Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2022
Open to Public

| A F | or th | ne 202 | 2 calendar year, or tax year beginning 12/01/2022 | and end | ing | | 11/3 | 0/2023 | pro- and | | |
|------------------------------|--|---------------|---|----------------|----------------|--|----------------|--------------------|-------------|--|--|
| _ | | | C Name of organization | | | D Employer id | entification | on number | | | |
| Вс | heck if a | pplicable: | MEALS-ON-WHEELS OF WHITE PLAINS INC | | | | | | | | |
| | Addr | | Doing Business As | | | 13 | -2988 | 167 | | | |
| | Name | e change | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | | E Telephone number | | | | | |
| | Initia | l return | 311 NORTH STREET | | | (914) 946-6878 | | | | | |
| | Term | inated | City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | |
| | Amer | | WHITE PLAINS, NY 10605 | | | G Gross receip | ts \$ | 277,0 | 91. | | |
| | Appli pend | cation ing | F Name and address of principal officer: STEVEN HOCHMAN | | | H(a) Is this a gro subordinates | | or Yes | X No | | |
| 10111111 | | | 311 NORTH STREET, WHITE PLAINS, NY 10605 | | | H(b) Are all subord | | ed? Yes | No | | |
| ī | Tax-ex | empt st | atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) | or 5 | 27 | If "No," atta | ch a list. (se | ee instructions) | | | |
| J | Webs | ite: 🕨 | WWW.MOWWP.ORG | | | H(c) Group exem | ption numb | per 🕨 | | | |
| K | Form | of organ | ization: X Corporation Trust Association Other ▶ | L Year | of format | tion: 1979 M | State of I | legal domicile | : NY | | |
| P | art I | Sui | mmary | | | | | | | | |
| | 1 | Briefly | describe the organization's mission or most significant activities: _ DELIV | ERY OF | MEAL | S TO THE | HOMEB | OUND AN | D | | |
| ce | | THOS | SE UNABLE TO PREPARE ADEQUATE MEALS FOR THEMSE | ELVES. | | | | | | | |
| nan | | | | | | | | | | | |
| Governance | 2 | Check | this box 🕨 🔲 if the organization discontinued its operations or dispose | ed of more th | han 25% | of its net asset | s. | | | | |
| | 3 | Numb | er of voting members of the governing body (Part VI, line 1a) | | | | 3 | | 11 | | |
| Activities & | 4 | Numb | er of independent voting members of the governing body (Part VI, line 1b) . | | | | 4 | | 11 | | |
| iţie | 5 | Total | number of individuals employed in calendar year 2022 (Part V, line 2a) | | | | 5 | | 4 | | |
| ctiv | 02.0 | | number of volunteers (estimate if necessary) | | | | 6 | | 115 | | |
| Ā | 7a | Total | unrelated business revenue from Part VIII, column (C), line 12 | | | | 7a | | | | |
| | b | Net ur | nrelated business taxable income from Form 990-T, line 34 | <u></u> | . , | | 7b | | | | |
| | | | | | | Prior Year | | Current Y | | | |
| 1e | 8 | | butions and grants (Part VIII, line 1h) | Y FOR | 1 | 201,98 | | 500 | ,235. | | |
| ent | 9 | Progra | am service revenue (Part VIII, line 2g) | | l | 47,4 | | | L,569. | | |
| Revenue | 10 | | ment income (Part VIII, column (A), lines 3, 4, and 7d) | | J | 1,0 | 95. | 9 | 287. | | |
| _ | 11 | Other | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | ONE | | NONE | | | |
| | 12 | | revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). | | | 250,54 | 17. | 277 | ,091. | | |
| | 13 | | s and similar amounts paid (Part IX, column (A), lines 1-3) | | | N | ONE | | NONE | | |
| | 14 | | its paid to or for members (Part IX, column (A), line 4) | | | | ONE | | NONE | | |
| es | 15 | | es, other compensation, employee benefits (Part IX, column (A), lines 5-10). | | | 119,3 | | 112 | ,604. | | |
| ens | | | ssional fundraising fees (Part IX, column (A), line 11e) | | | N(| ONE | | NONE | | |
| Expenses | | | fundraising expenses (Part IX, column (D), line 25) ▶17,856. | | | | | | | | |
| | | | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 215,39 | | | ,486. | | |
| | 18 | | expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | 334,76 | | | ,090. | | |
| or | 19 | Rever | ue less expenses. Subtract line 18 from line 12 | <u></u> | | -84,21 | _ | Section 12 Section | ,999. | | |
| Net Assets o Fund Balance | | - | (D. LV F 40) | | Begin | ning of Current | | End of Ye | | | |
| Sse | 20 | | assets (Part X, line 16) | | • | 274,70 | | | ,908. | | |
| et A | 21 | | iabilities (Part X, line 26) | | | 16,9 | | | 750 | | |
| | rt II | | sets or fund balances. Subtract line 21 from line 20 | | • | 257,74 | 19. | 200 | ,750. | | |
| | Contract of the Contract of th | | If perjury, I declare that I have examined this return, including accompanying schedulers. | iles and state | ements a | and to the hest of | f my kno | wledge and h | elief it is | | |
| true | , corre | ect, and | complete. Declaration of preparer (other than officer) is based on all information of white | ch preparer h | nas any kr | nowledge. | , | modge and b | | | |
| | | | | | | 10/ | 15/20 | 21 | | | |
| Sig | n | | Signature of officer | | | Date | 13/20. | 2.1 | | | |
| He | | CETT | VEN HOCHMAN PRESID | FNT | | | | | | | |
| | | | Type or print name and title | , LINI | | | | | | | |
| | | 1888 | Type preparer's name Preparer's signature | Date | | Check X | if PTIN | N | | | |
| Paid | i | MART | FIN H LAGER MILETS - CAA | 10/1 | 4/202 | and the second of the second o | San I manage | 0006252 | | | |
| | oarer | | name ▶ MARTIN H. LAGER, CPA | 1 - 0 / 1 | -, -, -, -, | Firm's EIN ▶ | Dane I | 2519984 | | | |
| Use | Only | | address 440 MAMARONECK AVENUE STE 406 HARRISON, NY 10528 | | | Phone no. | -0.0 | -297-91 | | | |
| May | the I | | cuss this return with the preparer shown above? (see instructions) | | | | | X Yes | No | | |
| | | | Reduction Act Notice, see the separate instructions. | | | | | Form 99 | | | |

