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			947(a)(1) or	527			
				L X			-
•	<u>x</u> Corporation Trust	Association Other		L Year of format	ION: 1984 WI	state of le	egal domicile:
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-	•					LCES 1	10
			COME OR I	REMAIN AS	HEALTHY		
	•	•	•				
						-	
						-	
							8,20
et unrelated l	ousiness taxable income fron	1 Form 990-T, Part I, line 11		<u></u>		<u>7b</u>	2,14
							Current Year
							5,613,49
							1,518,31
							-35,54
							85,43
							7,181,70
							NO
							NO
							3,409,39
					12,00)0.	94,36
							3,607,64
							7,111,41
evenue less e	expenses. Subtract line 18 fro	m line 12			-		70,29
					-		End of Year
							5,696,47
							1,358,22
		21 from line 20			4,275,22	4.	4,338,24
Ities of perjury, , and complete.	I declare that I have examined Declaration of preparer (other th	his return, including accompany an officer) is based on all informat	ng schedules a ion of which pr	and statements, a eparer has any kr	nowledge.	my know	vledge and belief,
0					Dale		
·			CEO				
		Dronororia sizesti		Data		DTIN	
-iint/Type prep	arer s name	Preparer's signature			Check		
JACOB CC	OOK	JACOB COOK		02/07/2023	self-employe	10.	1240455
Firm's name	BDO USA, LLP				Firm's EIN 🕨	13-5	5381590
					-	C1 C	774 7000
Firm's address	> 200 OTTAWA AVE NW	STE 300 GRAND RAPIDS, MI	19503		Phone no.	010·	-774-7000
	e Service 2021 calenda cable: MEAI Doing I Numbe 2900 City or 2900 F Name 2900 on F Name 2900 on F Name 2900 refly describe SENIORS I ND INDEF heck this box umber of voti umber of v	e Service ► Go to with a service 2021 calendar year, or tax year beginning C Name of organization MEALS ON WHEELS WESTER Doing business as Number and street (or P.O. box if mail i 2900 WILSON AVE., STE City or town, state or province, country, GRANDVILLE, MI 49418 F Name and address of principal officer: 2900 WILSON AVE. SW, S organization: X Summary riefly describe the organization's mission SENIORS IN KENT COUNTY TO ND INDEPENDENT AS POSSIBL heck this box ► if the organization umber of independent voting members of the governin umber of independent voting members of otal number of individuals employed in ca otal number of volunteers (estimate if nece otal number of volunteers (estimate if nece otal number of volunteers (estimate if nece otal number of order tvill, column (A), line 29) nvestment income (Part VIII, column (A), line 20) nvestment income (Part VIII, column (A), lines 1 otal revenue - add lines 8 through 11 (mustimation) irants and similar amounts paid (Part IX, column ther expenses (Part IX, column ther expenses (Part IX, column ther e	Generice Generice Generice Generice Generice Generice Generice Generic of organization Generic of organization or most significant activities: Generic of organization organization organization organization Generic of organization organization organization Generic of organization organization organization Generic of individuals employed in calendar year 2021 (Part VI, otal number of volunteers (estimate if necessary) for organiser organises taxable income from Form 990-T, Part I, line 11 ontributions and grants (Part VIII, line 14) otal number of volunteers (Part VIII, line 14) otal number of volunteers (Part VIII, line 14) otal number of organises (Part IX, column (A), line 4) ataries, other compensation, employee benefits (Part IX, column (A), line 4) ataries, other compensation, employee benefits (Part IX, column (A), line 2) otal fundraising fees (Part IX, column (A), line 4) ataries, other compenses (Part IX, column (A), line 4) ataries, other compenses (Part IX, column (A), line 4) ataries, other compenses (Part IX, column (A), line 4) ataries, other compensetion, employee benefits (Part IX, column (A), line 2) ot	● Berker' ● Go to www.irs.gov/Form990 for instructions and 2021 calendar year, or tax year beginning 10/01/2021 and C Name of organization MEALS ON WHEELS WESTERN MICHIGAN Doing business as Number and street (or P.O. box if mail is not delivered to street address) Roo 2900 WILSON AVE., STE 500 City or town, state or province, country, and ZIP or foreign postal code GRANDVILLE, MI 49418 amage MW MEALSONWHEELSWESTERNMICHIGAN.ORG graphication: ISA with the province in the proven in body (Part VI, line 1a)	E serve:	Servet ► Go to www.lrs.gov/Form990 for instructions and the latest information. B271 calendar year, or tax year beginning 10/01/2021 and ending C Name of organization D Employer ider C Name of organization 0 Deing business as 38-2535 Number and street (or P.O. box if mail is not delevered to street address) Room/suite City or town, state or province, country, and 2P or foreign postal code G cross receipts CRANDVILLE, MI 49418 G cross receipts P Name and address of principal offlater LISA WIDEMAN 2900 WILSON AVE. SW, SUITE 500, GRANDVILLE, MI 49418 G cross receipts P Name and address of principal offlater Lisa WIDEMAN 2900 WILSON AVE. SW, SUITE 500, GRANDVILLE, MI 49418 Hold rest address P Name Ander Soft SWESTERNMICHIGIGAN. ORG Help crose armitely address of principal offlater Summary E treat convertise of the governing body (Part VI, line 14) Hold State address of principal offlater Summary If the organization's mission or most significant activities: TO PROVIDE NUTRTITION SERVI Second address of principal offlater Summary If the organization discond are year 2021 (Part VI, line 12) If the organization discondrener	Sentes ● Go to www.krs.gov/Form900 for instructions and the latest information. 2821 calendar year, or tax year beginning 10/01/2021 and ending 09/31 C Name of organization Pemployer identification 38-2535537 Darb publices as a Number and street (or P. D. tox # mail is not delivered to street address) Room/suite E Telephone number 2900 WTLSON AVE., STE 500 (G16) 459-31 (G16) 459-31 (G16) 459-31 2910 WTLSON AVE., SYE 500, (G16) 459-31 (G16) 459-31 (G16) 459-31 2910 WTLSON AVE., SYE 500, (G16) 459-31 (G16) 459-31 (G16) 459-31 2910 WTLSON AVE., SY, SUITE 500, (GRANDVILLE, MI 49418 (G16) 459-31 (G16) 459-31 3010 (G16) X Social (G10) (Mest no.) 49470(11) or 527 WWM, MEALSONNHEELSWESTERNMICHTGAN, ORG (H0) forus eventon more arganization in Tust Association Other L Year of formation: 1984 M State of Ir Summary Intel organization idicontinued its operations or disposed of more than 25% of its net assets. 34 4 Otto performations or disposed of more than 25% of its net assets. 3 4 4 Otto undependent voting members of the governing body (Par

