

Meals on Wheels Montgomery County 111 S 2nd street Conroe, TX 77301 Attention: Summer Day

Dear Summer:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

It is understood that you have provided us with basic information required for preparation of these returns. The tax laws provide that the obligation of a preparer is based only on information or which the preparer has knowledge. Accordingly, the completeness and accuracy of the information you provide us remains your responsibility. You have final and full responsibility for the income tax returns and therefore should review them carefully before signing. You must retain the documentation that supports the filed returns.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we are available upon request to assist you in responding to tax authorities. Please contact us as soon as you receive notice of an examination if you wish to employ our services.

Very truly yours,

de 9.00

Andrew Gray

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

September 30, 2023

Pre	рa	rec	١F	or	:
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Meals on Wheels Montgomery County 111 S 2nd street Conroe, TX 77301

Prepared By:

CROWE LLP 485 LEXINGTON AVENUE, FLOOR 11 NEW YORK, NY 10017-2619

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by February 15, 2024

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning $OCT 1$, 2022, and ending $SEP 30$, 20	${ t OCT 1}$, 2022, and ending ${ t SEP 30}$, 20 ${ t 2.2}$
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Int Na

Do not send to the IRS. Keep for your records.

Internal F	Revenue Service		Go to www.irs.gov/Form8	3879TE for the latest information	ո.		
Name o					II.	IN or SSN	
			MONTGOMERY CO	UNTY		23-7310	0650
Name a	nd title of officer or p	erson subject to tax	SUMMER DAY EXECUTIVE DIR	ECMOD			
Part	Type of	Return and Ret	urn Information	ECTOR			
				and enter the applicable amount, i	f any from t	the return. Fo	rm 8038-CP and
Form 5 or 10a	5330 filers may ente below, and the am	er dollars and cents. ount on that line for	For all other forms, enter with return being filed with	whole dollars only. If you check the this form was blank, then leave lin the return, then enter -0- on the a	box on line e 1b, 2b, 3 l	e 1a, 2a, 3a, 4 b, 4b, 5b, 6b,	4a, 5a, 6a, 7a, 8a, 9a, , 7b, 8b, 9b, or 10b,
	ne line in Part I.	marik (do not enter -o	-). But, if you efficied -0- of	i the return, their enter-o- on the a	ipplicable III	ie below. Do	not complete more
1a	Form 990 check	here X	b Total revenue, if any	(Form 990, Part VIII, column (A), li	ne 12)	1b	3,544,762.
2a	Form 990-EZ ch			(Form 990-EZ, line 9)			
3a	Form 1120-POL	check here		-POL, line 22)			
4a	Form 990-PF che	eck here		ment income (Form 990-PF, Part			
5a	Form 8868 check	chere	b Balance due (Form 8	868, line 3c)			
6a	Form 990-T chec	ck here		, Part III, line 4)			
7a	Form 4720 check	chere		, Part III, line 1)			
8a	Form 5227 check	k here		d of tax year (Form 5227, Item D)			
9a	Form 5330 check	k here	b Tax due (Form 5330,	Part II, line 19)			
10a	Form 8038-CP c			ment requested (Form 8038-CP		e 22) 10h	b
Part		<u>-</u>		Officer or Person Subject			
Under				ve entity or I am a person su , (EIN)			
financi later th payme person	al institution to deb nan 2 business days ent of taxes to recei	it the entry to this ac s prior to the paymer ve confidential inforr mber (PIN) as my sig	ccount. To revoke a payme nt (settlement) date. I also a nation necessary to answe	software for payment of the federant, I must contact the U.S. Treasuauthorize the financial institutions r inquiries and resolve issues relaturn and, if applicable, the conser	iry Financial involved in t ed to the pa it to electror	Agent at 1-88 the processing ayment. I have nic funds with	38-353-4537 no g of the electronic e selected a
	radinonze <u>Cr</u>	COME EEE	ERO firm na				nter five numbers, but
			LITO IIIIII II II	inc			do not enter all zeros
	with a state age on the return's As an officer or return. If I have	ency(ies) regulating or disclosure consent s person subject to ta indicated within this	charities as part of the IRS I screen. Ix with respect to the entity	. If I have indicated within this retured/State program, I also authorize, I will enter my PIN as my signature is being filed with a state agalosure consent screen.	e the aforen ure on the ta	nentioned ER	O to enter my PIN electronically filed
Signature	e of officer or person subjectifics	ect to tax ation and Authe	ntication			Date	
	-	-	ic filing identification	139997	35002	7	
numbe	er (EFIN) followed by	y your five-digit self-s	selected PIN.	Do not enter			
submit				n the 2022 electronically filed return B, Modernized e-File (MeF) Informa	rn indicated		
ERO's s	signature ANI	REW GRAY		Date	03/1	8/24	
			EDO Must Datain Thi	is Form - See Instructions			
				is Form - See instructions ne IRS Unless Requested			
	For Privacy Act on		ction Act Notice, see instr		10 00 30		orm 8879-TE (2022)