| Fon | n 990 (20 | 022) | Page Z |
|------------|---------------|---|---------------------------------------|
| Pa | art III | Statement of Program Service Accomplishments | [] |
| _ | Driofly | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | • | TVERY OF MEALS TO THE HOMEBOUND AND TO THOSE UNABLE TO PREPARE | |
| | | QUATE MEALS FOR THEMSELVES | |
| | _ ADBQ | CONTE PENDO FOR INCIDENTED | |
| | | | |
| 2 | Did the | e organization undertake any significant program services during the year which were not listed on the | |
| | prior F | orm 990 or 990-EZ? " describe these new services on Schedule O. | |
| 3 | | e organization cease conducting, or make significant changes in how it conducts, any program | |
| | service | s? | |
| 4 | | be the organization's program service accomplishments for each of its three largest program service | es. as measured by |
| | | es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and | |
| | the tota | al expenses, and revenue, if any, for each program service reported. | |
| | | | |
| 4a | (Code: | | 41,569. |
| | $\overline{}$ | S-ON-WHEELS OF WHITE PLAINS (MOWWP) FOUNDED IN 1979, AND ITS | |
| | | INTEERS HAVE BEEN DELIVERING WITHOUT INTERRUPTION MEDICALLY | |
| | | OPRIATE AND NUTRITIOUS DINNER ENTREES, COLD SUPPERS, SIDES & | |
| | | RAGES TO OUR CLIENTS. ALL ARE RESIDENTS OF THE CITY OF WHITE | |
| | | NS WHO ARE UNABLE DUE TO AGE AND/OR MEDICAL CONDITIONS TO SHOP COOK FOR THEMSELVES. THIS YEAR 39,653 MEALS WERE SERVED TO 156 | |
| | | COOK FOR THEMSELVES. THIS YEAR 39,653 MEALS WERE SERVED TO 156 UPLICATED CLIENTS. THE AVERAGE NUMBER OF CLIENTS SERVED PER | |
| | | WAS BETWEEN 75-80. THE NUMBER OF ROUTES ARE SEVEN. MOWWP | |
| | | VERS MEALS FOR 5 TO 6 DAYS PER WEEK ON A TWICE-PER-WEEK BASIS | |
| | | DAYS AND THURSDAYS). ON DAYS OTHER THAN MONDAY AND THURSDAY, | |
| | | INTEERS PERFORM SOCIAL AND SAFETY CHECK TELEPHONE CALLS. | |
| | | | |
| 4b | (Code: |) (Expenses \$including grants of \$) (Revenue \$ |) |
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| 4c | (Code: |) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| | | | <u> </u> |
| 44 | Other r | program services (Describe on Schedule O.) | |
| | (Expen | | |
| 4e | | rogram service expenses 269,102. | |
| JSA 2E1 | 20 1.000 | | Form 990 (2022) |

| | 90 (2022) | | | Page 3 |
|------|--|--------------------|-----|----------|
| Part | IV Checklist of Required Schedules | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | 165 | NO |
| • | complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 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 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | İ |
| | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | L |
| 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 | 1 _ | | ١ |
| _ | "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," | ├- | - | <u> </u> |
| ŭ | 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 | | | <u> </u> |
| _ | 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," | | | ١ |
| L | complete Schedule D, Part VI | 11a | | X |
| D | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| c | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more | 110 | | ┢ |
| · | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | İ |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | <u> </u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII. | 12a | | X |
| þ | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 401 | | |
| 13 | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 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, | , , , a | | |
| ~ | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | ĺ |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | l |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | ا ۔۔ ا | | ۱ |
| 40 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 18 | | x |
| 19 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | | |
| 13 | If "Yes," complete Schedule G, Part III | 19 | | x |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | 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 |

| 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 | | х |
| 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 | | v |
| _ | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | | X |
| | | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | ١ | | |
| | to defease any tax-exempt bonds? | 24c | | |
| | • | 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? | ł | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 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 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | aireire. | <u> </u> |
| 20 | | | | |
| _ | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | e celebrate | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 00- | | .,, |
| | | 28a | | <u>X</u> |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "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 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | <u> </u> |
| 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 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | <u>x</u> |
| | 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 | 333 | | |
| 30 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | v |
| 27 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | <u> </u> |
| 37 | · · · · · · · · · · · · · · · · · · · | 27 | ı | v |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | _ | ., | |
| 5. 1 | 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> | | ــــــــــــــــــــــــــــــــــــــ |
| | | Recognition | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> <u>NONE</u> | | ; 1 | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |

Form 990 (2022)

| 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 4 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | <u> </u> |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| | 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 |
| b | If "Yes," enter the name of the foreign country | | ic access. | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X_ |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| | 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 | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| - | gifts were not tax deductible? | 6ь | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | - 4 | | |
| - | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| _ | and services provided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| • | required to file Form 8282? | 7c | | х |
| Ь | 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 | | |
| _ | 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 | | |
| | 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 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | 12.14 | |
| 11 | Section 501(c)(12) organizations. Enter: | - 19 | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources | | | |
| _ | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | 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. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| _ | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | 2 |
| | 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 | | |
| 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 | | Χ_ |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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 2E1040 2.000 6117XJ B22D

Form **990** (2022)

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

| Sect | ion A. Governing Body and Management | | | _ |
|--------------|---|-------------|-----------------|----------------|
| | • • | لــــــا | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | , | <u> </u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | <u> </u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | _X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | <u>X</u> |
| 6 | Did the organization have members or stockholders? | 6 | | <u> X</u> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | <u>X</u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | _X_ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | 111.00 | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | <u> </u> |
| <u>Secti</u> | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | <u>Code</u> | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | <u>X</u> |
| b | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . | 11a | | <u> X</u> |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | 7.000 (F) | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | X |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe on Schedule O how this was done | 12c | | <u>X</u> |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | Maragana ani a |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | <u>X</u> |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | dalla: c | | 7.11.11 |
| | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | 3 32 331 | |
| 0 = 4* | organization's exempt status with respect to such arrangements? | 16b | | |
| Secti | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NY, | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | (sect | ion 5 | 01(c) |
| | X Own website X Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year. | | est p | olicy, |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record | s | | |
| | JEREMY KASMAN, EXECUTIVE DIR. 311 NORTH STREET WHITE PLAINS, NY 10605 | _ | 000 | |

JSA

| Form 990 (2022) | | | MEAL | S-ON-WHEE | LS OF WH | ITE F | PLAINS INC | | 13-2988167 | | | |
|-----------------|----------------|------|-----------|------------|-----------|-------|------------|---------|-------------|------------|-----|--|
| Part VII | Compensation | of | Officers, | Directors, | Trustees, | Key | Employees, | Highest | Compensated | Employees, | and | |
| | Independent Co | ontr | actors | | | | | | | | | |

