANCE CENTER 7774 W IRVING PARK RD NORRIDGE, IL 60706	36-2918912	501(C)(3)	24,100				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SE CLERGY MEALS ON WHEELS 415 NORTHFIELD RD BEDFORD, OH 44146	34-1475654	501(C)(3)	24,000				PROJECT SUPPORT AND OTHER SERVICES
THE SENIOR CONNECTION PO BOX 28 HAILEY, ID 83333	82-0315917	501(C)(3)	23,762				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MEALS ON WHEELS OF SYRACUSE 300 BURT ST SYRACUSE, NY 13202	16-0970999	501(C)(3)	23,067				PROJECT SUPPORT AND OTHER SERVICES
NORTH AREA MEALS ON WHEELS 413 CHURCH STREET NORTH SYRACUSE, NY 13212	22-2296486	501(C)(3)	23,067				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT AREA AGENCY ON AGING 1333 BREWERY PARK BOULEVARD SUITE 200 DETROIT, MI 48207	38-2320421	501(C)(3)	23,057				PROJECT SUPPORT AND OTHER SERVICES
NATRONA COUNTY MEALS ON WHEELS 1760 EAST 12TH STREET CASPER, WY 82601	83-0214230	501(C)(3)	23,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NEW ORLEANS COUNCIL ON AGING 2475 CANAL ST STE 400 NEW ORLEANS, LA 70119	72-0634096	501(C)(3)	23,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SALEM COUNTY 90 MARKET STREET SALEM, NJ 08079	22-2158433	501(C)(3)	22,976				PROJECT SUPPORT AND OTHER SERVICES

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MEALS ON WHEELS OF CHEMUNG COUNTY 409 WILLIAM STREET ELMIRA, NY 14901	16-1353247	501(C)(3)	22,972				PROJECT SUPPORT AND OTHER SERVICES
CITY OF PACIFICA 540 CRESPI DRIVE PACIFICA, CA 94044	11-1111111	N/A	22,800				PROJECT SUPPORT AND OTHER SERVICES

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EAST COOPER MEALS ON WHEELS PO BOX 583 MOUNT PLEASANT, SC 29465	57-0804618	501(C)(3)	22,700				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF BOSTON 246 SEAVER ST DORCHESTER, MA 02121	26-3491532	501(C)(3)	22,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MEALS ON WHEELS OF ASHEVILLE-BUNCOMBE COUNTY 146 VICTORIA ROAD ASHEVILLE, NC 28801	56-1115597	501(C)(3)	22,000				PROJECT SUPPORT AND OTHER SERVICES
MCDOWELL COUNTY COMMISSION ON AGING 725 STEWART ST WELCH, WV 24801	55-0567694	501(C)(3)	21,996				PROJECT SUPPORT AND OTHER SERVICES

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MEALS ON WHEELS WICHITA FALLS 1000 BURNETT STREET WICHITA FALLS, TX 76301	75-1242736	501(C)(3)	21,915				PROJECT SUPPORT AND OTHER SERVICES
AREA AGENCY ON AGING REGION X 531E 15TH STREET JOPLIN, MO 64803	43-1159115	501(C)(3)	21,915				PROJECT SUPPORT AND OTHER SERVICES

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RADIANT HEALTH CENTERS 17982 SKY PARK CIR SUITE J IRVINE, CA 92614	33-0126481	501(C)(3)	21,804				PROJECT SUPPORT AND OTHER SERVICES
BIG VALLEY 50 PLUS PO BOX 586 BIEBER, CA 96009	94-2654948	501(C)(3)	21,304				PROJECT SUPPORT AND OTHER SERVICES

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VIC-VALLEY INTERFAITHINTERCOMMUNITY COUNCIL INC 13300 VICTORY BLVD VAN NUYS, CA 91401	95-2653387	501(C)(3)	21,276				PROJECT SUPPORT AND OTHER SERVICES
PIEDMONT SENIOR RESOURCES AREA AGENCY IN AGING 1413 SOUTH MAIN STREET FARMVILLE, VA 23901	54-1025127	501(C)(3)	21,058				PROJECT SUPPORT AND OTHER SERVICES

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SENIOR CITIZENS ACTIVITY CENTER OF BURKBURNETT INC 220 E 5TH STREET BURKBURNETT, TX 76354	75-1607070	501(C)(3)	21,000				PROJECT SUPPORT AND OTHER SERVICES
CONCERNED CITIZENS OF JACK COUNTY INC 400 EAST PINE STREET JACKSBORO, TX 76458	75-1597134	501(C)(3)	20,500				PROJECT SUPPORT AND OTHER SERVICES