202521 12-16-22

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print MEALS ON WHEELS MONTGOMERY COUNTY 23-7310650 File by the Number, street, and room or suite no. If a P.O. box, see instructions. 111 S 2ND STREET filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions CONROE, TX 77301 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) TU DUONG The books are in the care of ► 111 S 2ND STREET - CONROE, TX 77301 Telephone No. ► 281-748-3888 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box
and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until AUGUST 15, 2024 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning OCT 1, 2022 , and ending SEP 30, 2023 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

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

Form 8868 (Rev. 1-2022)

instructions

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A</u>	For the	2022 calendar year, or tax year beginning OCT 1, 2022 and e	ending S	EP 30, 2023						
В	Check if applicable	C Name of organization		D Employer identific	cation number					
	Addres change									
	Name change Initial	Doing business as	23-73106							
	return Final return/	111 S 2ND STREET	Room/suite	E Telephone number 936-756-						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,265,983.					
	Amend return	CONROE, IX //301		H(a) Is this a group re	eturn					
	Application			for subordinates	? Yes X No					
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No										
<u>I</u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions					
	Websit			H(c) Group exemptio						
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1973 N	1 State of legal domicile: $\mathbf{T}\mathbf{X}$					
Р	art I	Summary	DDI 117							
g	ָן 1	Briefly describe the organization's mission or most significant activities: HOME -								
2	<u>{</u>	TRANSPORTATION FOR THE HOMEBOUND ELDERLY C			· · · · · · · · · · · · · · · · · · ·					
Activities & Governance		Check this box if the organization discontinued its operations or dispose			sets.					
Š	3			3	11					
ď	2 4 5 5	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a)			54					
į	g 5 ≧ 6	Total number of individuals employed in calendar year 2022 (Fart v, line 2a) Total number of volunteers (estimate if necessary)			1031					
	72	Total number of Volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.					
۷	ا ا	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
_	<u> </u>			Prior Year	Current Year					
Revenue	. 8	Contributions and grants (Part VIII, line 1h)		3,322,230.	3,118,672.					
	9	Program service revenue (Part VIII, line 2g)		10,828.	12,147.					
9	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,302.	62,265.					
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		155,089.	350,894.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,501,449.	3,543,978.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		468,103.	534,016.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ų	្ត 15 ខ្	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,830,257.	2,033,330.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
2	<u>}</u> b	Total fundraising expenses (Part IX, column (D), line 25) 446, 25	9.							
Ц	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,222,767.	1,184,736.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,521,127.	3,752,082.					
_	19	Revenue less expenses. Subtract line 18 from line 12		-19,678.	-208,104.					
Net Assets or	nces		Ве	ginning of Current Year	End of Year					
sset	면 20	Total assets (Part X, line 16)		4,525,331.	4,398,557.					
et A	변 21 :	Total liabilities (Part X, line 26)		371,401. 4,153,930.	442,686. 3,955,871.					
F	∄ 22 Part II	Net assets or fund balances. Subtract line 21 from line 20		4,133,930.	3,955,071.					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and etateme	ante and to the heet of my	knowledge and helief it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			knowledge and belief, it is					
tru	0, 001100	t, and complete. Declaration of proparer (ether than emech) is based on an information of which	στι ρι οραι σι	nas any knowledge.						
Sig	nn	Signature of officer		Date						
He		SUMMER DAY, EXECUTIVE DIRECTOR								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Paid ANDREW GRAY ANDREW GRAY 03/18/24 self-employed P0151										
Pre	eparer	Firm's name CROWE LLP			5-0921680					
Us	e Only	Firm's address 5810 TENNYSON PARKWAY, SUITE 450								
_		PLANO, TX 75024-4112		Phone no. 21	4-777-5200					
Ma	ay the IF	S discuss this return with the preparer shown above? See instructions			X Yes No					
					- 000 (2222)					