Check if Schedule O contains a response or note to any line in this Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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 (list any hours for related organizations below dotted line) | box, | unle | Pos heck ss pe | erson | than or/trust Highest compensated employee | an | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------|---|------|------|----------------------|------------|--|----|---|---|--|
| | | | ă | | | ated | | | | |
| | | | | | | | | | | |
| (1) JEREMY KASMAN | 30.00 | | | | | l | | | | |
| EXECUTIVE DIRECTOR | NONE | | | Х | | | | 81,538. | NONE | NONE |
| (2) STEVEN HOCHMAN | 1.00 | | | | | | | | | |
| PRESIDENT | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (3) DAVID KLEIN | 1.00 | | | | | | | | | |
| TREASURER | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (4) SARA BASSON | 1.00 | | | | | | | | | |
| RECORDING SECRETARY | NONE | Х | | X | | | | NONE | NONE | NONE |
| (5) MARY HELEN JORDAN | 1.00 | | | | | | | | | |
| CORRESPONDING SECRETARY | NONE | Х | | х | | | | NONE | NONE | NONE |
| (6) SIMON ARONIN | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NONE |
| (7) BEN BOYKIN | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NONE |
| (8) DR. KAREN DOLINS | 1.00 | | | | | | | = - | | |
| DIRECTOR | NONE | х | | | | | | NONE | NONE | NONE |
| (9) JOHN KIRPATRICK | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | Х | | | <u>L</u> . | | | NONE | NONE | NONE |
| (10) SUE LOBEL | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NONE |
| (11) PASTOR TYRONE ROBINSON | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NONE |
| (12) PETER WOLFSON | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | х | | | | | | NONE | NONE | NONE |
| (13) | | | | | | | | | | |
| | | | | | | | | | | |
| (14) | | | | | | | | | | |
| | 1 | | | | l | | L | | | |

Form 990 (2022)

Form 990 (2022)

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| | | |

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | |
|--|---|--------------------------------|-----------------------|----------------------|--------------|---------------------------------|--------------|--------------------------------------|--|-------------------|--|
| (A) Name and title | (B) Average hours per week (list any hours for | box, | unles | Pos heck ss pe | erson | e than o is both or/trust | an ee) | (D) Reportable compensation from the | (E) Reporta compensation relate organizati | on from d | (F) Estimated amount of other compensation |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099 | STEEL STEEL STEEL | from the organization and related organizations |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b Sub-total | ection A . | | | | | | * * * | 81,538. NONE 81,538. | | NONE NONE | NONE NONE NONE |
| Total number of individuals (including but not reportable compensation from the organization) | limited to tl | | | | | e) who | _ | | \$100,000 | | 110112 |
| 3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu | er, directo ule J for suc | r, or ch ind | tru ividi | uste ual | e, • • | key e | mp | loyee, or highes | t compens | ated | Yes No |
| 4 For any individual listed on line 1a, is the sorganization and related organizations graindividual | eater than | \$15 | 0,0 | 00? |) If | "Yes | ," (| complete Schedu | le J for s | such | 4 X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | accrue coi | mpen | sati | on | fron | n any | uni | related organization | on or indivi | dual | 5 X |
| Section B. Independent Contractors | | | | | | | | | | | |
| Complete this table for your five highest com compensation from the organization. Report c year. | | | | | | | | | | | |
| (A) Name and business add | ress | | | | | | | (B) Description of se | ervices | C | (C) Compensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (in more than \$100,000 in compensation from the | | | | nite | d to | thos | | sted above) who | received | | |

| Part VIII | Statement | of Revenue |
|-----------|-----------|------------|

| | | Check if Schedule O contains a respon | ise or note to an | | | | |
|---|---------|---|---|----------------------|--|--------------------------------------|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| its, | 1a | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | b | Membership dues 1b | | | | | |
| A G | С | Fundraising events 1c | | | | | |
| ifts ar / | d | Related organizations 1d | | | | | |
| ni'G | е | Government grants (contributions) 1e | 20,000. | | | | |
| Sis | f | All other contributions, gifts, grants, | | | | | |
| her | | and similar amounts not included above . 1f | 206,235. | | | | |
| Ę | g | Noncash contributions included in | | | | | |
| ou | | lines 1a-1f | | | | | 6 E E E E E E |
| 0 10 | h | Total. Add lines 1a-1f | Business Code | 226,235. | | | |
| ø | 222 | MENT DESIGNATE | 624210 | 41 560 | 41,569. | | |
| , vic | 2a | MEAL REVENUE | 624210 | 41,569. | 41,369. | | |
| Ser | b | | | | | | |
| Program Service Revenue | C . | | | | | | |
| | d | | | | | | |
| | e | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 41,569. | | | |
| | 3 | Investment income (including dividends, | | | | | |
| | " | other similar amounts) | | 9,287. | | | |
| | 4 | Income from investment of tax-exempt bond | 0.100.00.00.00.00 | NONE | | | |
| | 5 | Royalties | 11.000.000.000.000.000.000 | NONE | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | С | Rental income or (loss) 6c NONE | NONE | | | | |
| | d | Net rental income or (loss) | 100000000000000000000000000000000000000 | NONE | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | | sales of assets | | | | | |
| | | other than inventory 7a | | | | | |
| nue | b | Less: cost or other basis | | | | | |
| ver | 98.5 | and sales expenses 7b | | | | | |
| er Revenue | 1000 | Gain or (loss) | | NONE | | | |
| her | _ | Net gain or (loss) | | NONE | | | |
| ot | 8a | Gross income from fundraising | | | | | |
| | | events (not including \$ of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 8a | NONE | | | | |
| | ь | Less: direct expenses 8b | NONE | | | | |
| | c | Net income or (loss) from fundraising events | | NONE | | | |
| | 9a | Gross income from gaming | | | | | |
| | | activities. See Part IV, line 19 9a | NONE | | | | |
| | b | Less: direct expenses 9b | NONE | | | | |
| | С | Net income or (loss) from gaming activities. | | NONE | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances 10a | NONE | | | | |
| | | Less: cost of goods sold | NONE | Nove | | | |
| | | Net income or (loss) from sales of inventory | Business Code | NONE | | | |
| Miscellaneous Revenue | | | Dualiess Code | | | | |
| nec | 11a | | | | | | |
| ella | b | | | | | | |
| Sce | d C | All other revenue | | | | | |
| Σ | e | Total. Add lines 11a-11d | | NONE | | | |
| | 12 | Total revenue. See instructions | | 277,091. | 41,569. | | |
| JSA 2F105 | 1 1.000 | | | | | | Form 990 (2022) |
| | 61 | 17XJ B22D | V22-7.13 | | | | |