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MEALS FOR THE ELDERLY 310 E HOUSTON HARTE SAN ANGELO, TX 76903	51-0159134	501(C)(3)	20,074				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF SUMMERVILLE INC PO BOX 592 SUMMERVILLE, SC 29484	57-0730993	501(C)(3)	20,000				PROJECT SUPPORT AND OTHER SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DARLINGTON COUNTY COUNCIL ON AGING 402 PEARL STREET DARLINGTON, SC 29532	57-0680050	501(C)(3)	20,000				PROJECT SUPPORT AND OTHER SERVICES
MULTI-PURPOSE COMMUNITY ACTION AGENCY 207 WASHINGTON STREET SHELBYVILLE, KY 40066	61-0867061	501(C)(3)	20,000				PROJECT SUPPORT AND OTHER SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCS DINING SERVICES 106 WEST AVENUE SOUTHWEST WAGNER, SD 57380	46-0365648	501(C)(3)	20,000				PROJECT SUPPORT AND OTHER SERVICES
LANCASTER COUNTY COUNCIL ON AGING PO BOX 1296 LANCASTER, SC 29721	57-0161585	501(C)(3)	20,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COMMUNITY ACTION AGENCY 507 FIRST AVENUE NORTH ESCANABA, MI 49829	38-1795659	501(C)(3)	20,000				PROJECT SUPPORT AND OTHER SERVICES
BI-COUNTY NUTRITION 416 1/2 OHIO AVE NUTTER FORT, WV 26301	55-0626656	501(C)(3)	20,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REAL SERVICES INC 121 W GARST ST SOUTH BEND, IN 46601	35-1157606	501(C)(3)	20,000				PROJECT SUPPORT AND OTHER SERVICES
LA JOLLA MEALS ON WHEELS 9888 GENESEE AVE LA JOLLA, CA 92037	95-2880653	501(C)(3)	20,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JERSEY CITY DEPT HHS SENIOR NUTRITION MEALS ON WHEELS 199 SUMMIT AVENUE JERSEY CITY, NJ 07304	11-1111111	N/A	20,000				PROJECT SUPPORT AND OTHER SERVICES
STOREY COUNTY SENIOR CENTER PO BOX 786 VIRGINIA CITY, NV 89512	94-2811382	501(C)(3)	20,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHISTLESTOP MEALS ON WHEELS 930 TAMALPAIS AVENUE SAN RAFAEL, CA 94901	94-1422463	501(C)(3)	19,536				PROJECT SUPPORT AND OTHER SERVICES
GREENUP MEALS ON WHEELS INC PO BOX 382 GREENUP, KY 41144	20-4201044	501(C)(3)	19,400				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAIN LINE MEALS ON WHEELS INC PO BOX 801 DEVON, PA 19333	23-1907603	501(C)(3)	19,149				PROJECT SUPPORT AND OTHER SERVICES
BOWIE SENIOR CITIZENS PROJECT 501 PELHAM ST BOWIE, TX 76230	75-1626387	501(C)(3)	19,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND RIVER MEALS ON WHEELS 501 AIRPORT ROAD RIFLE, CO 81650	84-0736594	501(C)(3)	18,161				PROJECT SUPPORT AND OTHER SERVICES
SENIOR ROUND TABLE 720 SPRAGUE AVE WALLA WALLA, WA 99362	91-0874461	501(C)(3)	18,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTARY ACTION CENTER OF THE IOWA GREAT LAKES INC 800 21ST STREET SPIRIT LAKE, IA 51360	42-1021005	501(C)(3)	17,818				PROJECT SUPPORT AND OTHER SERVICES
STRAFFORD NUTRITION MEALS ON WHEELS 25 BARTLETT AVE SOMERSWORTH, NH 03878	26-4545462	501(C)(3)	17,787				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPE COMMUNITY ACTION AGENCY 2146 E APACHE BLVD TEMPE, AZ 85281	86-0254820	501(C)(3)	17,783				PROJECT SUPPORT AND OTHER SERVICES
PARKER COMMUNITY SENIOR CENTER 1115 W 12TH ST PARKER, AZ 85344	74-3097368	501(C)(3)	17,783				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIFTYFORWARD 174 RAINS AVENUE NASHVILLE, TN 37203	62-0566419	501(C)(3)	17,500				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS PLUS OF MANATEE 811 23RD AVENUE EAST BRADENTON, FL 34208	59-1420986	501(C)(3)	17,495				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN AREA MULTI-SERVICE CENTER 209 THIRTEENTH STREET PITTSBURGH, PA 15215	23-7139992	501(C)(3)	17,412				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS LEWES & REHOBOTH INC 32409 LEWES GEORGETOWN HWY LEWES, DE 19958	51-0188109	501(C)(3)	17,100				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENERATIONS UNLIMITED 10915 ELLENTON STREET BARNWELL, SC 29812	57-0825211	501(C)(3)	17,031				PROJECT SUPPORT AND OTHER SERVICES
GREAT NORTHERN SERVICES 310 BOLES STREET WEED, CA 96094	94-2562423	501(C)(3)	17,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR LIFE MIDLAND PO BOX 80519 MIDLAND, TX 79708	75-1899190	501(C)(3)	16,915				PROJECT SUPPORT AND OTHER SERVICES
BELOIT MEALS ON WHEELS 424 COLLEGE STREET BELOIT, WI 53511	39-1375390	501(C)(3)	16,748				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY 536 GEORGE STREET NORRISTOWN, PA 19401	23-1659451	501(C)(3)	16,549				PROJECT SUPPORT AND OTHER SERVICES
BENDER JCC OF GREATER WASHINGTON 6125 MONTROSE ROAD ROCKVILLE, MD 20852	53-0205921	501(C)(3)	16,499				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST DANE SENIOR SERVICES 1837 BOURBON RD CROSS PLAINS, WI 53528	39-1691930	501(C)(3)	16,348				PROJECT SUPPORT AND OTHER SERVICES