	MEALS ON WHEELS WESTERN MICHIGAN	38-2535537
Form 990		Page 2
Part I		
	Check if Schedule O contains a response or note to any line in this Part III	X
	fly describe the organization's mission:	
) PROVIDE QUALITY NUTRITION SERVICES IN A SUPPORTIVE ENVIRONMENT TO	
PR	COMOTE THE HEALTH AND INDEPENDENCE OF OLDER ADULTS.	
	the organization undertake any significant program services during the year which were not listed	
	r Form 990 or 990-EZ? ′es," describe these new services on Schedule O.	
	the organization cease conducting, or make significant changes in how it conducts, any p	rogram
	ices?	- -
	es," describe these changes on Schedule O.	
	scribe the organization's program service accomplishments for each of its three largest program	n services, as measured by
expe	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grant total expenses, and revenue, if any, for each program service reported.	
4a (Coo	de:) (Expenses \$4,244,261. including grants of \$) (Revenue \$)	1,092,456.)
SEE	SCHEDULE O	
4b (Cod	de:) (Expenses \$1,080,662. including grants of \$) (Revenue \$)	207,403.)
	HE CONGREGATE MEALS PROGRAM PROVIDES FRESHLY PREPARED AND HOT	
	OON MEALS AT 14 COMMUNITY OR SENIOR CENTERS THROUGHOUT KENT AND	
	LEGAN COUNTIES TO ANYONE OVER THE AGE OF 60. THE CENTERS OFFER	
	NIORS A MEAL AS WELL AS SOCIAL, RECREATIONAL, AND EDUCATIONAL	
	TIVITIES. ALL FOOD IS PREPARED IN THE MOWWM CENTRAL KITCHEN AND	
_FC	DLLOWS ONE-THIRD RDA IN ITS OFFERINGS. 95,712 MEALS WERE SERVED.	
4c (Cod		9,817.)
	HE PANTRY PROGRAM PROVIDES FOOD HELP TO LOW-INCOME SENIORS WHO	
	RE 60 YEARS OF AGE AND OLDER WHO LIVE IN KENT COUNTY. THE FOOD	
-	ANTRY IS A CLIENT CHOICE PANTRY WHERE SENIORS CAN COME ONCE	
	YERY OTHER WEEK TO SHOP FOR A VARIETY OF GROCERY ITEMS. THE	
	ANTRY OFFERS FRESH FRUITS AND VEGETABLES ALONG WITH STAPLE	
	COCERY ITEMS AND FOLLOWS ONE-THIRD RDA IN ITS OFFERINGS. THE	
	MIRI RECEIVED 20,534 VISIIS.	
	er program services (Describe on Schedule O.) SEE SCHEDULE O	
	penses \$ 143,281. including grants of \$ NONE (Revenue \$ 197,898.	
4e Tota	al program service expenses > 6,019,558.	
1E1020 1.0	000 26492R 701U V21-7.8F 038999	Form 990 (2021 6

Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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,			
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6		5		
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			37
_	"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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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	Х	
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, Part VI	11a	Х	
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	х	
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		X
12a	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? If	120		
D D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
u	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
15		15		v
4.0	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	4.0		
	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	<u> </u>
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	Х	
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		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х

Page	4
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-	90 (2021)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
~ ~	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	07		
	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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		- 21
Ŭ	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1.	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> ;</u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		37	
JSA	reportable gaming (gambling) winnings to prize winners?	Eorm	X 990	(2021)
1E1030	1.000	1 0/111	550	(2021)

MEALS ON WHEELS WESTERN MICHIGAN

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 128			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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
h	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
0a		6a		x
L	organization solicit any contributions that were not tax deductible as charitable contributions?	va		
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
-	gifts were not tax deductible?	00		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		v
	and services provided to the payor?	7a 7b		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		L
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
JSA		Form	990	(2021)

Form §	990 (2021) MEALS ON WHEELS WESTERN MICHIGAN 38-	2535537	F	Page 6
Part	t 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 Schedu			tions.
		Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect		Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	14		
	If ther	e are material differences in voting rights among members of the governing body, or			
		governing body delegated broad authority to an executive committee or similar			
b		ittee, explain on Schedule O. the number of voting members included on line 1a, above, who are independent 1b	14		
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship	with		
-		her officer, director, trustee, or key employee?			Х
3		e organization delegate control over management duties customarily performed by or under the d			
·		vision of officers, directors, trustees, or key employees to a management company or other person?			х
4	-	organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х
5		e organization become aware during the year of a significant diversion of the organization's assets?			Х
6		e organization have members or stockholders?			X
7a		e organization have members, stockholders, or other persons who had the power to elect or app			
14		more members of the governing body?			х
b		ny governance decisions of the organization reserved to (or subject to approval by) memb			
Ň		olders, or persons other than the governing body?			x
8		e organization contemporaneously document the meetings held or written actions undertaken du			
U		ar by the following:	ining		
2	-	by the following.	8a	x	
a b		committee with authority to act on behalf of the governing body?	••	X	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache			
3		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O			x
Secti		Policies (This Section B requests information about policies not required by the Internal Reve		.)	L
	-			Yes	No
102	Did th	e organization have local chapters, branches, or affiliates?	10a		X
b		s," did the organization have written policies and procedures governing the activities of such chap	••		
		es, and branches to ensure their operations are consistent with the organization's exempt purposes?	1.00		
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		Х	
b		be on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		e organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could	••		
Ň		conflicts?	12b	x	
с		e organization regularly and consistently monitor and enforce compliance with the policy? If "			
U		be on Schedule O how this was done	140	X	
13		e organization have a written whistleblower policy?	••	X	
14		e organization have a written document retention and destruction policy?		X	
15		e process for determining compensation of the following persons include a review and approva			
15		e process for determining compensation of the following persons include a review and approve endent persons, comparability data, and contemporaneous substantiation of the deliberation and decis			
а	•	ganization's CEO, Executive Director, or top management official		x	
a b		officers or key employees of the organization			X
U		" to line 15a or 15b, describe the process on Schedule O. See instructions.			
162		e organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent		
IVa		taxable entity during the year?			Х
b		s," did the organization follow a written policy or procedure requiring the organization to evaluate			
Ň		pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	organi	zation's exempt status with respect to such arrangements?	16b		
Sect		Disclosure	I		
17		e states with which a copy of this Form 990 is required to be filed ▶_MI ,			
18		n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990-T (sec	tion 5	01(c)
10	(3)s or	nly) available for <u>pu</u> blic inspection. Indicate <u>how</u> you made these available. Check all that apply.	550-1 (560		51(0)
		Dwn website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
10		be on Schedule O whether (and if so, how) the organization made its governing documents, con	flict of into	roct -	oliov
19				iest f	oncy,
20		nancial statements available to the public during the tax year. the name, address, and telephone number of the person who possesses the organization's books and i	rocordo 🕨		
20		IS BOEVE 2900 WILSON AVE. SW, SUITE 500 GRANDVILLE, MI 49418	ecolus ►		
		459-3111	Forn	990	(2021)
JSA 1E1042			1 011		(_ ~ -')