Page 2

Pal	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO FOSTER THE INDEPENDENCE AND DIGNITY OF HOMEBOUND SENIORS IN
	MONTGOMERY COUNTY BY PROVIDING THEM WITH NUTRITIOUS MEALS,
	TRANSPORTATION, AND CARING CONNECTIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,702,270 . including grants of \$534,016 .) (Revenue \$3,463 .)
	MEALS ON WHEELS
	OUR MEALS ON WHEELS PROGRAM PROVIDES A NUTRITIOUS WEEKDAY MEALS
	PROVIDED TO 1,240 HOMEBOUND SENIORS IN MONTGOMERY COUNTY WHO COULD NOT
	OTHERWISE PROVIDE IT FOR THEMSELVES. THE MEAL IS DELIVERED BY A
	FRIENDLY STAFF OR VOLUNTEER WHO PROVIDES THE MUCH NEEDED HUMAN
	CONNECTION AND A SAFETY CHECK TO THIS ISOLATED AND VULNERABLE GROUP.
4b	(Code:) (Expenses \$1,000,521. including grants of \$) (Revenue \$)
	TRANSPORTATION AND SHUTTLE
	SENIOR RIDES PROVIDES APPROXIMATELY 21,060 TRIPS TO 437 TRIPS TO THE
	ELDERLY AND DISABLED POPULATION IN MONTGOMERY COUNTY. THE TRIPS ARE TO
	ESSENTIAL ERRANDS SUCH AS MEDICAL OR SOCIAL TRIPS. WE MAINTAIN
	APPROXIMATELY SIX ADA EQUIPPED VEHICLES AND MAINTAIN A FEDERALLY FUNDED
	CAB VOUCHER PROGRAM TO PROVIDE SERVICES IN MORE RURAL AREAS AND OUTSIDE
	REGULAR BUSINESS HOURS.
	200 425
4c	(Code:) (Expenses \$322,435. including grants of \$) (Revenue \$)
	CONGREGATE MEALS
	FAR GRATOR RELIGIOUS ARE GRATER AND GRATER AND AREA RELIGIOUS AND AREA
	547 SENIOR DINING ARE SERVED AT FOUR (4) LOCATIONS. NUTRITIONISTS PLAN
	THE MENUS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 3,025,226. Form 990 (2022)
	Form 330 (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
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		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		<u> </u>
a	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			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	Х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b				
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

232003 12-13-22

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		_
	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		<u> </u>
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	054		x
00	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Ь
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Confedule C Contains a response of flote to any line in this Fait V		Yes	Na
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	No
		1		
	Enter the Harrist of Forms W 24 monded of mine ta. Enter of mine tappings in			
·	(gambling) winnings to prize winners?	1c	Х	
23200	1 12 12 22			(2022)

Form 990 (2022) MEALS ON WHEELS MONTGOMERY COUNTY

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

2a 54 State the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 54 Statements. Held for the calendar year ending with or within the year covered by this return 2 Statements. 2 Statements. 2 Statements. 2 Statements. 3 St						Yes	No		
the for the calendary year ending with or within the year covered by this return b if all least not is reported on line 22, did the organization file all required idearal employment tax returns? 3	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.	1			100	110		
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "a file of the calendar year, did the organization that was an interest in, or a signature or other authority over, a financial accounts (FBAR). 5ch Was the organization appropriate on that It was or is a party to a prohibitote tax sheller transaction? 5ch Did any taxolization from 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ch Did any taxolization from 900-T for organization that was or is a party to a prohibitote tax sheller transaction? 5ch Did any taxolization state was not tax deductible as charitable contributions. 6ch If Yes, "did the organization that was or is a party to a prohibitote tax sheller transaction? 6ch If Yes," did the organization necessity and the promise of the promise of the organization and party is good and services provided? 7ch Did the organization receives any prime in excess of \$5° naids party is a contribution and party for goods and services provided? 7ch If Yes," did the organization necessity and prime in excess of \$5° naids party is a contribution and party for goods and services provided? 7ch Did the organization services and party must be goods or services provided? 6ch Did the organization services and party and the goods or services provided? 7ch Did the organization services and contribution of cans, software provided? 8ch Did the organization organization from the provided			2a	54					
3a X X 1 1 1 1 1 1 1 1	b			•	2b	х			
b If Yes, "Itasi if lied a Form 980T for this year? If 'No' for lies Sp, provide an explanation on Schedule O 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							Х		
4a A 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 accounts? 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 (FBAF). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party nority the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to time Sao r5b, did the organization the organization the organization than the organization than the organization and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). a bill the organization receive a payment in extress of \$75 made partly as a contribution and partly for goods and services provided to the payer? 7 Organizations that may receive deductible contributions under section 170(c). b If "Yes," indicate the number of Forms 8282 filed during the year 10 bill the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X 7 To X 7 Did the organization receive any premiums, directly or indirectly, on a personal benefit contract? 9 To Identify the organization receive any premiums, directly or indirectly, on a personal benefit contract? 9 To Identify the organization receive any premium in directly or indirectly, on a personal benefit contract? 9 To Identify the organization receive any premium in directly o									
francial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, 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? 5b Did any stackle party notify the organization file Form 88861? 6c If Yes' to line Sa or Sb, did the organization file Form 88861? 6d Does the organization 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? b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Organization services applied to the services of the services provided? 7 Organization and the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1086-07 his the organization have excess business holding as lary time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have accessed and admittation of a donor, donor advisor, or related person? 9 Section 501(c) 17 organizations. Enter: a intiation fees and capital contributions included on Part VIII, line 12 for public us									
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Form **990** (2022) 232005 12-13-22

MEALS ON WHEELS MONTGOMERY COUNTY 23-7310650 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request

Other (explain on Schedule O)

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

State the name, address, and telephone number of the person who possesses the organization's books and records TU DUONG - 281-748-3888

