

EXTENDED TO MAY 15, 2020

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.

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

OMB No. 1545-0047

2018Open to Public
Inspection**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**CITYMEALS-ON-WHEELS**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

355 LEXINGTON AVENUE, 3RD FL

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

NEW YORK, NY 10017**F** Name and address of principal officer: **BETH SHAPIRO**
SAME AS C ABOVE**D** Employer identification number**13-3634381****E** Telephone number**212-687-1234****G** Gross receipts \$ **26,320,994.****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.CITYMEALS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1991** **M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE A LIFELINE OF NUTRITIOUS FOOD AND HUMAN COMPANY TO HOMEBOUND ELDERLY NEW YORKERS		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	42
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	42
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	38
	6	Total number of volunteers (estimate if necessary)	6	26212
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 20,322,473.	Current Year 22,966,402.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,010,719.	1,272,847.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-594,352.	-800,795.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,738,840.	23,438,454.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,897,275.	14,543,135.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,915,092.	2,943,088.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	173,782.	214,438.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,925,553.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,869,331.	3,065,181.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,855,480.	20,765,842.
19	Revenue less expenses. Subtract line 18 from line 12	-116,640.	2,672,612.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 46,006,232.	End of Year 46,397,240.
	21	Total liabilities (Part X, line 26)	11,086,488.	8,778,022.
	22	Net assets or fund balances. Subtract line 21 from line 20	34,919,744.	37,619,218.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	BETH SHAPIRO, EXECUTIVE DIRECTOR	MAR 03 2020
Paid	Print/Type preparer's name	Preparer's signature
	LYNNE JOHNSON	R417-
Preparer Use Only	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325
	Firm's address ▶ 4 TIMES SQUARE NEW YORK, NY 10036	Phone no. 212-372-1000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-31-18

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

CITYMEALS-ON-WHEELS PROVIDES A CONTINUOUS LIFELINE OF NUTRITIOUS FOOD AND HUMAN COMPANY TO HOMEBOUND ELDERLY NEW YORKERS, HELPING THEM LIVE WITH DIGNITY IN THEIR OWN FAMILIAR HOMES AND COMMUNITIES. 100% OF ALL PUBLIC DONATIONS IS USED FOR THE PREPARATION AND DELIVERY OF MEALS.

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

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

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

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

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

4a (Code:) (Expenses \$ 11,169,831. including grants of \$ 9,665,805.) (Revenue \$)
 WEEKEND HOME DELIVERED MEALS PROGRAM SERVED 1,578,445 MEALS. CITYMEALS PROVIDES FUNDING TO 37 MEAL CENTERS THROUGHOUT NEW YORK CITY WHO PREPARE, PACKAGE AND DELIVER NUTRITIOUS MEALS FOR EVERY SATURDAY AND SUNDAY TO HOMEBOUND ELDERLY WHO DO NOT HAVE THE MEANS TO SHOP AND PREPARE ADEQUATE FOOD. GOVERNMENT FUNDING IS ONLY AVAILABLE DURING NON-HOLIDAY WEEKDAYS 250 DAYS A YEAR. THIS PROGRAM ADDRESSES THE NEED FOR MEALS ON THE WEEKENDS.

4b (Code:) (Expenses \$ 2,215,358. including grants of \$ 1,917,796.) (Revenue \$)
 HOLIDAY FOOD PACKAGE PROGRAM SERVED 226,394 MEALS. CITYMEALS PROVIDES FOOD FOR HOMEBOUND ELDERLY NEW YORKERS THROUGHOUT THE YEAR FOR RELIGIOUS OR NATIONAL HOLIDAYS WHEN THE LOCAL MEALS CENTERS ARE CLOSED. THIS PROGRAM PROVIDES 3 TO 8 SHELF-STABLE MEALS DELIVERING 68,758 BOXES.

4c (Code:) (Expenses \$ 1,363,431. including grants of \$ 1,179,844.) (Revenue \$)
 EMERGENCY FOOD PACKAGES PROGRAM SERVED 145,352 MEALS. IN TIME FOR THE COLD WEATHER, CITYMEALS DISTRIBUTES TO EACH ELDERLY MEAL RECIPIENT (36,338) TWO BOXES (CONTAINING 4 MEALS EACH) OF NON-PERISHABLE FOOD, IN ORDER TO ENSURE THE ELDERLY ARE PREPARED AND STOCKED FOR WINTER OR OTHER EMERGENCIES WHEN THE CLIENT'S REGULAR DELIVERIES MIGHT BE DELAYED.

4d Other program services (Describe in Schedule O.)(Expenses \$ 2,057,468. including grants of \$ 1,779,690.) (Revenue \$ 0.)**4e** Total program service expenses 16,806,088.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 14	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 38		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see instructions and file Form 720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	42			
b Enter the number of voting members included in line 1a, above, who are independent		42		
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?			X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
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?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			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 in Schedule O				X

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

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

Section 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-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **LIS GORIS - 212-687-1234**
355 LEXINGTON AVENUE, 3RD FL, NEW YORK, NY 10017