38-2535537

Part VII	Compensation			Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	anc
	Independent Co	ontra	actors								
	Check if Schedule	0 0	contains a r	esponse or n	ote to any line	e in this	s 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s

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

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than on box, unless person is both a officer and a director/truste					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LISA WIDEMAN	40.00									
CHIEF EXECUTIVE OFFICER	NONE			Х				110,889.	NONE	29,355.
(2) DARIN HODDE	40.00							-,		
CHIEF FINANCIAL OFFICER	NONE			Х				70,877.	NONE	NONE
(3) KURTIS BOEVE	40.00									
CHIEF FINANCIAL OFFICER	NONE			Х				30,077.	NONE	NONE
(4) TOM POSTMUS	1.00									
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(5) KRIS CLEARY	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(6) SHELLEY IRWIN	1.00									
VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(7) MARK MCGREGOR	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(8) JAMES ENGELKING	1.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(9) ABE GARCIA	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(10) OLIVER HALE	1.00									
BOARD MEMBER EMERITUS	NONE	Х						NONE	NONE	NONE
(11) SHANNAN HEADS	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(12) EMILY BARANOWSKI	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(13) MARCELLA LEWIS	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(14) PAUL GOEBEL	1.00			_						
BOARD MEMBER	NONE	Х						NONE	NONE	NONE

MEALS ON WHEELS WESTERN MICHIGAN

Part VII Section A. Officers, Directors, Tru		;y ∟11	ipio			πα πιξ			
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles	s pers	ion nore tl son is	han one both an r/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
5) CASEY MOAG	1.00								
BOARD MEMBER	NONE	Х					NONE	NONE	NOI
L6) SUZANNE MOODY	1.00	-							
BOARD MEMBER	NONE	Х					NONE	NONE	NOI
7) DANA FILMORE	1.00								
BOARD MEMBER	NONE	Х					NONE	NONE	NOI
		-							
		-							
		_							
		-							
		-							
		-							
		-							
		-							
lb Sub-total							211,843.	NONE	29,355
c Total from continuation sheets to Part VII, Se							NONE	NONE	NOI
d Total (add lines 1b and 1c)					ove)	who r	211,843. eceived more than	NONE \$100.000 of	29,355
reportable compensation from the organization						1			
									Yes No
B Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu									3
For any individual listed on line 1a, is the sorganization and related organizations greated in the test.	eater than	\$15	0,00	20?	lf	"Yes,"	complete Schedu	le J for such	
<i>individual</i> Did any person listed on line 1a receive or									4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye									5 2
					-				

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization	e listed above) who received NONE	

Form 990 (2021)

MEALS ON WHEELS WESTERN MICHIGAN Part VIII Statement of Revenue

		Check if Schedule	Осс	ontains a r	espor	nse or note to ar	y line in this Part \	/		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ູດູດ	1a	Federated campaigns			1a	45,000.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues								
ษียี	c	Fundraising events			1c	114,093.				
fts,	d	•			1d	,				
ilai		e Government grants (contributions) 1e		4,606,549.						
ns,				1,000,515.						
rti S	f	and similar amounts not in	•	• ·	45	847,856.				
the				F	1f	047,050.				
<u>i</u>	g	Noncash contributions			4	\$ 2,107.				
and		lines 1a-1f		-	1g (5,613,498.			
	h	Total. Add lines 1a-1f .				► Business Code	5,013,490.			
ð							0.05 40.2	007 400		
Ś	2a	CONGREGATE MEALS				624210	207,403.	207,403.		
Ser	b	HOME DELIVERED MEALS				624210	785,971.	785,971.		
e ve	c	EMERGENCY & PRIVATE F	PAY MI	EALS		624210	220,904.	220,904.		
gra Re	d	PANTRY				624210	9,817.	9,817.		
Program Service Revenue	e	ALL OTHER PROGRAMS				624210	294,220.	285,953.	8,267.	
₽.	f	All other program servio								
	g	Total. Add lines 2a-2f .					1,518,315.			
	3	Investment income (-						
		other similar amounts).					6,450.			6,450.
	4	Income from investme		•			NONE			
	5	Royalties	• •				NONE			
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a	99	9,000.					
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c	9	9,000.	NONE				
	d	Net rental income or (lo	ss) 🛯			<u></u> ▶	99,000.			99,000.
	7a	Gross amount from		(i) Secur	ities	(ii) Other				
		sales of assets								
		other than inventory	7a	15	2,196.					
ē	b	Less: cost or other basis								
ent		and sales expenses	7b	19	4,189.					
Revenue	c	Gain or (loss)	7c	-4	1,993.					
	d	Net gain or (loss)					-41,993.			-41,993.
Other	8a	Gross income fror		undraising						
õ	0	events (not including \$		114,093.						
		of contributions rep		on line						
		1c). See Part IV, line 18			8a	7,300.				
	ь	Less: direct expenses			8b	20,866.				
	c	Net income or (loss) fro					-13,566.			-13,566.
	9a		rom	gaming						
	54	activities. See Part IV, li		0 0		NONE				
	b	Less: direct expenses				NONE				
	c	Net income or (loss) fr					NONE			
			-	-						
	10a	Gross sales of ir returns and allowances				NONE				
	L				10a	NONE				
	b c	Less: cost of goods sold Net income or (loss) fro	u . om sa	les of inven			NONE			
	Ť		50		,	Business Code	INCINE			
Miscellaneous Revenue										
nec	11a									
ella, ver	b									
Re	c									
Mi	d	All other revenue								
	e	Total. Add lines 11a-11					NONE			
	12	Total revenue. See inst	tructio	ons		🕨	7,181,704.	1,510,048.	8,267.	49,891.