ТX 2ND STREET, CONROE 77301 111 S

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(-1-		Pos	ition	1		Reportable	Reportable	Estimated
	hours per	box	not c , unle:	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a di	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee ee	Suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional	١.	nploy	st con	_	1039-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SUMMER DAY	45.00	_	_			1				
PRESIDENT & CEO				Х				147,635.	0.	12,542.
(2) BILL CROWL	1.00									
DIRECTOR		Х						0.	0.	0.
(3) RANDY COUNCILL	1.00									
LEGAL COUNCIL		Х		Х				0.	0.	0.
(4) CHRISTOPHER JOHNSON	1.00									
FINANCE		Х		Х				0.	0.	0.
(5) HEIDI LEGENDRE	1.00									
GOVERNANCE/SECRETARY		Х		Х				0.	0.	0.
(6) J.B. CHEATHAM	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JACCI KILGORE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JASON MILLER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JUSTUS CORLEY	1.00									
DIRECTOR	1	Х						0.	0.	0.
(10) KIM PHILLIPS	1.00									
DIRECTOR	1	Х						0.	0.	0.
(11) RANDY COUNCILL	1.00									
CHAIRMAN	1 00	X		Х				0.	0.	0.
(12) STEVE PILGRIM	1.00								•	•
DIRECTOR		Х				_		0.	0.	0.
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Par	T VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			_ (0	•			(D)	(E)			(F)	
	Name and title	Average	(do		Posi heck i		າ than ເ	one	Reportable	Reportable		E	stimate	∍d
		hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensatio		ar	nount	
		week (list any					1	<u> </u>	from	from related			other	
		hours for	Individual trustee or director						the organization	organization (W-2/1099-MIS		l	npensa rom th	
		related	eord	tee			sated		(W-2/1099-MISC/	1099-NEC)		l .	janizat	
		organizations	ruste	ll trus		ee (ee	mpen		1099-NEC)	1099-1120)		ı `	d relat	
		below	dualt	Institutional trustee	<u>.</u>	Key employee	st co	ы				l	anizati	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Бm						
									147 625		$\overline{}$	1	<u> </u>	4.0
	Subtotal								147,635.		0.	<u> </u>	2,5	
	Total from continuation sheets to Part VI								0.		0.	1	<u> </u>	0.
	Total (add lines 1b and 1c)								147,635.			<u> </u>	2,5	44.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	÷			1
	compensation from the organization												Yes	1 No
•	Did the enginetical list on Assurance officer	alia.a.k.ak	1					la : a.			ſ		162	NO
3	Did the organization list any former officer,	•		•	•	•		_		•		3		х
4	line 1a? If "Yes," complete Schedule J for s											3		
4	For any individual listed on line 1a, is the su											4	Х	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											-	25	
3	rendered to the organization? If "Yes," com					,			sa organization or individ	dai ioi seivices		5		х
Sec	tion B. Independent Contractors	piete Scriedule	- 0 1	UI SL	ICII Ļ	JEIS	OII .							
1	Complete this table for your five highest co	mpensated ind	lene	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	oensa	tion fr	om	
-	the organization. Report compensation for	•	•								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(A)				· · ·				(B)			((C)	
	Name and business	address	NO	ONE	C				Description of s	ervices	С	compe	nsatio	n
2	Total number of independent contractors (in	ncluding but no	ot lir	nited	to t	_		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation				()							

Form 990 (2022) MEALS ON WHEELS MONTGOMERY COUNTY

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any lin	e in this Part VIII			
		Chock ii Concade C Contains a respense o	in flote to diffy iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
			015 000				SECTIONS 212 - 214
nts tts	1 :	. •	215,880.				
ir our	I	Membership dues 1b					
S, O	•	Fundraising events1c					
# Z		Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e 2,	306,234.				
Sign	1	All other contributions, gifts, grants, and					
her			596,558.				
즐		Noncash contributions included in lines 1a-1f	24,110.				
Š	i	Total. Add lines 1a-1f		3,118,672.			
0 10	<u> </u>	Total. Add lines 12 11	Business Code	3,223,3723			
	•	CONGREGATE MEALS	624200	6,059.	6,059.		
<u>i</u>			624200	3,963.			
er re		TRANSPORTATION & SHUTT			3,963.		
n S	•	MEALS ON WHEELS	624200	2,125.	2,125.		
ran Sev	•	·					
Program Service Revenue		•					
4	1	All other program service revenue					
		Total. Add lines 2a-2f		12,147.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		61,315.			61,315.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6		()				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	(::\ Oth -:-				
	7 :	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 524,805.					
	ı	Less: cost or other basis					
Revenue		and sales expenses 76 523,855.					
Ver	•	Gain or (loss) 7c 950.					
Re		Net gain or (loss)		950.			950.
her	8 :	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
			547,706.				
			198,150.				
		Net income or (loss) from fundraising events	•	349,556.			349,556.
		Gross income from gaming activities. See		, , , , , ,			,
	•	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	Gross sales of inventory, less returns					
		and allowances10a					
		Less: cost of goods sold10b					
-	(Net income or (loss) from sales of inventory					
ဟ			Business Code	4	4		
o a	11 :	MISCELLANEOUS INCOME	999000	1,338.	1,338.		
Miscellaneous Revenue	ı						
e e	(:					
lisc B		All other revenue					
2	_ (Total. Add lines 11a-11d		1,338.			
	12	Total revenue. See instructions		3,543,978.	13,485.	0.	411,821.