Part IX Statement of Functional Expenses

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

| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | |
|---|--|-----------------------|--|--|--------------------------------|--|--|--|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | |
| 1 | Grants and other assistance to domestic organizations | | | | | | | |
| • | and domestic governments. See Part IV, line 21 | NONE | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | |
| | individuals. See Part IV, line 22 | NONE | | | | | | |
| 3 | Grants and other assistance to foreign | | | | The sale of the sale of | | | |
| | organizations, foreign governments, and | | | Barrier Supraga | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | NONE | | | | | | |
| 4 | Benefits paid to or for members | NONE | | Control of the contro | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | |
| | trustees, and key employees | 81,538. | 53,815. | 21,200. | 6,523 | | | |
| 6 | Compensation not included above to disqualified | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | |
| | persons described in section 4958(c)(3)(B) | NONE | | | | | | |
| 7 | Other salaries and wages | 23,064. | 15,222. | 5,997. | 1,845. | | | |
| 8 | Pension plan accruals and contributions (include | NONE | | | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | | | | |
| 9 | Other employee benefits | NONE | | | | | | |
| 10 | Payroll taxes | 8,002. | 5,281. | 2,081. | 640 | | | |
| | Fees for services (nonemployees): | | | | | | | |
| а | Management | NONE | | | | | | |
| | Legal | NONE | | | | | | |
| | Accounting | 12,900. | | 12,900. | | | | |
| | Lobbying | NONE | 18, 86886444 444 44 againming brook | n orași menun ease e ente e e | | | | |
| | Professional fundraising services. See Part IV, line 17. | NONE | | | | | | |
| f | Investment management fees | NONE | | | | | | |
| g | Other. (if line 11g amount exceeds 10% of line 25, column | NONE | | | | | | |
| | (A), amount, list line 11g expenses on Schedule O.) | NONE | | | | | | |
| | Advertising and promotion | NONE | 6 100 | 4,582. | 3,022. | | | |
| 13 | | 13,803. | 6,199. | 4,582. | 3,022 | | | |
| 14 | | NONE NONE | | | | | | |
| 15 | Royalties | NONE | | | | | | |
| 16 | Occupancy | | | | | | | |
| 17 | *************************************** | NONE | | | | | | |
| 18 | | NONE | | | | | | |
| | for any federal, state, or local public officials | NONE | | | | | | |
| | Conferences, conventions, and meetings | | | | | | | |
| 20 | | NONE NONE | | | | | | |
| 21 | Payments to affiliates | NONE | | | | | | |
| 22 | | 4,149. | 4,149. | | | | | |
| 23 24 | Other expenses. Itemize expenses not covered | 7,132. | 3/173. | | | | | |
| 24 | above. (List miscellaneous expenses on line 24e. If | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | | | | |
| | (A), amount, list line 24e expenses on Schedule O.) | | | | | | | |
| 2 | FOOD PREPARATION | 171,399. | 171,399. | ELLIPSIC AND HEADING AND AND AND AND AND AND AND AND AND AND | | | | |
| | BAD DEBT EXPENSE | 13,037. | 13,037. | | | | | |
| | PRINTING | 5,826. | , | | 5,826. | | | |
| | MISCELLANEOUS | 372. | | 372. | | | | |
| | All other expenses | | | | | | | |
| | Total functional expenses. Add lines 1 through 24e | 334,090. | 269,102. | 47,132. | 17,856. | | | |
| _ | Joint costs. Complete this line only if the | | | | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | | | | |
| | fundraising solicitation. Check here if | | | | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | | | | |
| JSA | | | | | Form 990 (2022) | | | |

Part X Balance Sheet

| | Check if Schedule O contains a response or note to any line in this Pa | (A) Beginning of year | | (B) End of year |
|----------------------------------|---|--------------------------|------------------------------|--------------------|
| T . | Cash - non-interest-bearing | 22,130. | 1 | 33,264 |
| 1 2 | Savings and temporary cash investments | NONE | | 33,204 NON |
| 3 | Pledges and grants receivable, net | | 3 | 20,000 |
| 4 | Accounts receivable, net | 7,149. | 4 | 5,229 |
| 1 | Loans and other receivables from any current or former officer, director, | 7,145. | | 5,229 |
| 5 | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | · · · · · · · · · · · · · · · · · · · | NONE | - | NON |
| _ | controlled entity or family member of any of these persons | | and the second second second | NON |
| 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| ١_ | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). | NONE | 6 | NON |
| 8 | Notes and loans receivable, net | NONE | | NON |
| 8 | Inventories for sale or use | NONE | | NON |
| 9 | Prepaid expenses and deferred charges | NONE | 9 | NON |
| 10a | Land, buildings, and equipment: cost or other | | | |
| 1 | basis. Complete Part VI of Schedule D 10a | | | |
| b | Less: accumulated depreciation | NONE | | |
| 11 | Investments - publicly traded securities | 223,128. | 11 | 162,415 |
| 12 | Investments - other securities. See Part IV, line 11 | NONE | 12 | NON |
| 13 | Investments - program-related. See Part IV, line 11 | NONE | 13 | NON |
| 14 | Intangible assets | NONE | 14 | NON |
| 15 | Other assets. See Part IV, line 11 | NONE | 15 | NON |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 274,707. | 16 | 220,908 |
| 17 | Accounts payable and accrued expenses | | 17 | 20,158 |
| 18 | Grants payable | NONE | 18 | NON |
| 19 | Deferred revenue | NONE | | NON |
| 20 | Tax-exempt bond liabilities | NONE | | NON |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | | NON |
| l | Loans and other payables to any current or former officer, director, | | | |
| 22 | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | NONE | 22 | NON |
| 23 | Secured mortgages and notes payable to unrelated third parties | NONE | - | NON |
| 24 | Unsecured notes and loans payable to unrelated third parties | NONE | | NON |
| ı | Other liabilities (including federal income tax, payables to related third | NONE | 24 | NON |
| 25 | , , , | | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X | 27077 | | 11011 |
| | of Schedule D | NONE | | NON |
| 26 | Total liabilities. Add lines 17 through 25 | 16,958. | 26 | 20,158 |
| | Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. | | | |
| 27 | Net assets without donor restrictions | 235,449. | 27 | 180,750 |
| 28 | Net assets with donor restrictions | | 28 | 20,000 |
| 27 28 29 30 31 32 | Organizations that do not follow FASB ASC 958, check here | | | |
| | and complete lines 29 through 33. | | | |
| 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund $\dots \dots$ | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds [| | 31 | |
| 32 | Total net assets or fund balances | 257,749. | 32 | 200,750 |
| | | | 33 | 220,908 |