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

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

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GAEL GREENE CHAIR	5.00	X		X				0.	0.	0.
(2) JOSEPH M. COHEN VICE CHAIR	3.00	X		X				0.	0.	0.
(3) DANIEL BOULUD PRESIDENT	10.00	X		X				0.	0.	0.
(4) ROBERT S. GRIMES PRESIDENT	10.00	X		X				0.	0.	0.
(5) MICHAEL LYNNE VICE PRESIDENT (DEC'D 3/24/19)	2.00	X		X				0.	0.	0.
(6) MARGO MACNABB NEDERLANDER VICE PRESIDENT	2.00	X		X				0.	0.	0.
(7) RICHARD E. PILUSO SEC./TREASURER	2.00	X		X				0.	0.	0.
(8) MATHEW GLAZIER, ESQ. ASSISTANT SECRETARY	2.00	X		X				0.	0.	0.
(9) DANIEL D. BARTFELD BOARD MEMBER	2.00	X						0.	0.	0.
(10) ALIYYAH BAYLOR BOARD MEMBER	2.00	X						0.	0.	0.
(11) ALBERT P. BEHLER BOARD MEMBER	2.00	X						0.	0.	0.
(12) ALISON LOHRFINK BLOOD BOARD MEMBER	2.00	X						0.	0.	0.
(13) SAMANTHA BOARDMAN, M.D. BOARD MEMBER	2.00	X						0.	0.	0.
(14) JIM CARTER BOARD MEMBER	2.00	X						0.	0.	0.
(15) ANNE E. COHEN BOARD MEMBER	2.00	X						0.	0.	0.
(16) JULIE DAUM BOARD MEMBER	2.00	X						0.	0.	0.
(17) RUTH FINLEY BOARD MEMBER (DEC'D 8/25/18)	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RANDY FISHMAN BOARD MEMBER	2.00	X						0.	0.	0.
(19) ROBERT K. FUTTERMAN BOARD MEMBER	2.00	X						0.	0.	0.
(20) COLLEEN GOGGINS BOARD MEMBER	2.00	X						0.	0.	0.
(21) AARON M. GOLDMAN BOARD MEMBER	2.00	X						0.	0.	0.
(22) ALAN R. GROSSMAN BOARD MEMBER	2.00	X						0.	0.	0.
(23) YUSI GURRERA BOARD MEMBER	2.00	X						0.	0.	0.
(24) MARK GUSINOV BOARD MEMBER (FROM 7/1/18)	2.00	X						0.	0.	0.
(25) SURI KASIRER BOARD MEMBER	2.00	X						0.	0.	0.
(26) RICH KRAWIEC BOARD MEMBER	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								735,110.	0.	133,768.
d Total (add lines 1b and 1c)								735,110.	0.	133,768.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CITYFOODS SERVICES, INC. 309 DRAKE STREET, BRONX, NY 10474	WAREHOUSE MANAGEMENT	1,504,894.
CHOICE YIELD, INC. 64145 HUNNELL ROAD, BEND, OR 97703	FOOD PRODUCTS	1,205,050.
SANKY COMMUNICATIONS, INC, 599 11TH AVENUE, 6TH FLOOR, NEW YORK, NY 10036	WEBSITE DESIGN AND MANAGEMENT	396,847.
PREFERRED MEALS SYSTEMS, INC. P.O. BOX 74008679, CHICAGO, IL 60674-8679	FOOD PRODUCTS	337,376.
SAGA GLOBAL, INC. 53 TEA OLIVE LANE, FAIRPORT, NY 14450	FOOD PRODUCTS	269,045.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **11**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2018)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DREW NIEPORENT BOARD MEMBER	2.00	X						0.	0.	0.
(28) CHARLES PALMER BOARD MEMBER	2.00	X						0.	0.	0.
(29) JOHN POMERANTZ BOARD MEMBER	2.00	X						0.	0.	0.
(30) DENNIS RIESE BOARD MEMBER	2.00	X						0.	0.	0.
(31) DAVID ROCKWELL BOARD MEMBER	2.00	X						0.	0.	0.
(32) JANET K. RODGERS BOARD MEMBER	2.00	X						0.	0.	0.
(33) LISA ROSENBLUM BOARD MEMBER	2.00	X						0.	0.	0.
(34) JOHN SHAPIRO BOARD MEMBER	2.00	X						0.	0.	0.
(35) DANIELLE SMITH BOARD MEMBER	2.00	X						0.	0.	0.
(36) WILLIAM T. SPECK, M.D. BOARD MEMBER	2.00	X						0.	0.	0.
(37) MARCIA STEIN BOARD MEMBER	2.00	X						0.	0.	0.
(38) CHRISTINA STEINBRENNER BOARD MEMBER	2.00	X						0.	0.	0.
(39) ROXANN TAYLOR BOARD MEMBER (THRU 12/4/18)	2.00	X						0.	0.	0.
(40) LIZZIE TISCH BOARD MEMBER	2.00	X						0.	0.	0.
(41) KATHLEEN TURNER BOARD MEMBER	2.00	X						0.	0.	0.
(42) NICK VALENTI BOARD MEMBER	2.00	X						0.	0.	0.
(43) TERI VOLPERT BOARD MEMBER (FROM 7/1/18)	2.00	X						0.	0.	0.
(44) PATRICIA WEXLER, M.D. BOARD MEMBER	2.00	X						0.	0.	0.
(45) MICHAEL WHITE BOARD MEMBER (FROM 7/1/18)	2.00	X						0.	0.	0.
(46) BETH SHAPIRO EXECUTIVE DIRECTOR	40.00			X				289,242.	0.	44,628.
Total to Part VII, Section A, line 1c										