CITY OF MARFA NUTRITION CENTER PO BOX 787 MARFA, TX 79843	74-6001684	501(C)(3)	16,200				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF EASTERN ONONDAGA COUNTY INC PO BOX 72 MANLIUS, NY 13104	23-7411928	501(C)(3)	16,050				PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY ACTION MEALS ON WHEELS PROGRAM 3225 LAKE AVENUE ASHTABULA, OH 44004	34-1059824	501(C)(3)	16,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS IN HUNTERDON INC 5 WALTER FORAN BLVD STE 2006 FLEMINGTON, NJ 08822	22-3084358	501(C)(3)	15,876				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NEW ROCHELLE 50 PINTARD AVENUE NEW ROCHELLE, NY 10801	13-3186919	501(C)(3)	15,567				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLUM SENIOR COMMUNITY CENTER 499 CENTER NEW TEXAS RD PITTSBURGH, PA 15239	25-1413004	501(C)(3)	15,549				PROJECT SUPPORT AND OTHER SERVICES
AIDS SERVICES OF AUSTIN 7215 CAMERON RD AUSTIN, TX 78752	74-2440845	501(C)(3)	15,149				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS - SANTA MARIA VALLEY PO BOX 6526 SANTA MARIA, CA 93456	95-2757731	501(C)(3)	15,100				PROJECT SUPPORT AND OTHER SERVICES
AREA AGENCY ON AGING REGION ONE 1366 E THOMAS RD PHOENIX, AZ 85014	74-2371957	501(C)(3)	15,008				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOMFIELD MEALS ON WHEELS 280 SPADER WAY BROOMFIELD, CO 80020	84-0862957	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES
SENIOR CENTER OF BOULDER CITY 813 ARIZONA ST BOULDER CITY, NV 89005	94-2928685	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTSIDE MEALS ON WHEELS INC 1510 33RD AVE NE MINNEAPOLIS, MN 55418	41-1228367	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES
WEBB COMMUNITY ACTION AGENCY 520 REYNOLDS STREET LAREDO, TX 78040	74-1679668	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERSERV 5400 KING HILL AVENUE SAINT JOSEPH, MO 64504	75-3197631	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF ERATH COUNTY 310 W LINGLEVILLE ROAD STEPHENVILLE, TX 76401	75-2588510	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOMINGTON-EDEN PRAIRIE MEALS ON WHEELS 8400 FRANCE AVENUE SOUTH MINNEAPOLIS, MN 55431	41-0965825	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES
TLC MEALS ON WHEELS PO BOX 3108 CENTENNIAL, CO 80161	84-0617651	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION AGENCY OF NORTHWEST ALABAMA INC 745 THOMPSON STREET FLORENCE, AL 35630	63-0505905	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY ACTION TEAM 125 N 17TH STREET SAINT HELENS, OR 97051	93-0554156	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTE COUNTY MEALS ON WHEELS PO BOX 486 KEYSVILLE, VA 23947	34-2025018	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES
STATE COLLEGE AREA MEALS ON WHEELS INC 205 S GARNER ST STATE COLLEGE, PA 16801	25-1215933	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AARONS PLACE INC 24311 ROBINS CREEK ROAD PRESTON, MD 21655	84-2099035	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES
WYANDOTTELEAVENWORTH AREA AGENCY ON AGING 849 N 47TH STREET STE C KANSAS CITY, KS 66102	11-1111111	N/A	15,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS FOR FORT COLLINS 1217 E ELIZABETH ST FORT COLLINS, CO 80524	23-7116630	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES
NEW OPPORTUNITIES INC 232 NORTH ELM STREET WATERBURY, CT 06702	06-6071847	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOOD COUNTY SENIOR CITIZENS ASSOCIATION 914 MARKET STREET SUITE 106 PARKERSBURG, WV 26101	55-0577681	501(C)(3)	15,000				PROJECT SUPPORT AND OTHER SERVICES
BRADFORD REGIONAL MEDICAL CENTER 116 INTERSTATE PARKWAY BRADFORD, PA 16701	23-2875157	501(C)(3)	14,912				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY CENTER OF LOUISVILLE 3600 DUTCHMANS LANE LOUISVILLE, KY 40205	61-0444704	501(C)(3)	14,882				PROJECT SUPPORT AND OTHER SERVICES
KEARNEY HOUSING DEVELOPMENT CORPORATION 2715 AVENUE I OFC KEARNEY, NE 68848	47-0782317	501(C)(3)	14,824				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YADKIN VALLEY ECONOMIC DEVELOPMENT DISTRICT INC (YVEDDI) PO BOX 309 BOONVILLE, NC 27011	56-0851147	501(C)(3)	14,692				PROJECT SUPPORT AND OTHER SERVICES
COMMUNITY COOPERATIVE INC MEALS ON WHEELS 3429 DR MARTIN LUTHER KING BLVD FORT MYERS, FL 33916	59-2602772	501(C)(3)	14,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID FLORIDA COMMUNITY SERVICES INC PO BOX 896 BROOKSVILLE, FL 34605	59-1235202	501(C)(3)	14,415				PROJECT SUPPORT AND OTHER SERVICES
NORTH MIAMI FOUNDATION FOR SENIOR CITIZENS SERVICES INC 620 NORTHEAST 127TH STREET NORTH MIAMI, FL 33161	59-1582766	501(C)(3)	14,333				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS MECOSTA COUNTY 12954 80TH AVE MECOSTA, MI 49332	38-2902050	501(C)(3)	14,075				PROJECT SUPPORT AND OTHER SERVICES