Form 990 (2022) MEALS ON WHEELS MONTGOMERY COUNTY Part IX Statement of Functional Expenses

Tare in Carte in Cart										
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, Total expenses Program service Management and Fundraising										

	Check if Schedule O contains a response or note to any line in this Part IX						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) 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						
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	534,016.	534,016.				
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4 5	Benefits paid to or for members						
5		179,182.	128,339.	20,148.	30,695.		
6	trustees, and key employees Compensation not included above to disqualified	173/1021	120,3331	20,1101	30,0331		
Ū	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	1,499,260.	1,073,845.	168,580.	256,835.		
8	Pension plan accruals and contributions (include				_		
	section 401(k) and 403(b) employer contributions)	13,782. 184,193.	9,871.	1,550. 20,624.	2,361. 32,542.		
9	Other employee benefits	184,193.	131,027.	20,624.	32,542.		
10	Payroll taxes	156,913.	112,389.	17,644.	26,880.		
11	Fees for services (nonemployees):						
а	Management						
b	Legal	01 705		01 505			
С	3	21,725.		21,725.			
d	Lobbying						
e	, F	5,339.		5,339.			
f	Other. (If line 11g amount exceeds 10% of line 25,	3,339.		3,339.			
g	column (A), amount, list line 11g expenses on Sch 0.)	283,592.	255,695.		27 897.		
12	Advertising and promotion	19,141.	11,216.	1,264.	27,897. 6,661.		
13	Office expenses	124,803.	115,597.	2,903.	6,303.		
14	Information technology	,	,	,	<u>, </u>		
15	Royalties						
16	Occupancy						
17	Travel						
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	44 868		0.700	1 400		
19	Conferences, conventions, and meetings	11,767.	7,579.	2,780.	1,408.		
20	Interest						
21	Payments to affiliates	117,275.	105,639.	4,960.	6,676.		
22 23		125,468.	113,860.	4,163.	7,445.		
23 24	Other expenses. Itemize expenses not covered	123, 100	113,000	±,103•	1,443.		
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),						
	amount, list line 24e expenses on Schedule 0.)	100 501	100 570	2 == 2	F 004		
		196,761.	188,678.	2,752.	5,331.		
		136,790.	135,311.	/ E20	1,479.		
C	UTILITIES TN_KIND FOULDMENT AND S	42,370.	29,600.	4,530.	8,240.		
d	IN-KIND EQUIPMENT AND S	24,110. 75,595.	24,110. 48,454.	1,635.	25,506.		
	All other expenses Total functional expenses. Add lines 1 through 24e	3,752,082.	3,025,226.	280,597.	446,259.		
<u>25</u> 26	Joint costs. Complete this line only if the organization	3,132,002.	3,023,220•	200,3574	440,4JJ•		
20	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						
			I	L.	5 990 (2222)		

Form 990 (2022)

Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or note to	o any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,233,753.	1	991,948
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			331,002.	4	324,706
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substant	tial c	ontributor, or 35%			
		controlled entity or family member of any of these p	oersc	ons		5	
	6	Loans and other receivables from other disqualified	d pers				
		under section 4958(f)(1)), and persons described in	sect	ion 4958(c)(3)(B)		6	
ပ္ပ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9				13,779.	9	20,605
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	I0a	2,909,070.			
	b	Less: accumulated depreciation	10b	1,170,347.	1,662,994.	10c	1,738,723 1,322,575
	11	Investments - publicly traded securities			1,283,803.	11	1,322,575
	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				15	
	16	Total assets. Add lines 1 through 15 (must equal li			4,525,331.	16	4,398,557
	17	Accounts payable and accrued expenses			152,103.	17	177,922
	18	Grants payable		1		18	
	19	Deferred revenue			219,298.	19	264,764
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par				21	
ွှ	22	Loans and other payables to any current or former	office	er, director,			
E		trustee, key employee, creator or founder, substan-	tial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these p	oersc	ons		22	
ڏ	23	Secured mortgages and notes payable to unrelated	d thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated th	nird p	parties		24	
	25	Other liabilities (including federal income tax, payab	oles t	o related third			
		parties, and other liabilities not included on lines 17	7-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			371,401.	26	442,686
		Organizations that follow FASB ASC 958, check	here	X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			2,987,080.	27	2,839,169
Ba	28	Net assets with donor restrictions			1,166,850.	28	1,116,702
밀		Organizations that do not follow FASB ASC 958,					
ᆲ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equip				30	
As	31	Retained earnings, endowment, accumulated incor				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,153,930.	32	3,955,871
-	33	Total liabilities and net assets/fund balances			4,525,331.	33	4,398,557

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,54		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,75		
3	Revenue less expenses. Subtract line 2 from line 1	3	-20		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,15		
5	Net unrealized gains (losses) on investments	5	1	0,0	<u>45.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	3,95	5,8	<u>71.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Total

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.