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) RACHEL SHERROW C.P.O./A.E.D.	40.00			X				163,608.	0.	45,970.
(48) LIS GORIS CFO	40.00			X				175,543.	0.	18,972.
(49) MALCOLM MURRAY DIR MKT & COMM	40.00					X		106,717.	0.	24,198.
Total to Part VII, Section A, line 1c								735,110.		133,768.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	3,284,832.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	4,200,104.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,481,466.				
	g	Noncash contributions included in lines 1a-1f: \$		736,334.				
	h	Total. Add lines 1a-1f		22,966,402.				
	Program Service Revenue	Business Code						
2 a								
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		686,893.			686,893.
		4	Income from investment of tax-exempt bond proceeds					
	5	Royalties						
	6 a	Gross rents	(i) Real (ii) Personal					
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		585,954.			585,954.	
	8 a	Gross income from fundraising events (not including \$ 3,284,832. of contributions reported on line 1c). See Part IV, line 18	a	131,838.				
	b	Less: direct expenses	b	932,633.				
	c	Net income or (loss) from fundraising events		-800,795.			-800,795.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities						
	10 a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions		23,438,454.	0.	0.	472,052.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,174,633.	11,174,633.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,368,502.	3,368,502.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	747,481.	607,575.	90,112.	49,794.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,659,521.	472,930.	594,772.	591,819.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	77,515.	19,805.	32,725.	24,985.
9 Other employee benefits	280,992.	90,859.	92,416.	97,717.
10 Payroll taxes	177,579.	71,698.	48,097.	57,784.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	77,332.		77,332.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	214,438.			214,438.
f Investment management fees	134,383.		134,383.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	723,258.	322,873.	382,822.	17,563.
12 Advertising and promotion	5,500.		5,500.	
13 Office expenses	324,827.	22,276.	88,836.	213,715.
14 Information technology	179,016.	950.	171,298.	6,768.
15 Royalties				
16 Occupancy	410,937.	173,584.	152,933.	84,420.
17 Travel	19,463.	10,614.	6,673.	2,176.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	270,632.	270,632.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	202,644.	162,014.	40,630.	
23 Insurance	48,592.	20,526.	18,084.	9,982.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING, PHOTO, LIST RE	557,970.	2,779.	11,127.	544,064.
b TRAINING/MISC	63,683.	13,838.	39,517.	10,328.
c EQUIPMENT RENTAL/MAINTENANCE	46,944.		46,944.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	20,765,842.	16,806,088.	2,034,201.	1,925,553.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

☒ X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,657,309.	1	7,130,284.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,365,162.	3	1,660,877.
	4 Accounts receivable, net	716,720.	4	590,713.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	932,970.	9	659,344.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,211,167.		
	b Less: accumulated depreciation	10b 1,277,510.		
	11 Investments - publicly traded securities	11,958,750.	10c	11,933,657.
	12 Investments - other securities. See Part IV, line 11	18,222,572.	11	12,834,152.
	13 Investments - program-related. See Part IV, line 11	7,152,749.	12	11,588,213.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	46,006,232.	15	46,397,240.	
Liabilities	17 Accounts payable and accrued expenses	570,540.	16	46,397,240.
	18 Grants payable	465,528.	17	368,893.
	19 Deferred revenue	131,400.	18	525,671.
	20 Tax-exempt bond liabilities		19	65,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties	9,919,020.	23	7,818,458.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	11,086,488.	25	8,778,022.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	33,824,634.	26	8,778,022.
	28 Temporarily restricted net assets	595,110.	27	36,750,681.
	29 Permanently restricted net assets	500,000.	28	459,544.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		29	408,993.
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
33 Total net assets or fund balances	34,919,744.	32	37,619,218.	
34 Total liabilities and net assets/fund balances	46,006,232.	33	46,397,240.	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,438,454.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,765,842.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,672,612.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,919,744.
5	Net unrealized gains (losses) on investments	5	26,862.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,619,218.

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

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

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization

CITYMEALS-ON-WHEELS

Employer identification number

13-3634381

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19283839.	20302802.	24053648.	20322473.	22966402.	106929164
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	19283839.	20302802.	24053648.	20322473.	22966402.	106929164
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						106929164

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	19283839.	20302802.	24053648.	20322473.	22966402.	106929164
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	526,309.	482,391.	500,988.	574,420.	686,893.	2771001.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	184,624.	159,500.	92,235.	92,885.	131,838.	661,082.
11 Total support. Add lines 7 through 10						110361247
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	96.89 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	96.79 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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, LINE 10, EXPLANATION FOR OTHER INCOME:**SPECIAL EVENTS**

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2018

Name of the organization

CITYMEALS-ON-WHEELS

Employer identification number

13-3634381

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization

Employer identification number

CITYMEALS-ON-WHEELS**13-3634381****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>4,200,104.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,515,833.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

13-3634381

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____ 	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____ 	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____ 	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____ 	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____ 	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____ 	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____ 	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____ 	_____

Name of organization

Employer identification number

CITYMEALS-ON-WHEELS**13-3634381**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization

CITYMEALS-ON-WHEELS

Employer identification number

13-3634381

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	519,707.	538,563.	555,478.	579,029.	646,897.
b Contributions					
c Net investment earnings, gains, and losses	23,116.	579.	1,863.	-363.	-43,708.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	18,940.	19,435.	18,778.	23,188.	24,160.
g End of year balance	523,883.	519,707.	538,563.	555,478.	579,029.

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☒ 80.69 %

c Temporarily restricted endowment ☒ 19.31 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,412,500.		6,412,500.
b Buildings		5,552,678.	332,483.	5,220,195.
c Leasehold improvements				
d Equipment		1,245,989.	945,027.	300,962.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **11,933,657.**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HC CAPITAL TRUST		
(B) INSTITUTIONAL		
(C) INTERNATIONAL EQUITY		
(D) PORTFOLIO - HCINX	3,199,826.	END-OF-YEAR MARKET VALUE
(E) HC CAPITAL TRUST INSTL		
(F) GRWTH EQUITY PORTFOLIO -		
(G) HCIGX	2,800,793.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	11,588,213.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	24,319,406.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	26,862.
b	Donated services and use of facilities	2b	55,840.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	82,702.
3	Subtract line 2e from line 1	3	24,236,704.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	134,383.
b	Other (Describe in Part XIII.)	4b	-932,633.
c	Add lines 4a and 4b	4c	-798,250.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,438,454.

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

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

1	Total expenses and losses per audited financial statements	1	21,619,932.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	55,840.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	932,633.
e	Add lines 2a through 2d	2e	988,473.
3	Subtract line 2e from line 1	3	20,631,459.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	134,383.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	134,383.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	20,765,842.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE EARNINGS OF THE ENDOWMENT FUNDS ARE TO BE USED TO UNDERWRITE THE
OPERATIONS OF THE ORGANIZATION.