Part IX Statement of Functional Expenses

 Grants and and domes Grants and individuals Grants a organizativ foreign ind Benefits p Compensat persons (a persons dei Other sala Pension p section 40 	Db of Part VIII. other assistance to domestic organizations ic governments. See Part IV, line 21 ind other assistance to domestic . See Part IV, line 22 ind other assistance to foreign ons, foreign governments, and lividuals. See Part IV, lines 15 and 16 aid to or for members ation of current officers, directors, ind key employees on not included above to disqualified a defined under section 4958(f)(1)) and cribed in section 4958(c)(3)(B) irries and wages an accruals and contributions (include 1(k) and 403(b) employer contributions) ployee benefits	NONE NONE NONE 241,197. NONE 2,604,964. 15,720.	expenses	general expenses	expenses
 and domes Grants a individuals Grants a organization foreign individuals Grants a organization foreign individuals Benefits p Compensation for the solution of the solut	ic governments. See Part IV, line 21	NONE NONE 241,197. NONE 2,604,964.			16,880
 Grants a individuals Grants a organization foreign ind Benefits p Compensative persons (a persons des Other sala Pension p section 40 	nd other assistance to domestic . See Part IV, line 22 	NONE NONE 241,197. NONE 2,604,964.			16,880
 individuals Grants a organization foreign individuals Benefits p Compensation for trustees, a Compensation for the sala Pension post of the section 4000 section 40000 section 400000 section 400000 section 400000 section 400000 section 400000 section 400000 section 4000000 section 400000000 section 40000000 section	. See Part IV, line 22 nd other assistance to foreign ons, foreign governments, and lividuals. See Part IV, lines 15 and 16 aid to or for members ation of current officers, directors, nd key employees on not included above to disqualified a defined under section 4958(f)(1)) and cribed in section 4958(c)(3)(B) iries and wages an accruals and contributions (include 1(k) and 403(b) employer contributions) ployee benefits	NONE NONE 241,197. NONE 2,604,964.			16,880
 Grants a organization foreign ind Benefits p Compensative foreign ind Persons des Pension p section 4000 	nd other assistance to foreign ons, foreign governments, and lividuals. See Part IV, lines 15 and 16 aid to or for members ation of current officers, directors, nd key employees on not included above to disqualified a defined under section 4958(f)(1)) and cribed in section 4958(c)(3)(B) ries and wages an accruals and contributions (include 1(k) and 403(b) employer contributions) ployee benefits	NONE NONE 241,197. NONE 2,604,964.			16,880
 organization foreign ind Benefits p Compensation Compensation Compensation Compensation Persons dear Pension p section 4000 	ons, foreign governments, and lividuals. See Part IV, lines 15 and 16 aid to or for members ation of current officers, directors, nd key employees on not included above to disqualified a defined under section 4958(f)(1)) and cribed in section 4958(c)(3)(B) iries and wages an accruals and contributions (include 1(k) and 403(b) employer contributions) ployee benefits	NONE 241,197. NONE 2,604,964.			16,880
 foreign ind Benefits p Compensative persons (arrowned) Other sala Pension p section 40 	lividuals. See Part IV, lines 15 and 16 aid to or for members ation of current officers, directors, nd key employees on not included above to disqualified a defined under section 4958(f)(1)) and cribed in section 4958(c)(3)(B) rries and wages an accruals and contributions (include 1(k) and 403(b) employer contributions) ployee benefits	NONE 241,197. NONE 2,604,964.			16,880
 4 Benefits p 5 Compensative trustees, a 6 Compensative persons (arrows deepersons d	aid to or for members ation of current officers, directors, nd key employees on not included above to disqualified a defined under section 4958(f)(1)) and cribed in section 4958(c)(3)(B) ries and wages an accruals and contributions (include 1(k) and 403(b) employer contributions) ployee benefits	NONE 241,197. NONE 2,604,964.			16,880
 5 Compensative trustees, a 6 Compensative persons (air persons deal persons deal persons deal persons deal persons persons deal persons persons deal persons	ation of current officers, directors, nd key employees on not included above to disqualified a defined under section 4958(f)(1)) and cribed in section 4958(c)(3)(B) rries and wages an accruals and contributions (include 1(k) and 403(b) employer contributions) ployee benefits	241,197. NONE 2,604,964.			16,88
 trustees, a Compensat persons (a persons des Other sala Pension p section 40 	nd key employees on not included above to disqualified defined under section 4958(f)(1)) and cribed in section 4958(c)(3)(B) iries and wages an accruals and contributions (include 1(k) and 403(b) employer contributions) ployee benefits	NONE 2,604,964.			16,88
 Compensative persons (a persons des persons des persons des 7 Other sala Pension p section 40 	on not included above to disqualified a defined under section 4958(f)(1)) and cribed in section 4958(c)(3)(B) iries and wages an accruals and contributions (include 1(k) and 403(b) employer contributions)	NONE 2,604,964.			
persons (a persons despersons des7 Other sala8 Pension p section 40	a defined under section 4958(f)(1)) and cribed in section 4958(c)(3)(B) iries and wages an accruals and contributions (include 1(k) and 403(b) employer contributions)	2,604,964.	2,024,608.		
persons des7 Other sala8 Pension p section 40	cribed in section 4958(c)(3)(B) ries and wages an accruals and contributions (include 1(k) and 403(b) employer contributions) oloyee benefits	2,604,964.	2,024,608.		
7 Other sala8 Pension p section 40	ries and wages an accruals and contributions (include 1(k) and 403(b) employer contributions)	2,604,964.	2,024,608.		
8 Pension p section 40	an accruals and contributions (include 1(k) and 403(b) employer contributions)		2,021,000.	400,563.	179,793
section 40	1(k) and 403(b) employer contributions)	±0,720.	12,307.	2,203.	1,21
			12,307.	2,203.	1,21
	-	547,516.	428,642.	76,740.	42,13
		NONE	420,042.	/0,/10.	42,15
2	es	NONE			
	ervices (nonemployees):	NONTR			
	ent	NONE		10 107	
	••••••	10,127.		10,127.	
	g	33,886.		33,886.	
	••••••	NONE			04.26
	fundraising services. See Part IV, line 17	94,368.			94,36
f Investmer	t management fees	NONE			
g Other. (If I	ne 11g amount exceeds 10% of line 25, column				
	ist line 11g expenses on Schedule O.)	NONE			
	g and promotion	NONE			
3 Office exp	enses	NONE			
	n technology	NONE			
		NONE			
	y	205,688.	198,657.	7,031.	
7 Travel		121,043.	117,593.	2,127.	1,32
	of travel or entertainment expenses				
for any fe	deral, state, or local public officials	NONE			
9 Conference	es, conventions, and meetings	NONE			
0 Interest		NONE			
1 Payments	to affiliates	NONE			
2 Depreciat	on, depletion, and amortization	352,276.	348,986.	1,770.	1,52
3 Insurance		114,578.	102,988.	7,434.	4,15
	enses. Itemize expenses not covered				
above. (Lis	miscellaneous expenses on line 24e. If				
line 24e a	mount exceeds 10% of line 25, column				
(A), amoun	t, list line 24e expenses on Schedule O.)				
a FOOD A	ND SUPPLIES	2,226,399.	2,215,343.	11,056.	
b SUBCON	TRACTORS	118,666.	118,666.		
c CONSUL		115,575.	63,820.	25,825.	25,93
	ICATIONS	70,969.	40,446.	11,387.	19,13
e All other e		238,441.	159,874.	33,586.	44,98
	ional expenses. Add lines 1 through 24e	7,111,413.	6,019,558.	660,424.	431,432
6 Joint cos organizati from a c fundraisin	ts. Complete this line only if the on reported in column (B) joint costs ombined educational campaign and g solicitation. Check here ► if SOP 98-2 (ASC 958-720)	.,,	.,		