QUZZ Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

MEALS ON WHEELS MONTGOMERY COUNTY 23-7310650 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	` ,	, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	3356799.	3166552.	4727726.	3322230.	3118672.	17691979.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge	13,913.	12,457.	9,783.	9,783.	13,912.	59,848.
4	Total. Add lines 1 through 3	3370712.	3179009.	4737509.	3332013.		17751827.
	The portion of total contributions						
Ŭ	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,						
	. (6)						
6	Public support. Subtract line 5 from line 4.						17751827.
	etion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	3370712.	3179009.	4737509.	3332013.	3132584	17751827.
	Gross income from interest,	33707121	31730031	17373030	33320131	31323011	177310271
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	315.	251.	605.	39,811.	61 315	102,297.
9	Net income from unrelated business	313.	251.	005.	33,011.	01,313.	102,2576
9							
	activities, whether or not the						
40	business is regularly carried on						
IU	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						17854124.
	Total support. Add lines 7 through 10 Gross receipts from related activities,	oto (oco instructio	.no)			12	74,155.
	First 5 years. If the Form 990 is for th			iourth or fifth toy w		<u> </u>	74,133.
13	organization, check this box and stop	-					
Sec	ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2022 (li			rolumn (f))		14	99.43 %
	Public support percentage from 2021					15	99.75 %
100	16a 33 1/3% support test - 2022. 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						
h							
D	b 33 1/3% support test - 2021. 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						
172							
174	7a 10% -facts-and-circumstances test - 2022. 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						
	·			=		_	
L	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
D		_					1070 UI
	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						
12	•			. ,	•		
10	Private foundation. If the organization	in did flot check a f	JOA OIT III 18 13, 102	a, 100, 17a, 01 170	, oneon this box at		(Form 990) 2022

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

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

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4,) = 0.10	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the		-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 10h check th	nis hox and see in	structions	

232023 12-09-22

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
- Fla		
5b		
5c		
6		
7		
8		
9a		
01 .		
9b		
9с		
-		
10a		
461		
10b	n 990)	2022

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Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	lion o. Type ii Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			l
	non 277 m 1, po m capper mig engamente		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	ı <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ol-		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu		•	•		
Sect	ion 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				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2018

b Excess from 2019

c Excess from 2020

d Excess from 2021

e Excess from 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

MEALS ON WHEELS MONTGOMERY COUNTY

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

23-7310650

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

MEALS ON WHEELS MONTGOMERY COUNTY

23-7310650

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY 50 WAUGH DRIVE HOUSTON, TX 77007	\$ <u>115,884.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MONTGOMERY COUNTY UNITED WAY 1600 LAKE FRONT CIR SPRING, TX 77380	\$\$99,996.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TOMBALL REGIONAL FOUNDATION 29201 QUINN ROAD, SUITE A TOMBALL, TX 78711	\$ 126,811.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 CITY OF CONROE - 5310 URBAN TRANSPORTATION 202 AVENUE A CONROE, TX 77301	Total contributions \$ 113,248.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MONTGOMERY COUNTY CDBG 501 NORTH THOMPSON, SUITE 200 CONROE, TX 77301	\$80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TXDOT 5310 RURAL TRANSPORTATION 125 EAST 11TH STREET AUSTIN, TX 78701	\$ <u>170,540.</u>	Person X Payroll

Schedule B (Form 990) (2022) Page 2

Name of organization Employer identification number

MEALS ON WHEELS MONTGOMERY COUNTY

23-7310650

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MONTGOMERY COUNTY P.O. BOX 539 CONROE, TX 77305		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	TEXAS VETERAN COMMISSION P.O. BOX 12277 AUSTIN, TX 78711		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	TEXAS DEPARTMENT OF AGRICULTURE 5425 POLK STREET #G20 HOUSTON, TX 77023		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	HOUSTON-GALVESTION AREA COUNCIL (H-GAC) 3555 TIMMONS LN, #100 HOUSTON, TX 77027	- - \$\$ <u>819,293.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MEALS ON WHEELS MONTGOMERY COUNTY

23-7310650

Dort II	Noncock Proporty	Hate additional to the state of	
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-15	- 00	\$	Schedule B (Form 990) (2022

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** MEALS ON WHEELS MONTGOMERY COUNTY 23-7310650 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

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 Inspection

Name of the organization

MEALS ON WHEELS MONTGOMERY COUNTY

Employer identification number 23-7310650

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) i unus and other accounts
1 2	Total number at end of 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 advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relativest floars develor to membering, inspecting,	Thanking of Violations, and officially con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2(d) above	ve 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 conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	· ·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022