AS OF JUNE 30, 2019, THE ENDOWMENT BALANCE WAS LESS THAN THE ORIGINAL GIFT
BY APPROXIMATELY \$91,000

PART X, LINE 2:

CITYMEALS IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE AND ALL OF CITYMEALS' ACTIVITIES WERE PERFORMED IN
ACCORDANCE WITH ITS TAX-EXEMPT PURPOSE. CITYMEALS IS NOT CLASSIFIED AS A
PRIVATE FOUNDATION, AND IS SUBJECT TO UNRELATED BUSINESS INCOME TAX

Part XIII Supplemental Information *(continued)*

(UBIT), IF APPLICABLE. FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, CITYMEALS DID NOT HAVE MATERIAL UBIT EXPENSES AND LIABILITIES. THE LLC IS TREATED AS A DISREGARDED ENTITY FOR TAX PURPOSES. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THESE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED AGAINST SPECIAL EVENTS

REVENUE -932,633.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED AGAINST SPECIAL EVENTS

REVENUE 932,633.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

CITYMEALS-ON-WHEELS

Employer identification number

13-3634381

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☐ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SARAH SCHIAVETTI CONSULTING - 47 WEST RIVER ROAD, SUITE A,	CAPITAL CAMPAIGN		X	2,333,250.	82,912.	2,250,338.
SANKY COMMUNICATIONS - 599 11TH AVENUE, 6TH FLOOR, NEW	WEB DONOR FUNDRAISING		X	2,241,350.	131,526.	2,109,824.
Total				4,574,600.	214,438.	4,360,162.

Category	Value
Category 1	10
Category 2	20
Category 3	30
Category 4	40
Category 5	50
Category 6	60
Category 7	70
Category 8	80
Category 9	90
Category 10	100
Total	500

4,574,600.

214.438.

4,360,162.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NY

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

Schedule G (Form 990 or 990-EZ) 2018

SEE PART IV FOR CONTINUATIONS

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

	(a) Event #1 WOMEN'S POWER LUNCH	(b) Event #2 DANIEL DINNER	(c) Other events 11	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	1,285,436.	900,441.	1,230,793.	3,416,670.
2 Less: Contributions	1,268,736.	884,141.	1,131,955.	3,284,832.
3 Gross income (line 1 minus line 2)	16,700.	16,300.	98,838.	131,838.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	234,619.	147,020.	550,994.	932,633.
10 Direct expense summary. Add lines 4 through 9 in column (d)				932,633.
11 Net income summary. Subtract line 10 from line 3, column (d)				-800,795.

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? _____

☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____

☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

- 16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SARAH SCHIAVETTI CONSULTING

(I) ADDRESS OF FUNDRAISER: 47 WEST RIVER ROAD, SUITE A, RUMSON, NY 07760

(I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER: 599 11TH AVENUE, 6TH FLOOR, NEW YORK, NY 10036

Part IV	Supplemental Information <i>(continued)</i>
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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