Form 990 (2021)

Page	1	1
Faue		

		(A)		(B)
		Beginning of year		End of year
	I Cash - non-interest-bearing	NONE	1	NON
	2 Savings and temporary cash investments	1,935,441.	2	1,392,992
:	B Pledges and grants receivable, net	378,480.	3	545,055
	Accounts receivable, net	149,395.	4	113,819
	5 Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
	6 Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON
2		NONE	7	NON
	3 Inventories for sale or use	285,145.	8	366,202
ĉ j	Prepaid expenses and deferred charges	43,748.	9	48,955
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	2,820,659.	10c	2,629,949
11		NONE		NON
12		NONE		458,007
13		NONE		NON
14		NONE		NOI
1		152,320.		141,497
16		5,765,188.		5,696,476
17		433,035.	17	370,044
18		NONE		NON
19		NONE		NON
20		NONE		NON
21		NONE		NOI
		110112		1101
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NON
<mark>ة</mark> 23		NONE		NON
24		NONE		NOI
2		110112		
-	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	1,056,929.	25	988,184
26		1,489,964.	26	1,358,228
	Organizations that follow FASB ASC 958, check here ► X	1,100,001.		1,550,220
	and complete lines 27, 28, 32, and 33.			
27	-	4,255,224.	27	4,188,248
28		20,000.	28	150,000
	Organizations that do not follow FASB ASC 958, check here ►	20,000.	20	190,000
	and complete lines 29 through 33.			
29			29	
30			30	
			31	
		4,275,224.	32	4,338,248
		7,4/0,444.	JZ	7,330,440

MEALS ON WHEELS WESTERN MICHIGAN

Form 9	90 (2021)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u>X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,1	81,	<u>704</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,1	11,	<u>413</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3			70,	<u>291</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	4,2	75,	<u>224</u> .
5	Net unrealized gains (losses) on investments	5				
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			-7,	<u>267</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>32,</u> column (B))	10	4	4,3	38,	<u>248</u> .
Part	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," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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 audi					
	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 over	rsight	tof			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	-		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, es					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?		l	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	•		3b	Х	

SCHEDULE	A
(Form 990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

charitable trust.

Department of the Treasury Internal Revenue Service

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

والمعاملة ومعاما والمعاد	
•	Inspection
	Open to Pub

ic

Name	e of the organizat	tion					Employer identif	ication number
MEZ	ALS ON WHE	EELS WESTERN	MICHIGAN				38-2	535537
Pa	rt Reasc	on for Public Cha	rity Status. (All	organizations must	complet	te this pa	art.) See instruction	S.
The	organization	is not a private fou	ndation because i	t is: (For lines 1 throug	gh 12, ch	eck only	one box.)	
1	A church	n, convention of ch	urches, or associa	ation of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school	l described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E	(Form 99	90).)		
3				organization described	-		(1)(A)(iii).	
4	· ·	•	•	conjunction with a host		. ,		(iii). Enter the
	hospital'	s name, city, and s	tate:					
5		-		a college or universit	ty owned	d or ope	erated by a governme	ental unit described in
	section '	170(b)(1)(A)(iv). (C	Complete Part II.)	-	-	•		
6	A federa	I, state, or local go	overnment or gove	ernmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X An organ	nization that norm	ally receives a sul	bstantial part of its su	pport fr	om a go	vernmental unit or fr	om the general public
		d in section 170(b)	•	•	••	0		0
8				b)(1)(A)(vi). (Complete	e Part II.)			
9			-	ed in section 170(b)(1			in conjunction with a	land-grant college
			-	griculture (see instruct		-	-	
	universit	y:						-
10	An organ	nization that norma	Illy receives (1) m	ore than 331/3% of its	support	from cor	ntributions, membersh	nip fees, and gross
	receipts	from activities rela	ited to its exempt	functions, subject to c Inrelated business tax	ertain ex	ceptions	s: and (2) no more that	n 331/3 % of its
	acquired	by the organization	on after June 30, 1	975. See section 509	(a)(2). ((Complete	e Part III.)	I DUSINESSES
11				usively to test for publ				
12	An organ	nization organized a	and operated exclu	usively for the benefit of	of, to per	form the	functions of, or to car	rry out the purposes of
	one or m	ore publicly suppo	rted organizations	described in section 5	09(a)(1)	or secti	ion 509(a)(2). See see	ction 509(a)(3). Check
	the box o	on lines 12a throug	h 12d that describ	pes the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а	📃 Туре I.	. A supporting org	anization operated	d, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the sup	oported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
	suppor	rting organization.	You must comple	te Part IV, Sections A	and B.			
b	Type II	I. A supporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
	control	l or management o	of the supporting of	organization vested in	the sam	e persor	ns that control or mar	age the supported
	organiz	zation(s). You mus t	t complete Part IV	, Sections A and C.				
С	Type II	II functionally inte	grated. A support	ing organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,
	its sup	ported organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d	Type II	II non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
	that is	not functionally inte	egrated. The orga	nization generally mus	st satisfy	a distrib	oution requirement an	d an attentiveness
	require	ement (see instruct	ions). You must c	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	Check	this box if the orga	anization received	a written determination	on from t	he IRS th	hat it is a Type I, Type	II, Type III
				tionally integrated sup		organizat	tion.	
f								
g			1	orted organization(s).	T		1	
	(i) Name of supp	ported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000 Schedule A (Form 990) 2021

Page 2

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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,366,634.	2,510,431.	4,081,882.	3,526,415.	3,379,591.	15,864,953.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1,747,709.	1,818,905.	1,706,583.	1,901,945.	2,233,907.	9,409,049.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	4,114,343.	4,329,336.	5,788,465.	5,428,360.	5,613,498.	25,274,002.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						NONE
6	Public support. Subtract line 5 from line 4						25,274,002.
	tion B. Total Support						20727170021
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	4,114,343.	4,329,336.	5,788,465.	5,428,360.	5,613,498.	25,274,002.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,544.	8,357.	5,114.	69,053.	105,450.	193,518.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					2,148.	2,148.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	NONE	NONE	NONE	3,750.	7,300.	11,050.
11	Total support. Add lines 7 through 10						25,480,718.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	8,080,391.
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2021 (lin	ne 6, column (f)), divided by line	11, column (f))		14	99.19 %
15	Public support percentage from 2020						99.61 %
16a	331/3% support test - 2021. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3% or more, c	heck this
	box and stop here. The organization qu			-			
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						
	Part VI how the organization meets			•	•		
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz					-	
	in Part VI how the organization meets			-	-		
	organization						
18	Private foundation. If the organizatio						
	instructions						<u> ► ∟</u>

Schedule A (Form 990) 2021

Schedule A	(Form	990)	2021
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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.)