232051 09-01-22

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

	t III Organizations Maintaining C	ollections of Ar				Other	Similar As	sets (contin	
3	Using the organization's acquisition, accessi							•	
	collection items (check all that apply):	,	•	,	· ·	Ü			
а	Public exhibition	d		Loan or exc	hange progra	ım			
b	Scholarly research	е			0.0				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	r similar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organ	nization's co	llection?			Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" on F	orm 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi								N.
	on Form 990, Part X?							Yes	No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	iowing t	able:				Amount	
	Daniming halance						4.	Amount	·
	Beginning balance						1c		
	Additions during the year						1d 1e		
	Distributions during the year						1f		
) 2a	Ending balance Did the organization include an amount on Fe	orm 990 Part X line	21 for 6	ecrow or ci	etodial accor	liahility		Yes	No
	If "Yes," explain the arrangement in Part XIII.	·				•			
	t V Endowment Funds. Complete i								
	· ·	(a) Current year		rior year	(c) Two year			back (e) Four	years back
1a	Beginning of year balance	•							
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr		e (line 1g	g, column (a)) held as:	•		•	
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%	_						
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	tion tha	t are held ar	nd administer	ed for the		_	
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.					
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere							1	
	Description of property	(a) Cost or o basis (investr		` '	or other (other)		cumulated eciation	(d) Book	c value
1a	Land			3	2,972.			32	2,972.
	Buildings			1,30	0,290.	1	33,575.		5,715.
	Leasehold improvements								
	Equipment	I		54	2,469.		24,604.	317	7,865.
	Other			1,03	3,339.	8	12,168.		L,171.
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line 1	0c.)			1,738	3,723.
								dule D (Form	990) 2022

Part VII	Investments - Other Securities.

(a) Description of security or category (including name of security)	(b) Book value	1b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market val
Financial derivatives	,,	,
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
art VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. 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)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.
(a)	Description	(b) Book valu
(1)		
(2)		
(2)		
(3)		
(3) (4)		
(3) (4) (5)		
(3) (4) (5) (6)		
(3) (4) (5) (6) (7)		
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		
(3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (4)		1e or 11f. See Form 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		
(3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization and the complete if the organization answered "Yes" of the complete if the organization and the complete if the or		1e or 11f. See Form 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		1e or 11f. See Form 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		1e or 11f. See Form 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)		1e or 11f. See Form 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Patal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)		1e or 11f. See Form 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)		1e or 11f. See Form 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		1e or 11f. See Form 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		1e or 11f. See Form 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		1e or 11f. See Form 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25. (b) Book value

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Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,784,475.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	10,045.		
b	Donated services and use of facilities	2b	32,302.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	42,347.
3	Subtract line 2e from line 1			3	3,742,128.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-198,150.		
С	Add lines 4a and 4b			4c	-198,150.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State		<u></u> _	5	3,543,978.
Pa			n Expenses per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	3,982,534.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	32,302.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d	198,150.		
е	Add lines 2a through 2d			2e	230,452.
3	Subtract line 2e from line 1			3	3,752,082.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	3,752,082.

Part XIII Supplemental Information.

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

PART X, LINE 2:

MOW IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE SERVICE CODE AND, THEREFORE, HAS MADE NO PROVISION FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS.

UNCERTAIN TAX POSITIONS ARE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THAT POSITION IS MORE-LIKELY-THAN NOT OF BEING SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. MOW HAS CONCLUDED THAT THERE ARE NOT UNCERTAIN TAX POSITIONS OR ANY INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITION REQUIRING RECOGNITION IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number 23-7310650 MEALS ON WHEELS MONTGOMERY COUNTY Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2022

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 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CIGARS UNDER	PUMPKIN		(add col. (a) through
			THE STARS	SHOOT	5	
_			(event type)	(event type)	(total number)	col. (c))
Revenue						
eve	1	Gross receipts	309,894.	117,122.	120,690.	547,706.
Œ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	309,894.	117,122.	120,690.	547,706.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
beu	6	Rent/facility costs				
Ě						
reci	7	Food and beverages				
Ö	_					
	8	Entertainment Other divised and areas		38,155.	34,906.	198,150.
	10	Other direct expenses			·	198,150.
		Net income summary. Subtract line 10 from li				349,556.
Pa	rt I	II Gaming. Complete if the organization a				313,3300
		\$15,000 on Form 990-EZ, line 6a.				
		·	(-) Discour	(b) Pull tabs/instant	(-) Otto	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Я	1	Gross revenue				
Ś	2	Cash prizes				
Direct Expenses						
xbe	3	Noncash prizes				
St E						
Jire	4	Rent/facility costs				
٦						
	5	Other direct expenses				
		Malauria an Ialaan	Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	L No	No	
	7	Direct expense summery Add lines 2 through	E in column (d)			
	7	Direct expense summary. Add lines 2 through	13 iii coluitiii (a)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		Thet garming moorne summary. Subtract line r	mont line 1, column (a)			<u> </u>
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming a	_			Yes No
		No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
b	lf "	Yes," explain:				

Schedule G (Form 990) 2022

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Sch	edule G (Form 990) 2022 MEALS ON WHEELS MONTGOMERY COUNTY 23-7	<u> 310650</u>) Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	
•	Enter the hame and dadress of the person time propares the organization organization of garming, openial events belong and resonate.		
	Name		
	- Name		
	Address		
	Address		
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
ıba	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	165	
D	olf "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:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		110
L	·		
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	+ III. linos O	0h 10h
		t III, III les 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
		_	