CITYMEALS-ON-WHEELS

Employer identification number

13-3634381

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARC FORT WASHINGTON SENIOR CENTER 4111 BROADWAY NEW YORK, NY 10033	13-2745426	501(C)(3)	10,957.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
BAY RIDGE CENTER, INC. 411 OVINGTON AVENUE BROOKLYN, NY 11209	80-0559714	501(C)(3)	373,916.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
CARTER BURDEN CENTER FOR THE AGING 415 EAST 73RD STREET NEW YORK, NY 10021	23-7129499	501(C)(3)	41,410.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
CCNS NORTHEAST QUEENS HOME DELIVERED MEAL PROGRAM - 168-01B HILLSIDE AVENUE - JAMAICA, NY 11432	11-2047151	501(C)(3)	281,843.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
CCNS SOUTHWEST QUEENS SENIOR SERVICES - 103-02 101ST AVENUE - OZONE PARK, NY 11416	11-2047151	501(C)(3)	570,977.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
CCNS WESTERN QUEENS HDML PROGRAM 89-18 ASTORIA BLVD EAST ELMHURST, NY 11369	11-2047151	501(C)(3)	338,466.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **36.**
3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLES A. WALBURG MULTI-SERVICE ORGANIZATION, INC. - 163 WEST 125TH STREET, 13TH FLOOR - NEW YORK, NY 10027	23-7337180	501(C)(3)	523,949.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
DOROT 171 WEST 85TH STREET NEW YORK, NY 10024	13-3264005	501(C)(3)	86,579.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
ENCORE SENIOR CENTER 239 WEST 49TH STREET NEW YORK, NY 10019	13-3104293	501(C)(3)	520,684.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
FLORENCE E. SMITH SENIOR SERVICES 102-19 34TH AVENUE CORONA, NY 11368	11-3024828	501(C)(3)	279,916.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
GRIOT CIRCLE, INC. 25 FLATBUSH AVE. 5TH FLOOR BROOKLYN, NY 11217	11-3364328	501(C)(3)	18,750.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
HEALTHY SENIOR SELECT - MEALS ON WHEELS - 265 HENRY STREET - NEW YORK, NY 10002	13-1562242	501(C)(3)	859,752.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
HEIGHTS & HILL, INC. 57 WILLOUGHBY ST., 4TH FL BROOKLYN, NY 11201	23-7237927	501(C)(3)	92,516.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
HUDSON GUILD ADULT SERVICES 119 NINTH AVENUE NEW YORK, NY 10011	13-5562989	501(C)(3)	4,411.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
ISABELLA GERIATRIC 515 AUDUBON AVENUE NEW YORK, NY 10040	13-3623808	501(C)(3)	73,575.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JASA BROOKLYN MEALS-ON-WHEELS 1201 PENNSYLVANIA AVE, APT. 1A BROOKLYN, NY 11239	13-2620896	501(C)(3)	886,631.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
JASA QUEENS/BROOKDALE VILLAGE 131 BEACH 19TH STREET FAR ROCKAWAY, NY 11691	13-2620896	501(C)(3)	265,372.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
KOREAN AMERICAN SENIOR CENTER 37-06 111 STREET CORONA, NY 11368	23-7348989	501(C)(3)	15,049.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
KRAKUS LUNCHEON CLUB 176 JAVA STREET BROOKLYN, NY 11222	11-2285970	501(C)(3)	790.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
MEALS-ON-WHEELS OF STATEN ISLAND 304 PORT RICHMOND AVENUE STATEN ISLAND, NY 10302	13-2894978	501(C)(3)	360,468.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
MORIAH OLDER ADULT LUNCHEON CLUB 90 BENNETT AVENUE NEW YORK, NY 10033	13-3975090	501(C)(3)	3,406.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
OCEAN PARKWAY SENIOR CENTER 1960 EAST 7 STREET BROOKLYN, NY 11223	11-2665181	501(C)(3)	280,339.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
PETER CARDELLA SENIOR CITIZEN CENTER - 68-52 FRESH POND ROAD - RIDGEWOOD, NY 11385	11-2328536	501(C)(3)	215,279.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
PROJECT OPEN DOOR SENIOR CITIZENS CENTER - 168 GRAND STREET - NEW YORK, NY 10002	13-6202692	501(C)(3)	24,587.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUEENS COMMUNITY HOUSE SENIOR CENTER - 110-01 62ND DRIVE - FOREST HILLS, NY 11375	11-2375583	501(C)(3)	330,525.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
REGIONAL AID FOR INTERIM NEEDS INC. - 3450 BOSTON RD - BRONX, NY 10469	13-6213586	501(C)(3)	1,632,422.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
RISEBORO COMMUNITY PARTNERSHIP, INC. - 80 SEIGEL STREET - BROOKLYN, NY 11206	11-2453853	501(C)(3)	963,656.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
SENIOR CITIZENS LEAGUE OF FLATBUSH 870 OCEAN PARKWAY BROOKLYN, NY 11230	11-2347331	501(C)(3)	77,387.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
SNAP SENIOR CENTER 80-45 WINCHESTER BLVD./BLDG 4, CBU QUEENS VILLAGE, NY 11427	11-2591783	501(C)(3)	247,108.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
STANLEY ISAACS NEIGHBORHOOD CENTER 415 EAST 93 STREET NEW YORK, NY 10128	13-2572034	501(C)(3)	688,555.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
SUNNYSIDE CASE MANAGEMENT AGENCY 43-31 39TH STREET SUNNYSIDE, NY 11104	51-0189327	501(C)(3)	116,519.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
UNION SETTLEMENT ASSOC., INC. 2205 FIRST AVENUE NEW YORK, NY 10029	13-1632530	501(C)(3)	21,802.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
UNITED JEWISH COUNCIL ADULT LUNCH CLUB - 15-17 BIALYSTOKER PLACE - NEW YORK, NY 10002	13-2735378	501(C)(3)	653.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY SETTLEMENT SENIOR CENTER - 189 ALLEN STREET - NEW YORK, NY 10002	13-5562374	501(C)(3)	160.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
WAYSIDE HOME DELIVERY PROGRAM 467 THOMAS S. BOYLAND STREET BROOKLYN, NY 11212	11-3528680	501(C)(3)	664,197.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES
WEME MAINSTREAM NUTRITION PROGRAM 263 WEST 86TH STREET, 3RD FLOOR NEW YORK, NY 10024	13-1893908	501(C)(3)	302,027.	0.		MEALS & VISITING SERVICES	MEALS & VISITING SERVICES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY MEALS FOOD PACKAGES	18169	0.	1,179,844.	COST OF MEAL PACKAGE	8 MEAL PACKAGE
LABOR DAY BOXES	16189	0.	391,311.	COST OF MEAL PACKAGE	3 MEAL PACKAGE
INDEPENDENCE DAY BOXES	16220	0.	392,066.	COST OF MEAL PACKAGE	3 MEAL PACKAGE
PRESIDENT'S DAY BOXES	15840	0.	382,812.	COST OF MEAL PACKAGE	3 MEAL PACKAGE
MARTIN LUTHER KING DAY BOXES	16485	0.	398,518.	COST OF MEAL PACKAGE	3 MEAL PACKAGE

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

PART I, LINE 2:

CITYMEALS-ON-WHEELS PROVIDES HOME DELIVERED MEALS AND VISITS TO HOMEBOUND ELDERLY IN NYC. THE RECIPIENTS HAVE ALL BEEN ASSESSED AND APPROVED FOR SERVICES BY CASE MANAGEMENT AGENCIES MANAGED BY THE NEW YORK CITY DEPARTMENT FOR THE AGING (DFTA). DFTA PROVIDES MEALS AND VISITS TO THE ASSESSED POPULATION (MONDAY-FRIDAY) FOR 250 DAYS A YEAR THROUGH A MONITORED GROUP OF PROVIDER AGENCIES. THE PROVIDER AGENCIES ARE MONITORED BY THE NYC DEPT FOR THE AGING AND THE NYC DOHMH.