LEXINGTON COUNTY RECREATION AND AGING COMMISSION 125 PARKER STREET LEXINGTON, SC 29072	11-1111111	N/A	14,061				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLAND COUNTY COMMUNITY ACTION 1487 N HIGH ST HILLSBORO, OH 45133	31-0720523	501(C)(3)	14,018				PROJECT SUPPORT AND OTHER SERVICES
OLDER PERSONS' COMMISSION 650 LETICA DRIVE ROCHESTER, MI 48307	38-3215151	501(C)(3)	14,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENNETH YOUNG CENTER MEALS ON WHEELS 1001 ROHLWING RD ELK GROVE VILLAGE, IL 60007	23-7181444	501(C)(3)	13,878				PROJECT SUPPORT AND OTHER SERVICES
COUNCIL OF SENIOR TYLER COUNTIANS INC PO BOX 68 MIDDLEBOURNE, WV 26149	55-0584199	501(C)(3)	13,700				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WILSON COUNTY OFFICE OF SR CITIZENS 2101 TARBORO STREET SOUTHWEST WILSON, NC 27893	56-1407529	501(C)(3)	13,500				PROJECT SUPPORT AND OTHER SERVICES
STEP INC 200 DENT STREET ROCKY MOUNT, VA 24151	54-0801556	501(C)(3)	13,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WEST SHORE MEALS ON WHEELS 101 NORTH 23RD STREET CAMP HILL, PA 17011	23-7346126	501(C)(3)	13,250				PROJECT SUPPORT AND OTHER SERVICES
BRIGHAM CITY SENIOR CENTER MEALS ON WHEELS PO BOX 1005 BRIGHAM CITY, UT 84302	11-1111111	N/A	13,154				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PITT COUNTY COUNCIL ON AGING 4551 COUNTY HOME ROAD GREENVILLE, NC 27858	52-1042008	501(C)(3)	13,128				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF COWETA PO BOX 73437 NEWNAN, GA 30271	58-1274374	501(C)(3)	13,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUTLER COUNTY COUNCIL OF AGING INC 506 HAZEL E POPLAR BLUFF, MO 63901	43-1145820	501(C)(3)	12,926				PROJECT SUPPORT AND OTHER SERVICES
WHITE RIVER HEALTH SYSTEM INC 1710 HARRISON STREET BATESVILLE, AR 72501	71-0411459	501(C)(3)	12,600				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAZOS VALLEY COMMUNITY ACTION PROGRAMS 1733 BRIARCREST DR BRYAN, TX 77802	81-3036685	501(C)(3)	12,500				PROJECT SUPPORT AND OTHER SERVICES
EAC INC- MEALS ON WHEELS 50 CLINTON STREET STE 107 HEMPSTEAD, NY 11550	23-7175609	501(C)(3)	12,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF SOUTHERN NEVADA 1501 LAS VEGAS BOULEVARD NORTH LAS VEGAS, NV 89101	88-0059425	501(C)(3)	12,500				PROJECT SUPPORT AND OTHER SERVICES
JEWISH FAMILY SERVICES OF WASHTENAW COUNTY 2245 SOUTH STATE STREET ANN ARBOR, MI 48103	41-2147486	501(C)(3)	12,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN COUNTY OPPORTUNITY COMPANY INC 360 MAIN ST HAMLIN, WV 25523	55-0484660	501(C)(3)	12,500				PROJECT SUPPORT AND OTHER SERVICES
KEIKI TO KUPUNA FOUNDATION 94-252 PUPUOLE STREET WAIPAHU, HI 96797	46-1925372	501(C)(3)	12,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUILFORD INTERFAITH VOLUNTEERS 310 STATE STREET GUILFORD, CT 06437	06-1139541	501(C)(3)	12,500				PROJECT SUPPORT AND OTHER SERVICES
ENUMCLAW SENIOR CENTER 1350 COLE STREET ENUMCLAW, WA 98022	91-1358596	501(C)(3)	12,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST HUMAN RESOURCE AGENCY 1527 WHITE AVENUE HENDERSON, TN 38340	62-6050783	501(C)(3)	12,500				PROJECT SUPPORT AND OTHER SERVICES
RUSSIAN AMERICAN COMMUNITY SERVICES ASSOCIATION OF SAN FRANCISCO 300 ANZA STREET SAN FRANCISCO, CA 94118	94-2515360	501(C)(3)	12,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR CONNECT PO BOX 1225 KAUFMAN, TX 75142	75-1701390	501(C)(3)	12,500				PROJECT SUPPORT AND OTHER SERVICES
MILFORD SENIOR CENTER MILFORD COUNCIL ON AGING 9 JEPSON DR MILFORD, CT 06460	06-0863519	501(C)(3)	12,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SOUP KITCHEN 8645 BOYNTON BEACH BLVD BOYNTON BEACH, FL 33472	59-2628415	501(C)(3)	12,500				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF HANCOCK COUNTY 1133 W MAIN ST GREENFIELD, IN 46140	35-2117913	501(C)(3)	12,128				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGANY COUNTY OFFICE FOR THE AGING 6085 ST RT 19N BELMONT, NY 14813	16-6002554	501(C)(3)	12,000				PROJECT SUPPORT AND OTHER SERVICES
NORWALK SENIOR CENTER - MEALS ON WHEELS 11 ALLEN ROAD NORWALK, CT 06851	23-7121169	501(C)(3)	12,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMPSON SENIOR CENTER 99 SENIOR LANE WOODSTOCK, VT 05091	03-0295419	501(C)(3)	12,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF POLK COUNTY 620 6TH ST NW WINTER HAVEN, FL 33881	59-1427004	501(C)(3)	12,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARK COMMUNITY RESOURCE CENTER PO BOX 224 KINGSTON SPRINGS, TN 37082	06-1640635	501(C)(3)	12,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF MAHONING COUNTY INC 1840 MARKET STREET YOUNGSTOWN, OH 44507	34-1281564	501(C)(3)	11,937				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAPLE KNOLL OUTREACH SERVICES FOR SENIORS 11275 SPRINGFIELD PIKE CINCINNATI, OH 45246	31-0544277	501(C)(3)	11,915				PROJECT SUPPORT AND OTHER SERVICES