Sec	tion A. Public Support						1
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h	Sources						
b	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						
11							
	activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
15	and 12.)						
14	First 5 years. If the Form 990 is for	r the organizati	ion's first secon	d third fourth	or fifth tax ve	l Par as a section	
	organization, check this box and stop here .	-			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2021 (line 8	•		mn (f))		15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2021 (lin			13, column (f))		17	%
18	Investment income percentage from 2020					18	%
	331/3% support tests - 2021. If the or						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2020. If the orga	-	-	•		••••••	
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization	did not check	a box on line ²	14, 19a, or 19b	, check this bo	x and see instr	uctions
JSA 1E122	1 1.000					Schedule	e A (Form 990) 2021

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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")? If "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a 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.*
- **10 a** 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.)

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Page 5

1

2

Part	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No

	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> 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.
--	--

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).						
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 (se	e instru	uctions	s).			
•		[Yes	N			
2	Activities Test. Answer lines 2a and 2b below.						

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.
	,

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*

- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No," provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

V21-7.8F 038999

2a

2b

3a

3b

MEALS ON WHEELS WESTERN MICHIGAN Schedule A (Form 990) 2021		38-	2535537 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	<u> </u>	raye
Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ	g trust on	Nov. 20, 1970 (<i>expla</i>	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedu	ile A (Form 990) 2021				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	t ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	eses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
<u>e</u>	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i>				
	<i>Part VI.</i> See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
1	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Part VI

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

SCHEDULE	Δ	DART	ΤТ	_	OTHER	INCOME
SCUEDOPE	А,	PARI	T T	-	OINER	TINCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
FUNDRAISING REVENUES	NONE	NONE	NONE	3,750.	7,300.	11,050.
TOTALS	NONE	NONE	NONE	3,750.	7,300.	11,050.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

MEALS ON WHEELS WESTER	MEALS ON WHEELS WESTERN MICHIGAN 38-2535537				
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	Form 990 or 990-EZ X 501(c)(3) (enter number) organization				
4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization				
Form 990-PF 501(c)(3) exempt private foundation					
4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation					

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

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

General Rule

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

Special Rules

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

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

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

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

	MEALS ON WHEELS WESTERN MICHIGAN		38-2535537
Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	_ \$4,584,624 _	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
		_ \$	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.)
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page 2
Employer identification number

Schedule B (Form 990) (202	!1
Name of organization	

Name of o	rganization MEALS ON WHEELS WESTERN MICHIGAN		Employer identification number 38-2535537		
Part II	Noncash Property (see instructions). Use duplicate copies o				
(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		
		\$			
		Ψ			

27

Schedule B (Form 990) (2021)

	(Form 990) (2021)			Page 4
Name of or	•			Employer identification number
Part III	MEALS ON WHEELS WESTE Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	, contributions to o the year from any ons completing Par e year. (Enter this ir	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held
Part I				
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
JSA				Schedule B (Form 990) (2021

SCHEE	DULE D
(Form	990)

Department of the Treasury

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.

20 Ζ **Open to Public**

OMB No. 1545-0047

Name of the organization Employe identification number 2011 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' or Form 990, Part IV, line 6. 1 Total number at end of year	Interr	nal Revenue Service	► Go to www.irs.gov	/Form990 for instructions	and the latest inform		Inspection
2etti Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. 1 Total number at end of year	Name	e of the organization				Employer ident	ification number
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year	MEA						35537
I Total number at end of year (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (c) 3 Aggregate value of grants from (during year) (c) 4 Aggregate value at end of year (c) (c) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised (c) (c) 6 Did the organization inform all donors and donor advisors in writing that grant funds can be used (c)	Pa					Accounts.	
1 Total number at end of year		Complete	e if the organization answered				
2 Aggregate value of commutations to (during year) 3 Aggregate value of commutations (during year) 4 Aggregate value at end of year				(a) Donor advise	ed funds	(b) Funds	and other accounts
3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) b) the organization inform all donors and donor advisors in writing that the assets held in donor advisors of Did the organization from all grantees, donors, and donor advisors in writing that grant lunds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conforming impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conforming impermisable purposes. Yes No Part II Conservation Easements. Complete if the organization for public use for example, recreation or advisor in the form of a historically important land area preservation of a conservation easements held by the organization (check all that apply). Preservation of grant patient abatist Preservation of and for public use for example, recreation or advisor in Preservation of a conservation easements. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. Easements on conservation easements. Easements or conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year busines. Sumber of states where property subject to conservation easements in totaced b Sumbar of states where deroganization reports conservation easements in bioterical reaservation easements during the year busine.	1	Total number at e	nd of year				
 Aggregate value at end of year	2	Aggregate value o	of contributions to (during year)				
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funds are the organization's property, subject to the organization's exclusive legal control?	4						
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (or example, terreation or education) Preservation of a certified historic structure Preservation of open space Complete inferse 2a through 2d if the organization held a qualified conservation constribution in the form of a conservation easements included in (a). 2a 2a 2a 2b Total acceage restricted by conservation easements. 2a 2b Total acceage restricted by conservation easements included in (a). 2a 2a 2b Total acceage restricted by conservation easements included in (a). 2a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the yere is of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the yere is of a section 170(h)(4)(B)(i) 10 Part IIII describe have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements in black? 10 In Part XIII, describe have a written policy regarding the violations, and enforcing conservation easements to the organization is eaceme	5	-		-			
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 and section 170(h)(4)(B)(ii)?		▶\$					
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X. b Assets included in Form 990, Part X. c Assets included in Form 99	8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the rec	quirements of secti	ion 170(h)(4)(B)	(i)
 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part XIII, line 1. b Assets included in Form 990, Part X. b Assets included in Form 990, Part X. 							
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X. b Assets included in Form 990, Part X. b Assets included in Form 990, Part X. b Assets included in Form 990, Part X. b Assets included in Form 990, Part X. c S							-
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 art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X. 		service, provide in	Part XIII the text of the footnote	to its financial statemen	ts that describes t	hese items.	i fultilerance of public
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 (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X. b Assets included in Form 990, Part X. 		art, historical treas	sures, or other similar assets he	Id for public exhibition,			
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 a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X. b \$ 	2	-				assets for fina	ncial gain, provide the
b Assets included in Form 990, Part X							•
D ASSERS INCLUDED IN FORM 990, PAR A							\$
	_	Assets Included In	Act Notice, see the instructions for	r Form 000	<u></u>		۵۵۵ (Earm ۵۵۵)