CITYMEALS PROVIDES THE SAME SERVICES THROUGH THE SAME PROVIDER AGENCIES

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PASSOVER BOXES	4,024.	0.	274,815.	COST OF MEAL PACKAGE	8 MEAL PACKAGE
MISC 3 MEAL BOXES	546.	0.	13,027.	COST OF MEAL PACKAGE	3 MEAL PACKAGE
MOBILE FOOD PANTRY	13,711.	0.	6,996.	COST OF MEAL PACKAGE	2 MEAL PACKAGE
MEMORIAL DAY MEAL	13,934.	0.	72,475.	COST OF MEAL PACKAGE	1 MEAL PACKAGE
NEW YEAR'S DAY MEAL	13,853.	0.	72,455.	COST OF MEAL PACKAGE	1 MEAL PACKAGE
THANKSGIVING MEAL	13,504.	0.	77,205.	COST OF MEAL PACKAGE	1 MEAL PACKAGE
SEASON'S GREETING MEAL	12,951.	0.	69,658.	COST OF MEAL PACKAGE	1 MEAL PACKAGE
FRESH PRODUCE	18,376.	0.	37,320.	COST OF MEAL PACK	4 PRODUCE PORTION/WEEKLY

Part IV Supplemental Information

(CITYMEALS GRANTEES) IN ORDER TO PROVIDE MEALS AND VISITS TO THE SAME
POPULATION FOR THE REMAINING 115 DAYS A YEAR.

CITYMEALS ALSO HAS A PROGRAM COORDINATOR WHO MONITORS AND REVIEWS THE
SERVICES OF THE PROVIDER AGENCIES AS STIPULATED BY OUR GRANTS. PROVIDER
AGENCIES PROVIDE MONTHLY INVOICES WHICH ARE REVIEWED BY CITYMEALS' PROGRAM
COORDINATOR. ON A QUARTERLY BASIS, EACH GRANT IS REVIEWED JOINTLY BY THE
CITYMEALS' PROGRAM DEPARTMENT AND FINANCE DEPARTMENT FOR ACCURACY AND
ADHERENCE TO GRANT CONTRACT REQUIREMENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

CITYMEALS-ON-WHEELS

Employer identification number

13-3634381

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2018

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

[illegible]

Part III Supplemental Information

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

PART I, LINE 7:

**THE FOLLOWING INDIVIDUALS, LISTED ON PART VII, RECEIVED NON-FIXED PAYMENTS
IN THE FORM OF A BONUS DURING THE YEAR:**

BETH SHAPIRO - \$20,000

RACHEL SHERROW - \$17,500

LIS GORIS - \$13,000

MALCOLM MURRAY - \$4,000

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

CITYMEALS-ON-WHEELS

Employer identification number

13-3634381

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	42	397,019.	FMV WHEN DONATED
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (<u>DONATED GOODS</u>)	X	177	339,315.	FMV
26	Other ► (.....)				
27	Other ► (.....)				
28	Other ► (.....)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2018

Supplemental Information.

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS SHOWN ABOVE REPRESENTS THE TOTAL NUMBER OF

DONORS OF NON-CASH ITEMS DURING THE YEAR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

CITYMEALS-ON-WHEELS

Employer identification number
13-3634381

FORM 990, PART I, LINE 6

VOLUNTEER PROGRAM: IN 1999, CITYMEALS LAUNCHED ITS VOLUNTEER PROGRAM TO
HELP PROVIDE THE HUMAN CONTACT AND COMPANIONSHIP THAT HOMEBOUND AND
ELDERLY NEW YORKERS NEED TO STAY HEALTHY. THE VOLUNTEER PROGRAM WORKS
WITH NEIGHBORHOOD MEAL CENTERS TO SUPPORT AND ENHANCE THEIR EXISTING
VOLUNTEER EFFORTS. IN ADDITION, WE ALSO HELP TO IMPLEMENT NEW
VOLUNTEER PROGRAMS. CITYMEALS ON WHEELS WORKS WITH THOUSANDS OF
VOLUNTEERS FROM ALL WALKS OF LIFE. OUR VOLUNTEERS ARE ADULTS,
STUDENTS, RETIREES, AND BOTH CORPORATE AND COMMUNITY GROUPS, AND ALL
ARE GIVEN AN ORIENTATION BEFORE THEIR VOLUNTEER PROJECT.
THE FOLLOWING VOLUNTEER OPPORTUNITIES ARE AVAILABLE: WEEKEND AND
WEEKDAYS MEALS DELIVERIES, FRIENDLY VISITING PROGRAM, SENIOR CHAT,
SENIOR SCRIPT, AND HANDMADE HOLIDAY CARDS.
THE NUMBER OF VOLUNTEERS IS BASED ON ACTUAL RECORDS OF THE VOLUNTEER
COORDINATORS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FRIENDLY VISITING PROGRAM, CAREFULLY SCREENED AND TRAINED VOLUNTEERS
BRING WELCOME PERSONAL VISITS AND ATTENTION TO HOMEBOUND ELDERLY.
VOLUNTEERS COMMIT TO A WEEKLY ONE-HOUR VISIT AND FORM WARM FRIENDSHIPS
WITH MEAL RECIPIENTS.

EXPENSES \$ 1,049,668. INCLUDING GRANTS OF \$ 908,329. REVENUE \$ 0.

HOLIDAY MEAL PROGRAM SERVED 87,856 MEALS. ON SPECIAL HOLIDAYS,
DETERMINED BY MEAL CENTERS, HOT NUTRITIOUS AND FESTIVE HOLIDAY MEALS

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

CITYMEALS-ON-WHEELS

Employer identification number

13-3634381

ARE PREPARED AND DELIVERED TO HOMEBOUND ELDERLY THROUGHOUT THE CITY OF NEW YORK. HOLIDAYS INCLUDE: THANKSGIVING, HANUKKAH, CHRISTMAS, NEW YEAR'S DAY, LUNAR NEW YEAR, MOTHER'S DAY.

EXPENSES \$ 686,199. INCLUDING GRANTS OF \$ 593,802. REVENUE \$ 0.