ECHO MEALS ON WHEELS WEST 4600 WEST GENESEE STREET SYRACUSE, NY 13219	16-1056063	501(C)(3)	11,875				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHBURN COUNTY UNIT ON AGING 850 W BEAVERBROOK ROAD SPOONER, WI 54801	39-6005753	501(C)(3)	11,748				PROJECT SUPPORT AND OTHER SERVICES
RIVER WOODS SENIOR LIVING 15 RIDGECREST CIRCLE LEWISBURG, PA 17837	52-1862677	501(C)(3)	11,600				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN OAKLAND MEALS ON WHEELS 9525 EAST HIGHLAND ROAD HOWELL, MI 48843	38-2423943	501(C)(3)	11,575				PROJECT SUPPORT AND OTHER SERVICES
LIVINGSTON COUNTY SENIOR NUTRITION PROGRAM 9525 E HIGHLAND ROAD HOWELL, MI 48843	38-2423943	501(C)(3)	11,575				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLERMONT SENIOR SERVICES INC 2085 JAMES E SAULS SR DRIVE BATAVIA, OH 45103	31-0832354	501(C)(3)	11,518				PROJECT SUPPORT AND OTHER SERVICES
WESTLAKE MEALS ON WHEELS 2239 DOVER CENTER ROAD WESTLAKE, OH 44145	81-3904491	501(C)(3)	11,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF LAPORTE COUNTY 301 E 8TH STREET SUITE 110 MICHIGAN CITY, IN 46360	35-1314352	501(C)(3)	11,419				PROJECT SUPPORT AND OTHER SERVICES
AREAWIDE AGING AGENCY 4101 PERIMETER CENTER DRIVE OKLAHOMA CITY, OK 73112	73-0960311	501(C)(3)	11,400				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-EAST COMMUNITY ACTION AGENCY PO BOX 790 KINGSTON, TN 37763	62-0725458	501(C)(3)	11,030				PROJECT SUPPORT AND OTHER SERVICES
BOND COUNTY SENIOR CENTER 1001 E HARRIS AVE GREENVILLE, IL 62246	37-1013068	501(C)(3)	10,463				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP OF CENTRAL ILLINOIS 1800 FIFTH STREET LINCOLN, IL 62656	37-0895679	501(C)(3)	10,463				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF NORMAN PO BOX 1371 NORMAN, OK 73070	73-0931924	501(C)(3)	10,141				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY VIEW HOSPITAL 1906 BLAKE AVENUE GLENWOOD SPRINGS, CO 81601	73-1664673	501(C)(3)	10,121				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF LOVELAND AND BERTHOUD 437 N GARFIELD AVE LOVELAND, CO 80537	84-0583386	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF BENNINGTON COUNTY 124 PLEASANT ST BENNINGTON, VT 05201	03-0343945	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES
CCHAP--COLLABORATION STATION 4614 PROSPECT AVENUE EAST CLEVELAND, OH 44103	02-0574567	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SSM HEALTH AT HOME - MEALS ON WHEELS 2802 WALTON COMMONS LANE MADISON, WI 53718	39-1839309	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF ALAMEDA COUNTY 1721 BROADWAY OAKLAND, CA 94612	94-2651065	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STERLING SENIOR CENTER 34453 STERLING HIGHWAY STERLING, AK 99672	94-3100045	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES
LUMBER RIVER COUNCIL OF GOVERNMENTS 30 CJ WALKER ROAD PEMBROKE, NC 28372	56-0985258	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMDEN COUNTY DIVISION OF SENIOR & DISABLED CITIZEN SERVICES 512 LAKELAND ROAD BLACKWOOD, NJ 08012	21-6000504	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES
VAN BUREN COUNTY AGING PROGRAM 311 YELLOWJACKET LANE CLINTON, AR 72031	71-0693353	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BINGHAM COUNTY SENIOR CITIZEN CENTER INC 20 EAST PACIFIC STREET BLACKFOOT, ID 83221	82-0291797	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES
NORTHEAST GEORGIA REGIONAL COMMISSION - AREA AGENCY ON AGING 305 RESEARCH DR WATKINSVILLE, GA 30605	59-0902860	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAMSBURG AREA MEALS ON WHEELS 1769 JAMESTOWN ROAD WILLIAMSBURG, VA 23185	54-0952118	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES
BOYERTOWN AREA MULTI-SERVICE INC 200 WEST SPRING ST BOYERTOWN, PA 19512	23-7289405	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGING BEST 1121 BUSINESS LOOP 70 EAST COLUMBIA, MO 65201	43-1015163	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES
COASTLINE ELDERLY SERVICES 1646 PURCHASE STREET NEW BEDFORD, MA 02740	04-2622121	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-COUNTY COMMUNITY ACTION AGENCY INC 1015 DISPATCHERS WAY LAGRANGE, KY 40031	61-0856637	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES
EPHRATA AREA SOCIAL SERVICES 227 NORTH STATE STREET EPHRATA, PA 17522	23-1857457	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMEDA COUNTY AREA AGENCY ON AGING 6955 FOOTHILL BOULEVARD OAKLAND, CA 94605	11-1111111	N/A	10,000				PROJECT SUPPORT AND OTHER SERVICES
EAST ARKANSAS AREA AGENCY ON AGING INC PO BOX 5035 JONESBORO, AR 72403	71-0508299	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIORCARE EXPERTS 145 THIERMAN LANE LOUISVILLE, KY 40207	61-0860265	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES
CATHOLIC YOUTH ASSOCIATION OF PITTSBURGH INC 286 MAIN STREET PITTSBURGH, PA 15201	25-0984596	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELBY COUNTY OUTREACH MINISTRIES INC MEALS ON WHEELS PO BOX 1029 CENTER, TX 75935	75-2710921	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES
KLAMATH BASIN SENIOR CITIZENS' CENTER INC 2045 ARTHUR STREET PO BOX JE KLAMATH FALLS, OR 97602	46-0716639	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSSIER COUNCIL ON AGING 706 BEARKAT DRIVE BOSSIER CITY, LA 71111	72-0822231	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES
SEICAA MEALS ON WHEELS 641 N 8TH AVE POCATELLO, ID 83201	82-0290341	501(C)(3)	10,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF DELAWARE 100 WEST 10TH STREET SUITE 207 WILMINGTON, DE 19801	51-0355145	501(C)(3)	9,783				PROJECT SUPPORT AND OTHER SERVICES
VALDEZ SENIOR CENTER 1300 E HANAGITA VALDEZ, AK 99686	92-0082275	501(C)(3)	9,587				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WEST HILLS - MEALS ON WHEELS 1205 RIDGE AVENUE CORAOPOLIS, PA 15108	81-2355167	501(C)(3)	9,549				PROJECT SUPPORT AND OTHER SERVICES
CSRA REGIONAL COMMISSION AREA AGENCY ON AGING 3626 WALTON WAY EXTENSION AUGUSTA, GA 30909	58-0899839	501(C)(3)	9,299				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAYETTEVILLE SENIOR ACTIVITY & WELLNESS CENTER 945 S COLLEGE AVE FAYETTEVILLE, AR 72701	71-0521887	501(C)(3)	9,193				PROJECT SUPPORT AND OTHER SERVICES
ROUTT COUNTY COUNCIL ON AGING PO BOX 770207 STEAMBOAT SPRINGS, CO 80477	84-0678596	501(C)(3)	9,080				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FIVE CITIES MEALS ON WHEELS PO BOX 156 PISMO BEACH, CA 93448	95-2932124	501(C)(3)	9,073				PROJECT SUPPORT AND OTHER SERVICES
LAKEWOOD MEALS ON WHEELS 5510 CLARK AVE LAKEWOOD, CA 90712	95-2929207	501(C)(3)	9,073				PROJECT SUPPORT AND OTHER SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEWIS COUNTY SENIOR CITIZENS CENTER INC 171 W 2ND ST WESTON, WV 26452	55-0524706	501(C)(3)	9,000				PROJECT SUPPORT AND OTHER SERVICES
APPALACHIAN AGENCY FOR SENIOR CITIZENS PO BOX 765 CEDAR BLUFF, VA 24609	54-0990533	501(C)(3)	8,919				PROJECT SUPPORT AND OTHER SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS NIAGARA FALLS 1920 18TH STREET NIAGARA FALLS, NY 14305	16-1265460	501(C)(3)	8,784				PROJECT SUPPORT AND OTHER SERVICES
SENIOR SERVICES OF SOUTHEASTERN VIRGINIA 6350 CENTER DR BLDG 5 STE 101 NORFOLK, VA 23502	54-6069786	501(C)(3)	8,573				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD STE 1006 NEWPORT NEWS, VA 23606	51-0151069	501(C)(3)	8,558				PROJECT SUPPORT AND OTHER SERVICES
BLUE LEDGE INC PO BOX 1332 AMHERST, VA 24521	71-1020696	501(C)(3)	8,558				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS J RILEY SENIOR CENTER 100 MADISON AVENUE WESTWOOD, NJ 07675	22-3179212	501(C)(3)	8,500				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS MASON & THURSTON COUNTIES 222 COLUMBIA ST NW OLYMPIA, WA 98501	91-0907573	501(C)(3)	8,341				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISHES AND LOAVES COOPERATIVE MINISTRIES 5115 SECOND AVENUE PITTSBURGH, PA 15207	90-0681840	501(C)(3)	8,274				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF CHEYENNE 2015 SOUTH GREELEY HIGHWAY CHEYENNE, WY 82007	83-0211345	501(C)(3)	8,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUNN COUNTY NUTRITION PROGRAM 3001 STATE HWY 12 EAST MENOMONIE, WI 54751	39-1540586	501(C)(3)	8,000				PROJECT SUPPORT AND OTHER SERVICES
ALEXANDER CITY MEALS ON WHEELS 3316 HWY 280 ALEXANDER CITY, AL 35010	63-0991476	501(C)(3)	8,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GILA RIVER INDIAN COMMUNITY ELDERLY NUTRITION PROGRAM PO BOX 956 SACATON, AZ 85147	86-0107023	501(C)(3)	7,783				PROJECT SUPPORT AND OTHER SERVICES
PRESCOTT MEALS ON WHEELS 1280 E ROSSER STREET PRESCOTT, AZ 86301	86-0417621	501(C)(3)	7,783				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF GREATER HYDE PARK INC 1 CHURCH STREET HYDE PARK, NY 12538	14-1585991	501(C)(3)	7,567				PROJECT SUPPORT AND OTHER SERVICES
CHESTNUT HILL MEALS ON WHEELS 1710 BETHLEHEM PIKE FLOURTOWN, PA 19031	26-4192537	501(C)(3)	7,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF NORTHERN VIRGINIA PO BOX 40203 ARLINGTON, VA 22204	52-1344727	501(C)(3)	7,500				PROJECT SUPPORT AND OTHER SERVICES