Form **990** (2022)

| Form 9 | 90 (2022) | | | | 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 | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 2 | 77, | 091 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 3 | 34, | 090 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 56, | 999 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | | 749 |
| 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 | | | | - |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | | 2 | 00. | 750 |
| Part | | | | | | |
| | 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 | | | 131 | lasis: | |
| | 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 | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com | | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | • | | | | |
| | X 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 audit | | | | | |
| | separate basis, consolidated basis, or both: | | | | | erve iz |
| | 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 ove | rsiahi | t of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountar | • | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | | | 100 | Salaten III |
| | Schedule O. | F | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set for | th in 1 | the | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | 3a | | Х |
| ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | erao | the | | | |
| _ | required guidit or guidite explain why an Schedule Q and describe any stone taken to undergo such au | • | | 36 | | |

JSA

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.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MEALS-ON-WHEELS OF WHITE PLAINS INC.

Employer Identification number

| | ADD ON WHEELED OF WHITE | LIMITING THO | | | | | 700101 |
|-------------|--|---|--|--------------------------------------|----------------------------------|--|--|
| Pa | rt I Reason for Public Ch | arity Status. (All | organizations must | comple | ete this | oart.) See instruction | ns. |
| The | e organization is not a private fou | ındation because i | t is: (For lines 1 through | gh 12, ch | eck only | one box.) | |
| 1 | A church, convention of ch | urches, or associa | tion of churches desc | ribed in s | ection 1 | 70(b)(1)(A)(i). | |
| 2 | A school described in secti | ion 170(b)(1)(A)(ii) | . (Attach Schedule E | (Form 99 | (0).) | | |
| 3 | A hospital or a cooperative | hospital service o | rganization described | in sectio | n 170(b) |)(1)(A)(iii). | |
| 4 | A medical research organiz | • | - | | | | (iii). Enter the |
| | hospital's name, city, and s | • | • | | | | ,,,. = |
| 5 | An organization operated | | a college or universi | v owner | 1 or one | erated by a governme | ental unit described in |
| Ŭ | section 170(b)(1)(A)(iv). (0 | | a conege of aniversi | iy owne. | . o. opc | rated by a governme | mar um described ii |
| 6 | A federal, state, or local go | | rnmental unit describe | d in sect | ion 170(| (b)(1)(A)(v). | |
| 7 | X An organization that norm | ally receives a sub | ostantial part of its su | pport fr | om a go | vernmental unit or fro | om the general public |
| | described in section 170(b |)(1)(A)(vi). (Comp | ete Part II.) | | | | |
| 8 | A community trust describe | ed in section 170(l | o)(1)(A)(vi). (Complete | Part II.) | | | |
| 9 | An agricultural research or | ganization describe | ed in section 170(b)(1 |)(A)(ix) | operated | l in conjunction with a | land-grant college |
| | or university or a non-land- | grant college of a | griculture (see instruct | tions). E | nter the | name, city, and state o | f the college or |
| | university: | | | | | | |
| 10 | An organization that normal receipts from activities related support from gross investing acquired by the organization | ated to its exempt to nent income and u on after June 30, 1 | iunctions, subject to c nrelated business tax 975. See section 509 | ertain ex able inco (a)(2). (0 | ceptions me (les: complete | s; and (2) no more that s section 511 tax) from e Part III.) | ip fees, and gross n 331/3 % of its businesses |
| 11 | An organization organized | <u>-</u> | - | - | | | |
| 12 | An organization organized | • | • | | | • | • |
| | one or more publicly suppo | | | | | | |
| | the box on lines 12a through | | •• | | | • | · · · · · · · · · · · · · · · · · · · |
| а | | • | • | | | - , | • • • • |
| | the supported organization | • • • | • | | ajority of | f the directors or truste | es of the |
| | supporting organization. | You must complet | te Part IV, Sections A | and B. | | | |
| b | Type II. A supporting org | janization supervis | ed or controlled in co | nnection | with its | supported organizati | on(s), by having |
| | control or management of | of the supporting o | rganization vested in | the sam | e persor | ns that control or man | age the supported |
| | organization(s). You must | t complete Part IV | , Sections A and C. | | | | |
| C | Type III functionally inte | grated. A supporti | ng organization opera | ated in co | onnectio | n with, and functional | lly integrated with, |
| | its supported organization | n(s) (see instruction | is). You must comple | te Part l' | V, Sectio | ons A, D, and E. | |
| d | Type III non-functionally | integrated. A sup | porting organization of | perated | in conne | ection with its suppor | ted organization(s) |
| | that is not functionally into | egrated. The orgai | nization generally mus | st satisfy | a distrib | oution requirement and | d an attentiveness |
| | requirement (see instruct | tions). You must co | omplete Part IV, Sect | ions A a | nd D, an | d Part V. | |
| е | Check this box if the orga | anization received | a written determinatio | n from t | ne IRS ti | hat it is a Type I, Type I | I, Type III |
| | functionally integrated, or | r Type III non-funct | ionally integrated sup | portina d | rganizat | tion. | • |
| f | Enter the number of supported | • • | | | | | |
| | Provide the following information | _ | | | | | |
| | (i) Name of supported organization | | | (iv) is the | organization | (v) Amount of monetary | (vi) Amount of |
| | |] '' | (described on lines 1-10 | listed in you | ar governing | support (see | other support (see |
| | | 1 | above (see instructions)) | Yes | nent? | instructions) | instructions) |
| | | | - | 103 | | | |
| (A) | | | | | | | |
| | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| | | | | | | | |
| (D) | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | ļ | | | |
| (E) | | | | 1 | | | |
| | | | | | | | |
| Tot | al | | | | | | |

63,076.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (c) 2020 (b) 2019 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 176,840 286,031 232,592 201,983 226,235 1,123,681. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf NONE The value of services or facilities furnished by a governmental unit to the organization without charge NONE 176.840 286.031 Total. Add lines 1 through 3..... 232,592 201,983 226,235 1,123,681. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on

| 6 | Public support. Subtract line 5 from line 4 | | | | | | 1,060,605. |
|-----|---|------------------|----------|----------|----------|----------|------------|
| Sec | tion B. Total Support | | | | | | |
| Cal | endar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 176,840. | 286,031. | 232,592. | 201,983. | 226,235. | 1,123,681. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 4,980. | 4,438. | 2,253. | 1,095. | 9,287. | 22,053. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | NONE |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | NONE |
| 11 | Total support. Add lines 7 through 10 | | | | | | 1,145,734. |
| 12 | Gross receipts from related activities etc. (s | ea instructions) | | | | 12 | 272.026. |

| | First 5 | | | | | | | | | | | | | | | | | | | |
|-----|----------|----------|-------|---------|---------|-----|-------|-----|----|-----|-------|------|------|------|------|------|-----|------|--|--|
| | organiza | tion, ch | eck t | his box | and sto | p h | ere . | | | | | | | | | | • • | | | |
| Sec | tion C. | Comp | utat | on of | Publi | c S | upr | ort | Pe | rce | ntage | | | | | | | | | |

line 1 that exceeds 2% of the amount shown on line 11, column (f) SEE .SUPP PAG

| 14 | Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 92.5/ % |
|----|---|----|---------|
| 15 | Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 92.98 % |