MOBILE FOOD PANTRY SERVED 46,567 MEALS. THE MAJORITY OF CITYMEALS' RECIPIENTS SUBSIST ON LOW INCOMES. ABOUT 14% REPORT TRYING TO STRETCH THE ONE DAILY MEAL THEY RECEIVE TO LAST UNTIL THE NEXT DELIVERY. THIS PROGRAM IS DESIGNED FOR MEAL RECIPIENTS LIVING IN NEIGHBORHOODS WITH LIMITED ACCESS TO AFFORDABLE FOOD AND HIGH LEVELS OF POVERTY. CITYMEALS PROVIDES SUPPLEMENTAL FOOD DELIVERIES TO HOMEBOUND ELDERLY WHO HAVE THE GREATEST NEED FOR EXTRA FOOD TO MAINTAIN THEIR STRENGTH.

EXPENSES \$ 8,085. INCLUDING GRANTS OF \$ 6,996. REVENUE \$ 0.

NON-MEALS ASSISTANCE - IS A PROGRAM CREATED TO SUPPORT REQUESTS FROM PROVIDERS FOR NONFOOD ITEMS INCLUDING SMALL EQUIPMENT FOR THE PREPARATION AND DELIVERY OF MEALS, AND OTHER SMALL NECESSITIES.

EXPENSES \$ 253,540. INCLUDING GRANTS OF \$ 219,401. REVENUE \$ 0.

FRESH PRODUCE - CITYMEALS-ON-WHEELS BEGAN ITS FRESH FRUIT AND PRODUCE PILOT PROGRAM WITH HOMEBOUND CLIENTS, MOSTLY POOR, MINORITIES RESIDING IN PUBLIC HOUSING IN THE BRONX, MANHATTAN AND BROOKLYN. THESE MEAL RECIPIENTS RECEIVE FRESH FRUITS AND PRODUCE ALONG WITH THEIR REGULAR DAILY DELIVERED MEAL. THIS PROGRAM IS INTENDED FOR CLIENTS WHO LIVE IN NEIGHBORHOODS THAT ARE LACKING GOOD ACCESS TO FRESH PRODUCE AND HEALTHY FRESH FRUITS. THE PROGRAM NOW SERVES CLIENTS IN THE BRONX, MANHATTAN AND BROOKLYN.

EXPENSES \$ 43,128. INCLUDING GRANTS OF \$ 37,320. REVENUE \$ 0.

Name of the organization

CITYMEALS-ON-WHEELS

Employer identification number

13-3634381

EMERGENCY MEALS SERVED 1,638 MEALS - OUR WAREHOUSE IS EQUIPPED WITH AT LEAST 1,000 BAGS OF NONPERISHABLES AVAILABLE FOR IMMEDIATE DISTRIBUTION AT ANY TIME. EMERGENCY MEALS BAGS, EACH CONTAINING TWO SHELF-STABLE MEALS, ARE PREPARED AND STORED AT OUR WAREHOUSE READY FOR DISTRIBUTION TO OUR HOMEBOUND ELDERLY FOR BOTH LOCAL AND CITY-WIDE EMERGENCIES. EXPENSES \$ 16,848. INCLUDING GRANTS OF \$ 13,842. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

NICK VALENTI, BOARD MEMBER, AND DANIELLE SMITH, BOARD MEMBER, HAVE A FAMILY RELATIONSHIP.

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

THE AUDIT COMMITTEE WAS ESTABLISHED BY THE BOARD OF DIRECTORS TO DO THE FOLLOWING: OVERSEE CITYMEALS-ON-WHEELS' FINANCIAL REPORTING PROCESS, MONITOR THE CHOICE OF ACCOUNTING POLICIES AND PRINCIPLES, MONITOR THE INTERNAL CONTROL PROCESSES, AND OVERSEE THE ENGAGEMENT AND PERFORMANCE OF EXTERNAL AUDITORS. THE AUDIT COMMITTEE REVIEWS THE EXTERNAL AUDITORS' AUDIT AND THE RESULTING FINANCIAL STATEMENTS BEFORE PRESENTING THE FINANCIAL STATEMENTS TO THE ENTIRE BOARD. THE AUDIT COMMITTEE ALSO REVIEWS THE PREPARED 990. BEFORE THE AUDIT COMMITTEE'S FINAL REVIEW OF THE TAX DOCUMENTS AS PREPARED BY RSM US LLP, THE ENTIRE TAX DOCUMENTS PACKAGE HAS BEEN REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE TREASURER. THE AUDIT COMMITTEE THEN REVIEWS THE PREPARED 990 SUBMISSION AND APPROVES (OR INITIATES APPROPRIATE ACTION TO ADJUST) THE PRESENTED 990 SUBMISSION. THE FINALIZED DOCUMENTS THAT THE AUDIT COMMITTEE REVIEWS AND APPROVES (990 AND OTHER NY STATE TAX DOCUMENTS) WILL BE PROVIDED TO THE ENTIRE BOARD OF DIRECTORS EITHER ELECTRONICALLY OR IN HARD COPY FORMAT PRIOR TO SUBMISSION

Name of the organization

CITYMEALS-ON-WHEELS

Employer identification number

13-3634381

TO THE IRS AND NY STATE.

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

THE MANAGEMENT PROVIDES CONFLICT POLICY DOCUMENTS AND QUESTIONS TO BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ANNUALLY OR AS THEY BECOME MEMBERS OR KEY EMPLOYEES. THESE CONFLICT OF INTEREST QUESTIONNAIRES HAVE BEEN REVIEWED BY OUR EXTERNAL AUDITORS AND OUR PRO-BONO COUNSEL. UPON THE COMPLETION OF THE CONFLICT OF INTEREST QUESTIONNAIRES, THEY ARE REVIEWED INTERNALLY BY MANAGEMENT, AND ANY POSSIBLE CONFLICTS THAT ARE DETERMINED ARE REVIEWED WITH THE BOARD AND NOTED. THE PERSON WITH THE CONFLICT OF INTEREST MAY NOT PARTICIPATE IN DELIBERATIONS OR VOTING RELATING TO THE TRANSACTION.