GARRETT COUNTY COMMUNITY ACTION COMMITTEE INC 104 E CENTER ST OAKLAND, MD 21550	52-0820662	501(C)(3)	7,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENTRY COUNTY SENIOR CENTER INC 219 NORTH HIGH STREET STANBERRY, MO 64489	43-1092074	501(C)(3)	7,500				PROJECT SUPPORT AND OTHER SERVICES
COASTAL SENIORS PO BOX 437 POINT ARENA, CA 95468	95-4680437	501(C)(3)	7,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER 900 WHITING DR YANKTON, SD 57078	46-0309709	501(C)(3)	7,500				PROJECT SUPPORT AND OTHER SERVICES
PLOWSHARES PEACE AND JUSTICE CENTER 1346 SOUTH STATE STREET UKIAH, CA 95482	68-0218781	501(C)(3)	7,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCK PORT SENIOR CENTER ASSOCIATES 505 SOUTH COUNTRY CLUB DR ROCK PORT, MO 64482	43-1267974	501(C)(3)	7,500				PROJECT SUPPORT AND OTHER SERVICES
PLATTE SENIOR SERVICES INC 11724 NW PLAZA CIRCLE KANSAS CITY, MO 64153	43-1255220	501(C)(3)	7,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHNS COUNTY COUNCIL ON AGING INC 180 MARINE STREET ST AUGUSTINE, FL 32084	59-1525829	501(C)(3)	7,495				PROJECT SUPPORT AND OTHER SERVICES
KINSHIP CENTER 921 S CARROLLTON AVE NEW ORLEANS, LA 70118	94-2971761	501(C)(3)	7,296				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASCOUTAH SENIOR SERVICES PROGRAM 227 NORTH MARKET ST MASCOUTAH, IL 62258	37-1009479	501(C)(3)	7,163				PROJECT SUPPORT AND OTHER SERVICES
MACOMB COMMUNITY ACTION 21885 DUNHAM ROAD SUITE 6 CLINTON TOWNSHIP, MI 48036	11-1111111	N/A	7,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS NEMAHA COUNTY 607 NEMAHA STREET SENECA, KS 66538	11-1111111	N/A	7,000				PROJECT SUPPORT AND OTHER SERVICES
HARRISON COUNTY COUNCIL ON AGING 1316 S 25TH ST BETHANY, MO 64424	43-0921944	501(C)(3)	6,963				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF LEE'S SUMMIT PO BOX 1393 LEES SUMMIT, MO 64063	43-1886433	501(C)(3)	6,926				PROJECT SUPPORT AND OTHER SERVICES
JEWISH SOCIAL SERVICE AGENCY MOW 6123 MONTROSE ROAD ROCKVILLE, MD 20852	53-0196598	501(C)(3)	6,800				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLDOTNA AREA SENIOR CITIZENS INC 197 W PARK AVE SOLDOTNA, AK 99669	92-0116416	501(C)(3)	6,690				PROJECT SUPPORT AND OTHER SERVICES
DUNKIRK-FREDONIA MEALS ON WHEELS 196 NEWTON STREET FREDONIA, NY 14063	16-1188087	501(C)(3)	6,675				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHENANGO VALLEY MEALS ON WHEELS INC 396 BUHL BLVD SHARON, PA 16146	26-4065859	501(C)(3)	6,549				PROJECT SUPPORT AND OTHER SERVICES
GOLDEN CONNECTIONS COMMUNITY CENTER 20-C GOTHAM PLACE RED LION, PA 17356	23-2289794	501(C)(3)	6,549				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOUGLAS COUNTY SENIOR SERVICES 1036 SE DOUGLAS AVE ROOM 221 ROSEBURG, OR 97470	48-0802260	501(C)(3)	6,536				PROJECT SUPPORT AND OTHER SERVICES
LASSEN SENIOR SERVICES INC 1700 SUNKIST DR SUSANVILLE, CA 96130	94-2833250	501(C)(3)	6,500				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS ROCKINGHAM COUNTY PO BOX 1915 REIDSVILLE, NC 27323	56-1480312	501(C)(3)	6,256				PROJECT SUPPORT AND OTHER SERVICES
VALLEY PROGRAM FOR AGING SERVICES INC PO BOX 817 WAYNESBORO, VA 22980	54-0958526	501(C)(3)	6,194				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINTON COUNTY SENIOR SERVICES 630 8TH STREET CARLYLE, IL 62231	37-1053881	501(C)(3)	6,000				PROJECT SUPPORT AND OTHER SERVICES
SULLIVAN COUNTY MULTI-PURPOSE SENIOR CENTER 111 N MARKET STREET MILAN, MO 63556	43-1210881	501(C)(3)	6,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORGANTOWN AREA MEALS ON WHEELS INC 3375 UNIVERSITY AVE MORGANTOWN, WV 26505	55-0536022	501(C)(3)	6,000				PROJECT SUPPORT AND OTHER SERVICES
THE COUNCIL OF SENIOR CITIZENS OF GILMER COUNTY 720 NORTH LEWIS STREET GLENVILLE, WV 26351	55-0537612	501(C)(3)	6,000				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TABITHA MEALS ON WHEELS 4720 RANDOLPH ST LINCOLN, NE 68510	47-0377998	501(C)(3)	5,939				PROJECT SUPPORT AND OTHER SERVICES
NORTH BOROUGHGS - SEWICKLEY AREA MEALS ON WHEELS 28 PITTSBURGH STREET EMSWORTH, PA 15202	27-0254773	501(C)(3)	5,600				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF WESTERN BROOME 705 WEST MAIN ST ENDICOTT, NY 13760	16-0975652	501(C)(3)	5,567				PROJECT SUPPORT AND OTHER SERVICES
MEALS ON WHEELS OF GREATER LAFAYETTE 2000 ELMWOOD AVENUE LAFAYETTE, IN 47904	35-1607101	501(C)(3)	5,337				PROJECT SUPPORT AND OTHER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HALE COUNTY MEALS ON WHEELS INC 401 MESA CIRCLE PLAINVIEW, TX 79072	52-1705453	501(C)(3)	5,149				PROJECT SUPPORT AND OTHER SERVICES