- 16a 331/3% support test 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this
 - b 331/3% support test 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check
- 17a 10%-facts-and-circumstances test 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported
 - b 10%-facts-and-circumstances test 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported
- Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990) 2022

12

| Part III Support Schedule for Organizations Described in Section 50 | D9(a | a)(| 2 |
|---|------|-----|---|
|---|------|-----|---|

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 | | | | | | |
|-----------|--|-------------------|-------------------|---|---|---|---------------------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 | | | | | | |
| 3 | • | | | | | | |
| | 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 | | | | | 1 | |
| _ | Add lines 7a and 7b | - | | | | | - |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| • | line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | CONTRACTOR OF THE PARTY OF THE | 9 p. m. | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | | (4) 2010 | (5) 25 15 | (0) 2020 | (0, 202. | (0) 2022 | (1) 10(2) |
| 9 10 a | Amounts from line 6 | | | | | | |
| 104 | payments received on securities loans, | | | | | i l | |
| | rents, royalties, and income from similar | | | | | | |
| | sources | | | | | - | |
| ь | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | · · · · · · · · · · · · · · · · · · · |
| C | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | ·· ··························· | | | |
| | and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for | the organizati | on's first second | d third fourth | or fifth tax v | ear as a section | 501(c)(3) |
| • • | organization, check this box and stop here | _ | • | | • | | |
| Sec | tion C. Computation of Public Sup | | | | | | |
| 15 | Public support percentage for 2022 (line 8 | | | mp /f\\ | | 15 | % |
| | | | • | | | H | |
| 16 | Public support percentage from 2021 Scho | | | · · · · · · · · · · · · · · · · · · · | • • • • • • • • | 16 | |
| | tion D. Computation of Investmen | | | (0) | | 1471 | 0/ |
| 17 | Investment income percentage for 2022 (li | | | | | 17 | <u>%</u> |
| 18 | Investment income percentage from 2021 | | | | | 18 | %_ |
| 19 a | 331/3% support tests - 2022. If the or | | | | | | |
| | 17 is not more than 331/3%, check thi | | = | | | | |
| b | 331/3% support tests - 2021. If the org | anization did not | check a box on | line 14 or line 1 | 19a, and line 16 | is more than 331 | 1/3 %, and |
| | do no no dapport todas adam in the dig | | | | | | 1 1 |
| | line 18 is not more than 331/3%, check | this box and s | top here. The org | ganization qualific | es as a publicly | supported organi | zation |
| 20 | • | | • | • | | • • • | |
| JSA | line 18 is not more than 331/3%, check Private foundation. If the organization | | • | • | | x and see instru | <u> </u> |
| JSA | line 18 is not more than 331/3 %, check | did not check | • | • | | x and see instru | ctions |

Part IV Supporting Organizations

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

| Section A. All | Supporting | Organizations |
|----------------|------------|----------------------|
|----------------|------------|----------------------|

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? It "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.)

| | | Yes | No |
|--------------------|----------|---------|----|
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| | 4.45 | | |

MEALS-ON-WHEELS OF WHITE PLAINS INC 13-2988167 Schedule A (Form 990) 2022 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, lini. provide detail in Part VI. 11c **Section 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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 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). Section D. All Type III Supporting Organizations Yes No 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 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Yes No 2 Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a 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. 2b

3a

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

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.

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C | Organizatio | ons | |
|--|---------------|---------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a quainstructions. All other Type III non-functionally integrated supporting o | | | |
| 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 | | ll . |
| 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) |
| 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 amoun see instructions). | it, 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-function (see instructions). | ionally integ | rated Type III supporting | organization |

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Page 7

| Part | V Type III Non-Functionally Integrated 509(a)(3) | Supporting Organiza | tions (continued) | | |
|--------------|--|---|--|--------------|--|
| Sect | ion D - Distributions | • | | Current Year | |
| 1 | Amounts paid to supported organizations to accomplish e | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exe | mpt purposes of suppor | ted | | |
| | organizations, in excess of income from activity | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | oses of supported organi | izations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - p | provide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | · · · · · · · · · · · · · · · · · · · | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | | 4 | (ii) | | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | Underdistribution Pre-2022 | ıs | Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | 2007201 | | |
| 2 | Underdistributions, if any, for years prior to 2022 | | , | | |
| | (reasonable cause required - explain in Part VI). See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | | |
| b | From 2018 | | | | |
| | From 2019 | | | | |
| d | From 2020 | | | | |
| | From 2021 | | | | |
| f | Total of lines 3a through 3e | seamon con de de la constante | | | |
| g | Applied to underdistributions of prior years | | 0.532 | 2171.00 | |
| h | Applied to 2022 distributable amount | | | | *************************************** |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| - | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | Ser la la College de la college de la college de la college de la college de la college de la college de la co | | |
| 4 | Distributions for 2022 from | | | - 1 | |
| - | Section D, line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | Porton and Authorities and Control of the Control o | 201.00 | |
| b | Applied to 2022 distributable amount | non accompany of the property of | | ata e | - Vyss tressolitoris stantini prastaven |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | 1 | | |
| _ | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | 10.7 | and the specific control of th |
| _ | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carry over to 2023. Add lines 3j | F ARROBBIENCE AND A SECOND OF THE PERSON OF | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | |
| • | and 4c. | | i i i i i i i i i i i i i i i i i i i | | |
| 8 | Breakdown of line 7: | | | 1,121 | |
| a | Excess from 2018 | | | | |
| b | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| d | Excess from 2021 | | | 301 | |
| e | Excess from 2022 | | 50000000000000000000000000000000000000 | | |
| <u> </u> | | T a come acade contract and differen | p e- 200000000000000000000000000000000000 | | Schedule A (Form 990) 2022 |