Schedule G (Form 990) MEALS ON WHEELS MONTGOMERY COUNTY	23-7310650 Page 4
Schedule G (Form 990) MEALS ON WHEELS MONTGOMERY COUNTY Part IV Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

2022 Open to Public

Inspection

Schedule I (Form 990) 2022

OMB No. 1545-0047

Name of the organization MEALS ON	WHEELS MO	NTGOMERY CO	UNTY				Employer identification number 23-7310650
Part I General Information on Grants a							
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's process.	stance?ocedures for monit	oring the use of grant	funds in the United	d States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than 9					anization answered "\	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) at Enter total number of other organizations 	-	-					

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EALS	1787	0.	534,016.	FMV	FOOD
		-	,		
art IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	'
	,	, ,			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MEALS ON WHEELS MONTGOMERY COUNTY Part I Questions Regarding Compensation

Employer identification number 23-7310650

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

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

Schedule J (Form 990) 2022

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

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

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

	(B) Breakdown of V	B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred benefits		in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) SUMMER DAY (i)	132,635.	15,000.	0.	4,497.	8,045.	160,177.	0.	
PRESIDENT & CEO		0.	0.	0.	0.	0.	0.	
(i)								
(ii								
(i)								
(ii	1							
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(i)								
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(i)								
(ii								

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

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

MEALS ON WHEELS MONTGOMERY COUNTY

Employer identification number 23-7310650

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD SHALL HAVE AN EXECUTIVE COMMITTEE COMPOSED OF ITS CHAIR, VICE

CHAIR, SECRETARY, TREASURER, AND UP TO ONE (1) DIRECTOR FROM THE BOARD

APPOINTED BY THE CHAIR. IN ADDITION, THE BOARD CHAIRMAN MAY APPOINT ONE

MEMBER FROM THE EXISTING BOARD OF DIRECTORS TO SERVE ON EXECUTIVE COMMITTEE

AS A NON-VOTING MEMBER. THE EXECUTIVE COMMITTEE SHALL ACT FOR AND BE

RESPONSIBLE TO THE BOARD IN CARRYING OUT THE POLICIES BETWEEN THE MEETINGS

AS NEEDED THEREOF, AND WHICH SHALL MAKE A REPORT OF SUCH ACTIVITIES AT THE

NEXT BOARD MEETING.

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

THE COMPLETED FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, DIRECTOR OF FINANCE, TREASURER, BOARD CHAIR, AND FINANCE COMMITTEE PRIOR TO FILING.

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

PRIOR TO TAKING OFFICE, BOARD MEMBERS MUST PROVIDE TO THE BOARD CHAIR A
WRITTEN DECLARATION OF ALL SUBSTANTIAL BUSINESS INTERESTS OR RELATIONSHIPS
THEY OR THEIR IMMEDIATE FAMILIES HAVE WITH ALL BUSINESSES OR ORGANIZATIONS
WHICH HAVE RECEIVED, CURRENTLY RECEIVE, OR ARE LIKELY TO RECEIVE CONTRACTS
FOR FUNDING FROM THE BOARD. SUCH DECLARATIONS SHALL BE UPDATED WITHIN 30
DAYS TO REFLECT ANY CHANGES IN SUCH BUSINESS INTERESTS OR RELATIONSHIPS.

PRIOR TO DISCUSSION, VOTE OR DECISION ON ANY MATTER BEFORE THE BOARD, IF A

MEMBER, OR A PERSON IN THE IMMEDIATE FAMILY OF SUCH MEMBER, HAS A

SUBSTANTIAL INTEREST IN OR RELATIONSHIP IN A BUSINESS ENTITY, ORGANIZATION

OR PROPERTY THAT WOULD BE PECUNIARILY AFFECTED BY ANY OFFICIAL ACTION, THAT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 23-7310650 MEALS ON WHEELS MONTGOMERY COUNTY MEMBER SHALL DISCLOSE THE NATURE AND EXTENT OF THE INTEREST OR RELATIONSHIP AND SHALL ABSTAIN FROM VOTING ON OR IN ANY OTHER WAY PARTICIPATING IN THE DECISION ON THE MATTER. ALL SUCH ABSTENTIONS SHALL BE RECORDED IN THE MINUTES OF THE BOARD MEETINGS. FORM 990, PART VI, SECTION B, LINE 15A: THE INDEPENDENT BOARD OF DIRECTORS REVIEW COMPENSATION STUDIES AND SURVEYS (RELATING TO SALARIES) PERFORMED BY LOCAL CHARITIES. THIS INFORMATION, IN ADDITION TO THE BUDGET AND PERFORMANCE REPORTS, IS CONSIDERED TO DETERMINE COMPENSATION LEVELS. THE BOARD CONDUCTS CONTEMPORANEOUS DOCUMENTATION OF THEIR FINDINGS OF THE COMPARABILITY DATA. APPROVAL BY THE BOARD IS VOTED UPON ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: DISCLOSURE OF GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.