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization MEALS ON WHEELS AMERICA		Employer identification number 23-7447812

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

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 are not listed on Form 990, Part VII.

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 7	DURING THE YEAR ENDED DECEMBER 31, 2020, THE PRESIDENT AND CEO RECEIVED A DISCRETIONARY BONUS AS APPROVED BY THE BOARD OF DIRECTORS. ALL OTHER OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES RECEIVED A DISCRETIONARY BONUS AS APPROVED BY THE PRESIDENT AND CEO, AND ENDORSED BY THE BOARD OF DIRECTORS.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MEALS ON WHEELS AMERICA

Employer identification number
23-7447812

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		85,417	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	19	57,341	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>GIFT CARDS</u>)	X	1	590,000	FMV
OFFICE	X	1	3,000	FMV
26 Other ► (<u>EQUIPMENT</u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

29

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

30a

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

30a

Yes

No

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

Yes

32a

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

32a

No

b

If "Yes," describe in Part II.

33

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

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

Cat. No. 51227J

Schedule M (Form 990) (2020)

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

Return Reference	Explanation
PART I, COLUMN (B):	THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
MEALS ON WHEELS AMERICA

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

23-7447812

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION CONSISTING OF GENERAL MEMBERSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS' OFFICERS OF THE ORGANIZATION ARE ELECTED BY ITS GENERAL MEMBERS EVERY TWO YEARS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	GENERAL MEMBERS OF THE ORGANIZATION HAVE AUTHORITY TO AMEND OR REPEAL THE BYLAWS, AND APPOINT OR REMOVE MEMBERS OF THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>THE ORGANIZATION'S DRAFT OF IRS FORM 990 UNDERGOES A NUMBER OF INTERNAL AND EXTERNAL REVIEWS BEFORE IT IS FILED WITH THE IRS. IT IS PREPARED BY THE SENIOR DIRECTOR OF FINANCE AND THEN REVIEWED BY THE CHIEF FINANCIAL AND OPERATIONS OFFICER AND THE PRESIDENT AND CEO BEFORE PRESENTATION TO THE AUDIT COMMITTEE. THE FINAL DRAFT OF THE FORM 990 IS THEN PROVIDED TO THE AUDIT COMMITTEE AT LEAST THREE BUSINESS DAYS PRIOR TO AN AUDIT COMMITTEE MEETING WHERE IT IS PRESENTED BY MANAGEMENT AND THEN REVIEWED BY THE ORGANIZATION'S INDEPENDENT AUDITORS FOR ACCEPTANCE BY THE COMMITTEE. ONCE ACCEPTED BY THE AUDIT COMMITTEE, COPIES OF THE FULL FORM 990 ARE MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR A REVIEW AND COMMENT PERIOD OF NO LESS THAN THREE BUSINESS DAYS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD OF DIRECTORS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND SUBMIT A DISCLOSURE STATEMENT AT THE BOARD OF DIRECTORS MEETING HELD IN AUGUST OR SEPTEMBER OF EACH YEAR. IT IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS TO BRING ANY CONFLICTS UP AS THEY ARISE. THE ORGANIZATION REGULARLY AND CONSISTENTLY REQUIRES BOARD MEMBERS TO RECUSE THEMSELVES FROM PARTICIPATING IN ANY MATTER IN WHICH THEY HAVE A PERSONAL INTEREST. THIS IS REQUIRED IN THE ORGANIZATION'S BYLAWS. FURTHER, THE ORGANIZATION HAS A COMPLIANCE OFFICER TO OVERSEE COMPLIANCE WITH CONFLICT OF INTEREST AND OTHER ORGANIZATIONAL POLICIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT AND CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS, DURING EXECUTIVE SESSION OF A REGULARLY SCHEDULED MEETING, USING BENCHMARKING DATA FROM A PRIOR YEAR, INDEPENDENTLY PREPARED COMPENSATION STUDY AND INFORMAL SURVEYS OF SIMILAR ORGANIZATIONS. COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT AND CEO USING INDEPENDENTLY PREPARED COMPENSATION SURVEYS AND BASED ON AN OVERALL COMPENSATION PHILOSOPHY REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILAB LE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE, OR UPON REQUEST.