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

ANNUALLY, THE COMPENSATION COMMITTEE MEETS TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER, AND ALL KEY EMPLOYEES, AS WELL AS REVIEWING THE OVERALL RAISES AND ANY BONUSES RECOMMENDED TO THE COMPENSATION COMMITTEE FOR THE ENTIRE STAFF. AT THIS REVIEW MEETING THE COMMITTEE IS GIVEN DATA ON COMPARABLE ORGANIZATIONS OBTAINED FROM RELIABLE THIRD PARTY INFORMATION. INFORMATION BASED UPON THE AVAILABLE 990S OF SIMILAR ORGANIZATIONS, PUBLISHED COMPENSATION REVIEWS AND PURCHASED COMPENSATION REVIEWS ARE MADE AVAILABLE AS NEEDED FOR THE COMMITTEE. THE COMPENSATION COMMITTEE'S DECISIONS ARE SUBSTANTIATED AND MINUTES OF THE DECISIONS AND THE MEETING ARE PRODUCED FOR THE CHARITY'S RECORDS. THE TOTAL COMPENSATION OF THE CHARITY IS PRESENTED TO THE ENTIRE BOARD IN BUDGET FORM AND VOTED ON AT THE BOARD MEETING THAT IS HELD IN JUNE PRIOR TO THE START OF A NEW FISCAL YEAR.

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

Name of the organization

CITYMEALS-ON-WHEELS

Employer identification number

13-3634381

THE ORGANIZATION MAKES THE 990, AUDITED FINANCIAL STATEMENTS AND AN ANNUAL REPORT AVAILABLE TO THE PUBLIC (AS THEY BECOME AVAILABLE) IN SEVERAL WAYS: THE FORM 990, THE AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT ARE POSTED ON THE CHARITY'S WEBSITE (WWW.CITYMEALS.ORG); ANY DIRECT INQUIRIES TO THE CHARITY FOR INFORMATION ARE DIRECTED TO THE WEBSITE OR THE DOCUMENTS WILL BE MAILED TO THE INQUIRER'S ADDRESS. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART VII

THE ORGANIZATION, IN A FULL TRANSPARENCY POSTURE TO REPORTING, IS REPORTING ALL BENEFITS IN FULL IN PART VII, COLUMN F, AND NOT APPLYING THE \$10,000 PER ITEM EXCEPTION FOR CERTAIN BENEFITS.

FORM 990, PART X, LINES 11 & 12

CITYMEALS MAINTAINS A CASH RESERVE EQUAL TO APPROXIMATELY 1.3 YEARS OF PROGRAM EXPENSES TO ENSURE THE STABILITY OF ITS MEAL DELIVERIES AND OPERATIONS IN THE EVENT OF AN EMERGENCY, FINANCIAL SHORTFALL, OR OTHER ECONOMIC CHALLENGES. THE BOARD HAS DETERMINED THAT THE CASH RESERVE, RATHER THAN AN ENDOWMENT, CAN BEST PROVIDE THE FLEXIBILITY AND LIQUIDITY NECESSARY TO RESPOND QUICKLY TO EMERGENCIES, WHICH IS CRITICAL TO CITYMEALS' ROLE AS A FIRST RESPONDER. INVESTMENT INCOME FROM THE RESERVE IS USED TO SUPPORT OPERATIONS AND TO MAINTAIN THE 1.3-YEAR OPERATING BALANCE AS CITYMEALS' ANNUAL BUDGET GROWS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

► **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

CITYMEALS-ON-WHEELS

Employer identification number

13-3634381

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CITYMEALS-ON-WHEELS PROPERTY, LLC - 47-4810783, 355 LEXINGTON AVENUE, 3RD FL, NEW YORK, NY 10017	REAL ESTATE	NEW YORK	2,337,902.	14,693,490.	CITYMEALS-ON-WHEELS

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

9

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

OMB No. 1545-1709

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	CITYMEALS-ON-WHEELS	13-3634381
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	355 LEXINGTON AVENUE, 3RD FL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10017	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LIS GORIS

- The books are in the care of ► **355 LEXINGTON AVENUE, 3RD FL - NEW YORK, NY 10017**

Telephone No. ► **212-687-1234**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐ **►**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or► ☒ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

EXTENDED TO MAY 15, 2020

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019**2018**Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		CITYMEALS-ON-WHEELS	13-3634381
		Number, street, and room or suite no. If a P.O. box, see instructions. 355 LEXINGTON AVENUE, 3RD FL	E Unrelated business activity code (See instructions.)
		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017	900099
C Book value of all assets at end of year		F Group exemption number (See instructions.) ▶	
		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. ▶ Describe the only (or first) unrelated trade or business here ▶ . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☐ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **LIS GORIS** Telephone number ▶ **212-687-1234**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances				
c Balance ▶	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions; attach schedule)	12			
13 Total. Combine lines 3 through 12	13	0.		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	0.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	1,201.
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	8,256.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	9,457.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	9,457.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	9,457.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

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

Signature of officer *Keith Shays*Date *MAR 03 2020*Title **EXECUTIVE DIRECTOR**May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature <i>Lynne Johnson</i>	Date	Check <input type="checkbox"/> if self-employed	PTIN
LYNNE JOHNSON		3/2/2020		P00757336
Firm's name RSM US LLP	Firm's EIN 42-0714325			
Firm's address 4 TIMES SQUARE				
Firm's address NEW YORK, NY 10036	Phone no. 212-372-1000			

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

OMB No. 1545-1709

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

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		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	CITYMEALS-ON-WHEELS	13-3634381
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	355 LEXINGTON AVENUE, 3RD FL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10017	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
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Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LIS GORIS

- The books are in the care of ► **355 LEXINGTON AVENUE, 3RD FL - NEW YORK, NY 10017**
Telephone No. ► **212-687-1234** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

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- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	9,457.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	1,201.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	8,256.

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