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Schee		LS ON W									535537	
Ра	rt III Organizations Maintaini	ng Colleo	tions of	f Art, Hi	storical	Treasure	es, or	Other	Similar A	ssets (c	continue	d)
3	Using the organization's acquisitio	on, access	ion, and	other re	ecords, ch	neck any	of the	e follow	ving that m	ake sign	ificant u	se of its
	collection items (check all that appl	ly):										
а	Public exhibition			d	Loa	an or exch	nange	progra	m			
b	Scholarly research			е	Oth	ner						
С	Preservation for future gener	rations										
4	Provide a description of the organ	nization's d	collectior	ns and e	xplain ho	w they fu	urther	the or	ganization's	s exempt	purpose	e in Part
	XIII.											
5	During the year, did the organizatio	on solicit or	r receive	donation	ns of art, I	nistorical t	reasu	ires, or	other simila	ar		
	assets to be sold to raise funds rath	ner than to	be main	tained as	s part of tl	he organiz	zation	's collee	ction?	[Yes	No
Ра	rt IV Escrow and Custodial A	rrangeme	ents.									
	Complete if the organiza	ition answ	vered "Y	'es" on l	Form 990	0, Part IV	, line	9, or r	eported ar	n amour	nt on For	rm
	990, Part X, line 21.											
1a	Is the organization an agent, trust									ets not _		
	included on Form 990, Part X?									L	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII	and com	nplete the	e following	table:						
										Amount		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an am									-	Yes	No No
	If "Yes," explain the arrangement in	n Part XIII.	. Check ł	here if th	e explana	tion has b	een p	rovided	on Part XIII			<u>. </u>
Pa	rt V Endowment Funds.							4.0				
	Complete if the organiza											
	-	(a) Curre		(b)	Prior year		-	rs back	(d) Three ye		., ,	ears back
1a	Beginning of year balance	5	74,195.		60,736		59,9	996.	6	0,085.		91,516.
b	Contributions											
С	Net investment earnings, gains,											
	and losses	-	-6,535.		14,252		1,4	120.		574.		5,057.
d	Grants or scholarships											35,500.
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses		732.		793			580.	_	663.		988.
g	End of year balance		56,928.		74,195			736.		9,996.		60,085.
2	Provide the estimated percentage		rent year		ance (line	1g, colum	n (a))	held as	:			
a L	Board designated or quasi-endowm Permanent endowment ► 100.00			%								
b C		<u>000</u> %										
C	The percentages on lines 2a, 2b, a		ادبيم مانا	100%								
3a	Are there endowment funds not in t				nization tl	hat are he	ld an	d admir	nistered for	the		
u	organization by:		501011 01 1	ino orga			ia an	a aanni			Y	'es No
	(i) Unrelated organizations										3a(i)	X
	(ii) Related organizations										3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate										3b	
4	Describe in Part XIII the intended u	•			•							
Ра	rt VI Land, Buildings, and Equ Complete if the organization											
	Complete if the organiza	ation ansv										
	Description of property			or other bas estment)	sis (b) C	ost or other l (other)	basis		cumulated eciation	(d) Book valu	le
1a	Land		· · · ·	,		978,4	55.	·			978	3,455.
b	Buildings	_										
с	Leasehold improvements					2,017,5	79.	9	50,497.		1,067	7,082.
d	Equipment					2,176,9			92,514.			1,412.
е	Other											
	I. Add lines 1a through 1e. (Column		equal For	rm 990, F	Part X, col	umn (B), I	ine 10)c.)			2,629	9,949.

Schedule D (Form 990) 2021

Investments - Other Securities.

Part VII

Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CHARLES SCHWAB INVESTMENTS	458,007.		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	458,007.		
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			
(2)			
_(3)			
_(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 1	5.
(a) De	scription	(b) Book va	lue
(1)			
_(2)			
_(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X	, ,
	tion of liability	(b) Book va	lue
(1) Federal income taxes			
(2)ACCRUED PROPERTY TAX		3	866.
(3)CAPITAL LEASE OBLIGATION			353.
(4)DEFERRED COMPENSATION PAYABLE			569.
(5)MORTGAGE LOAN PAYABLE		904,	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		▶ 988,	184.
2. Liability for uncertain tax positions. In Part XIII, provide the			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2021 MEALS ON WHEELS WESTERN MICHIGAN	38-	2535537 Page 4
Part		n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	7,210,463.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	7,893.
3	Subtract line 2e from line 1	3	7,202,570.
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.)		
С	Add lines 4a and 4b	4c	-20,866.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,181,704.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	7,147,439.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	36,026.
3	Subtract line 2e from line 1	3	7,111,413.
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		
u			
b	Other (Describe in Part XIII.)		
	Other (Describe in Part XIII.)	4c	
b c 5		4c 5	7,111,413.

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.

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART V, LINE 4:

THE ORGANIZATION HAS ESTABLISHED A FUND AT THE GRAND RAPIDS COMMUNITY FOUNDATION, A MICHIGAN NONPROFIT CORPORATION, WHICH IS KNOWN AS THE SENIOR MEALS ON WHEELS OF WESTERN MICHIGAN FUND (THE FUND). THE FUND SHALL BE USED FOR SUPPORT OF THE CHARITABLE OR EDUCATIONAL PURPOSES OF THE ORGANIZATION UPON THE WRITTEN REQUEST OF THE ORGANIZATION. ANY UNREQUESTED OR UNDISTRIBUTED INCOME SHALL BE CARRIED FOR FUTURE YEARS, UNLESS OTHERWISE SPECIFIED BY THE ORGANIZATION IN WRITING. THE BALANCE AT SEPTEMBER 30, 2022 WAS \$66,928.