Schedule A (Form 980) 2022

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

| SCHEDULE A, PART II - EXCESS CONTRIBUTIONS | | | EXCESS |
|--|--------------|------------|---------------|
| | TOTAL | LESS 2% OF | CONTRIBUTION |
| CONTRIBUTOR NAME | CONTRIBUTION | LINE 11(F) | AMOUNT |
| | | | |
| BARBARA ARNOLD | 25,000. | 22,915. | 2,085. |
| LAURA BUTTERFIELD & FETER WOLFSON | 25,000. | 22,915. | 2,085. |
| DANIEL GREENBERG | 25,000. | 22,915. | 2,085. |
| ANA OACOVETTA & DAVID GREENBERG | 57,651. | 22,915. | 34,736. |
| BRIGHTWATER FUND | 45,000. | 22,915. | 22,085. |
| | | | |
| TOTALS | 177,651. | | 63,076. |
| | | | 0000000000000 |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

| Name of the organization | | Employer identification number | | |
|--|--|--------------------------------|--|--|
| | | | | |
| MEALS-ON-WHEELS OF WHI | TE PLAINS INC | 13-2988167 | | |
| Organization type (check one): | | | | |
| Filers of: | Section: | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private four | ndation | | |
| | 527 political organization | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundate | ion | | |
| | 501(c)(3) taxable private foundation | | | |
| | | | | |
| · - | ered by the General Rule or a Special Rule. 8), or (10) organization can check boxes for both the General Rule and a S | Special Pula See | | |
| instructions. | of the constant and a | ipeciai Ruie. Gee | | |
| 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. | | | | |
| contributor, during the contributions totaled m during the year for an e | 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 | | | |
| must answer "No" on Part IV, lin | 't covered by the General Rule and/or the Special Rules doesn't file Sche e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it he filing requirements of Schedule B (Form 990). | | | |

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

Schedule B (Form 990) (2022)

| Schedule B (Form 990) (2022) | Page |
|-------------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| MEALS-ON-WHEELS OF WHITE PLAINS INC | 13-2988167 |

| Part I | Contributors (see instructions). Use duplicate copies of F | Part I if additional space is ne | eeded. |
|------------|--|----------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1_ | N/A | \$5,000. | 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 |
| 2 | N/A | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | N/A | \$5,000. | 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 |
| 4 | N/A | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | N/A | \$6,500. | 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 |
| 6 | N/A | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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| Name of organization | | | Employer identification number |
|----------------------|--------------------------|------------|--------------------------------|
| | MENIC-ON-MUEETS OF MUTTE | DIATNS THE | 13-2988167 |

| (a) No. From Part I Description of noncash property given S. (c) (d) Date received See instructions.) (a) No. from Part I Description of noncash property given S. (c) (c) (d) Date received See instructions.) (a) No. from Description of noncash property given S. (c) (d) Date received See instructions.) (b) Description of noncash property given S. (c) (d) Date received See instructions.) (a) No. from Description of noncash property given S. (c) FMV (or estimate) (See instructions.) (a) No. from Description of noncash property given S. (c) FMV (or estimate) (See instructions.) (a) No. from Part I Description of noncash property given S. (c) FMV (or estimate) (See instructions.) (a) No. from Part I Description of noncash property given S. (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given S. (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received S. (d) Date received S. (d) Date received S. (d) Date received S. (d) Date received S. (d) Date received S. (e) Instructions.) | Part II | Noncash Property (see instructions). Use duplicate copies of P | art II if additional space is ne | eded. |
|--|---------|--|----------------------------------|----------------------|
| (a) No. from Part I Description of noncash property given | from | (b) Description of noncash property given | FMV (or estimate) | (d) Date received |
| Column Description of noncash property given FMV (or estimate) (See instructions.) Date received | | | \$ | |
| (a) No. from Part I Description of noncash property given S. (c) FMV (or estimate) (See instructions.) (d) Date received S. (d) Date received S. (e) Instructions.) (e) Description of noncash property given S. (e) FMV (or estimate) (See instructions.) (d) Date received S. (e) FMV (or estimate) (See instructions.) (d) Date received S. (e) FMV (or estimate) (See instructions.) (d) Date received S. (e) FMV (or estimate) (See instructions.) (d) Date received S. (e) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (d) Date received S. (e) No. from Part I Description of noncash property given (See instructions.) (d) Date received Date received S. (e) No. from Part I Description of noncash property given (d) Date received Date received S. (e) Instructions. | from | (b) Description of noncash property given | (c) FMV (or estimate) | |
| from Part I Description of noncash property given | | | \$ | |
| (a) No. from Part I Description of noncash property given See instructions.) (a) No. from Part I Description of noncash property given See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received Date received See instructions.) | from | (b) Description of noncash property given | FMV (or estimate) | (d) Date received |
| from Part I Description of noncash property given | | | \$ | |
| (a) No. from Part I Description of noncash property given See instructions.) (b) FMV (or estimate) (See instructions.) (a) No. from Part I Description of noncash property given (C) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (C) FMV (or estimate) (See instructions.) | from | (b) Description of noncash property given | FMV (or estimate) | |
| from Part I Description of noncash property given See instructions.) (a) No. from Part I Description of noncash property given See instructions.) (b) FMV (or estimate) (c) FMV (or estimate) (See instructions.) (d) Date received Date received Date received See instructions.) | | | \$ | |
| (a) No. from Part I Description of noncash property given (C) FMV (or estimate) (See instructions.) Date received | from | (b) Description of noncash property given | FMV (or estimate) | |
| from Part I Description of noncash property given FMV (or estimate) (See instructions.) Date received | | | \$ | |
| | from | (b) Description of noncash property given | FMV (or estimate) | |
| · · · · · · · · · · · · · · · · · · · | | | \$ | |