SCHEDULE D, PART XI:

SCHEDULE D, PART XI, LINE 2B: IN-KIND CONTRIBUTIONS RENDERED FOR SERVICES AND RENT \$15,160

SCHEDULE D, PART XI, LINE 2D: LOSS ON BENEFICIAL INTEREST IN ASSETS HELD BY THE GRAND RAPIDS COMMUNITY FOUNDATION (\$7,267)

SCHEDULE D, PART XI, LINE 4B: FUNDRAISING EVENT EXPENSES (\$20,866) SCHEDULE D, PART XII

SCHEDULE D, PART XII, LINE 2A: IN KIND CONTRIBUTIONS RENDERED FOR

SERVICES AND RENT \$15,160

SCHEDULE D, PART XII, LINE 2D:

FUNDRAISING EVENT EXPENSES \$20,866

SCHEDULE G		Information Re			•	-	OMB No. 1545-0047
(Form 990)	Complete if t	2021					
Department of the Treasury Internal Revenue Service							
						Employer identification	Inspection on number
MEALS ON WHEELS						38-253553	
	e Activities. Comp EZ filers are not re	-			Yes" on Form 99	90, Part IV, line 1	7.
	the organization rais				activities. Check a	all that apply.	
a 🛛 Mail solicita	tions	e X Solicitation of non-government grants					
	l email solicitations						
c X Phone solic d X In-person so		g	X Spe	cial fundra	ising events		
	es listed in Form 990	, Part VII) or entity	in connec	tion with p	professional fundra	ising services?	X Yes No
	10 highest paid indi least \$5,000 by the		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
(i) Name and addr or entity (fu		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMENT	INFORMATION		Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
	which the organiza			► to solicit	120,631.	85,618.	35,013.
registration or lic	•						

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

		gross receipts greater than \$5,00	0.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			CHEF'S GALA (event type)	TABLE EVENT (event type)	1 (total number)	col. (c)
е					(total humbor)	
Revenue	1	Gross receipts	80,544.	26,864.	13,985.	121,393.
Ř	2	Less: Contributions	73,244.	26,864.	13,985.	114,093.
	3	Gross income (line 1 minus line 2)	7,300.			7,300.
		,				· · · ·
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages	7,300.			7,300.
Direc	8	Entertainment				
	9	Other direct expenses	5,361.	3,729.	4,476.	13,566.
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)	•	20,866.
		Net income summary. Subtract li				-13,566.
Ра						
ľα		\$15,000 on Form 990-EZ, lin				reported more than
			e ba.			
nue		\$13,000 011 0111 330-L2, 111	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
evenue		↓13,000 011 0111 330-L2, 111			(c) Other gaming	
Revenue	1				(c) Other gaming	
Revenue	1	Gross revenue			(c) Other gaming	
					(c) Other gaming	
	2	Gross revenue			(c) Other gaming	
irect Expenses	2 3	Gross revenue			(c) Other gaming	
	2 3 4	Gross revenue Cash prizes Noncash prizes			(c) Other gaming	
irect Expenses	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
irect Expenses	2 3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	bingo/progressive bingo	Yes%	col. (a) through col. (c))
irect Expenses	2 3 4 5 6 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	bingo/progressive bingo	Yes% No	col. (a) through col. (c))
irect Expenses	2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lin Net gaming income summary. Su Enter the state(s) in which the organization licensed to con It "No " organization licensed to con	(a) Bingo	bingo/progressive bingo	Yes% No	col. (a) through col. (c))

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 b If "Yes," explain:

JSA 1E1282 1.000 Schedule G (Form 990) 2021

Sched	ule G (Form 990 or 990-EZ) 2021 MEALS ON WHEELS WESTERN MICHIGAN	38-25	535537	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	(s and		
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?	r	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
	amount of gaming revenue retained by the third party ► \$			
c	If "Yes," enter name and address of the third party:			
	Nama N			
	Name			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro	oceeds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga			
	or spent in the organization's own exempt activities during the tax year > \$			
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).			

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

LAUTMAN MASKA NEILL & CO. 1730 RI AVE #301, DC, 20036

ACTIVITY :

DIRECT MAIL FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY : 120,631.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 85,618.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 35,013.

STATEMENT 1

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Internal Revenue Service

Name of the organization	Employer identification number
MEALS ON WHEELS WESTERN MICHIGAN	38-2535537

FORM 990 REVIEW

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

FORM 990 IS REVIEWED BY THE PRESIDENT AND CFO.

CONFLICT OF INTEREST POLICY COMPLIANCE

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

THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER MONITOR

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY WHEN EVALUATING

RELATIONSHIPS WITH NEW COMPANIES, ALONG WITH HAVING ALL BOARD MEMBERS

REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN A BOARD MEMBER CONFLICT

OF INTEREST POLICY DISCLOSURE FORM ANNUALLY.

COMPENSATION REVIEW AND APPROVAL

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

REVIEW AND EVALUATION BY EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS.

DOCUMENT DISCLOSURE

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

DOCUMENTS, POLICY, AND STATEMENTS AVAILABLE UPON REQUEST.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 9:

LOSS ON BENEFICIAL INTEREST IN ASSETS HELD BY

THE GRAND RAPIDS COMMUNITY FOUNDATION

(\$7,267)

FORMAL CEO REVIEW

FORM 990, PART VI, LINE 11B

CEO IS FORMALLY REVIEWED BY THE BOARD OF DIRECTORS.

Schedule O (Form 990 or 990-EZ) 2021		Page 2
Name of the organization	Employer identification number	
MEALS ON WHEELS WESTERN MICHIGAN	38-2535537	

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

THE HOME DELIVERED MEALS PROGRAM PROVIDES A PACKAGED, FRESHLY PREPARED, DINNER-TYPE MEAL DELIVERED AROUND THE NOON HOUR TO HOMEBOUND SENIORS THROUGHOUT WEST MICHIGAN. A LIGHTER SECOND MEAL IS AVAILABLE TO THOSE HOMEBOUND WHO NEED IT, WHICH IS ALSO DELIVERED AROUND THE NOON HOUR. THESE MEALS FOLLOW ONE-THIRD RDA AND MEET OR EXCEED MICHIGAN STANDARDS FOR SENIOR MEAL PROGRAMS.

THIS PROGRAM SERVES SENIOR CITIZENS UNABLE TO PREPARE NUTRITIOUS MEALS FOR THEMSELVES, AND WHO ARE UNABLE TO LEAVE THEIR HOMES WITHOUT ASSISTANCE. SENIORS WHO ARE PARTICIPATING IN THIS PROGRAM RECEIVE SEMI-ANNUAL VISITS FROM MOWWM ASSESSMENT PERSONNEL WHO ASSESS THE CLIENT FOR CONTINUED ELIGIBILITY AND PROVIDE INFORMATION AND REFERRALS ABOUT OTHER SERVICES. 554,725 MEALS WERE DELIVERED, INCLUDING THOSE PROVIDED THROUGH THE MEDICAID WAIVER PROGRAM.

Schedule O (Form 990 or 990-EZ) 2021			Page 2
Name of the organization	Employer iden	ification number	
MEALS ON WHEELS WESTERN MICHIGAN		38-2535	5537
FORM 990, PART III, LINE 4D - OTHER PROGRAM SE	RVICES		
	======		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
ALL OTHER PROGRAM SERVICES, INCLUDING EMERGENCY AND PRIVATE PAY MEALS	NONE	143,281.	197,898.
TOTALS		143,281.	197,898. =======