| name or or | rganization | | | Employer Identification number | |
|-----------------|---|----------------------|-------------------------|--|--|
| | MEALS-ON-WHEELS OF WE | ITE PLAINS INC | | 13-2988167 | |
| Part III | Exclusively religious, charitable, etc | | | | |
| | (10) that total more than \$1,000 for | the year from any o | one contributor. C | omplete columns (a) through (e) and | |
| | the following line entry. For organizat | ions completing Part | III, enter the total of | of exclusively religious, charitable, etc. | |
| | contributions of \$1,000 or less for th | | | | |
| | Use duplicate copies of Part III if addit | | | | |
| (a) No. | 1 | | | | |
| from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | |
| <u> </u> | · | | | | |
| | | · | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (e) Transfe | r of gift | | |
| | Tourstands and address | | Dalational | | |
| | Transferee's name, address, | and ZIP + 4 | Relationsi | nip of transferor to transferee | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use o | of gift | (d) Description of how gift is held | |
| Part I | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | · | | | |
| | | (e) Transfe | r of aift | | |
| | | | | | |
| | Transferee's name, address, | and ZIP + 4 | Relationsl | nip of transferor to transferee | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use o | of gift | (d) Description of how gift is held | |
| Part I | ., | | | ., . | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (e) Transfe | r of gift | | |
| | | • • | _ | | |
| | Transferee's name, address, | and ZIP + 4 | Relations | nip of transferor to transferee | |
| | | | | | |
| | | | | | |
| | | | | | |
| (a) Na | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use o | of gift | (d) Description of how gift is held | |
| Part I | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (e) Transfe | r of gift | | |
| | Transferee's name, address, | and 7IP + 4 | Palationel | nip of transferor to transferee | |
| | Transieree 3 Hame, audress, | 2114 Ell 1 7 | i/GiariOli2i | ip of transferor to transferee | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 1 | | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| MEA | LLS-ON-WHEELS OF WHITE PLAINS INC | 13-2988167 |
|-----|---|---------------------------------------|
| | organizations Maintaining Donor Advised Funds or Other Similar Funds or | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) . | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held | in donor advised |
| • | funds are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant fu | |
| • | only for charitable purposes and not for the benefit of the donor or donor advisor, or for a | |
| | conferring impermissible private benefit? | |
| Pa | rt II Conservation Easements. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | | of a historically important land area |
| | | of a certified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in | the form of a conservation |
| | easement on the last day of the tax year. | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| Ь | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after July 25, 2006, and not on | |
| | a historic structure listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or termi | nated by the organization during the |
| | tax year | |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspecti | on, handling of |
| | violations, and enforcement of the conservation easements it holds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing | |
| | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co | onservation easements during the year |
| | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section | on 170(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | L Yes L No |
| 9 | In Part XIII, describe how the organization reports conservation easements in its re- | venue and expense statement and |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's fin- | ancial statements that describes the |
| | organization's accounting for conservation easements. | |
| Pa | 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 of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes the | e statement and balance sheet works |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes the | ese items. |
| | If the organization elected, as permitted under FASB ASC 958, to report in its revenue st | |
| - | art, historical treasures, or other similar assets held for public exhibition, education, or rese | |
| | 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 a | ssets 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, Fait A | · · · · · · · · · · · · · · · · · · · |

Schedule D (Form 990) 2022

c Leasehold improvements......
d Equipment.......

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

(3) Other (A) (B) (C) (D) (E) (F) (G) (H)

(1) (2) (3) (4) (5) (6) (7) (8) (9)

Part IX

(1) (2)

Part VII Investments - Other Securities.

(including name of security)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .

Part VIII Investments - Program Related.

| WELL ON THE | | | 2 0000167 - |
|--|------------------|--|----------------|
| Investments - Other Securities. Complete if the organization answered | | | 3-2988167 Page |
| a) Description of security or category (including name of security) | (b) Book value | (c) Method of valua Cost or end-of-year mar | tion: |
| I derivatives | | | |
| | | | |
| (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. | | | |
| Complete if the organization answered (a) Description of investment | "Yes" on Form 99 | 90, Part IV, line 11c. See Form 990 (c) Method of valua | |
| | | Cost or end-of-year mar | Net Value |
| | | | |
| (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. | | | |
| Complete if the organization answered | | 0, Part IV, line 11d. See Form 990 | |
| (a) Des | cription | | (b) Book value |
| | | | |
| | | | |
| nn (b) must equal Form 990, Part X, col. (B) lir | 20 15) | | |
| Other Liabilities. Complete if the organization answered line 25. | | 00, Part IV, line 11e or 11f. See For | m 990, Part X, |
| (a) Descripti | ion of liability | | (b) Book value |

| (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 "Yes" on Form 990, Part IV, line 11e or 11f. See Form line 25. | m 990, Part X, |
| 1. (a) Description of liability | (b) Book value |
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements thorganization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provide | · |

Schedule D (Form 990) 2022

| Schedul | D (Form 990) 2022 MEALS-ON-WHEELS OF WHITE PLAINS INC | 13-2988167 | Page 4 |
|---------|---|---------------------------------------|---------|
| Part | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur | | |
| | 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 | |
| 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 | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 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 | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | |
| Part : | | urn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 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.) | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 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 | | |
| | Other (Describe in Part XIII.) | | |
| | Add lines 4a and 4b , , | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| | XIII Supplemental Information. | | |
| Provide | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F | Part V, line 4; Part 2 | X, line |
| 2; Part | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | nation. | |
| | | | |
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| SEE S | SUPPLEMENTAL PAGE | | |
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Part XIII Supplemental Information (continued)

PART X, LINE 2:

UNCERTAIN TAX POSITION: THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB")
ISSUED CODIFICATION TOPIC 740, ACCOUNTING FOR INCOME TAXES FOR NONPUBLIC
ORGANIZATIONS, WHICH REQUIRES ENTITIES TO DISCLOSE IN THEIR FINANCIAL
STATEMENTS THE NATURE OF ANY UNCERTAINTY IN THEIR TAX POSITION. FOR
TAX-EXEMPT ENTITIES, THEIR TAX-EXEMPT STATUS ITSELF IS DEEMED TO BE AN
UNCERTAINTY IN THEIR TAX POSITION, SINCE EVENTS COULD POTENTIALLY OCCUR
TO JEOPARDIZE THEIR TAX-EXEMPT STATUS. THE ORGANIZATION'S ACCOUNTING
POLICY FOR EVALUTATING UNCERTAIN TAX POSITIONS IS IN ACCORDANCE WITH
GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THE ORGANIZATION HAS NOT
RECOGNIZED ANY BENEFITS FROM UNCERTAIN TAX POSITIONS IN THE CURRENT TAX
YEAR AND BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS FOR WHICH IT IS
REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS
WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE STATEMENT
OF FINANCIAL POSITION.

SCHEDULE O (Form 990 or 990-EZ)

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
MEALS-ON-WHEELS OF WHITE PLAINS INC

Employer identification number 13-2988167

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

MEALS-ON-WHEELS OF WHITE PLAINS, INC HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. AFTER THE FORM 990 HAS BEEN PREPARED, IT IS REVIEWED BY THE EXECUTIVE DIRECTOR, BOARD PRESIDENT AND TREASURER. ANY COMMENTS ARE THEN DISCUSSED WITH THE OUTSIDE ACCOUNTANTS. ONCE THE RETURN IS FINALIZED, AN ELECTRONIC COPY IS PROVIDED TO ALL OF THE BOARD MEMBERS.

FORM 990 PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION, FORM 990, FORM 1023 AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.