

EXTENDED TO MAY 16, 2022

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

2020

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	CITYMEALS-ON-WHEELS		13-3634381
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	355 LEXINGTON AVENUE, 3RD FL		212-687-1234
	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$
	NEW YORK, NY 10017		37,561,716.
	F Name and address of principal officer: BETH SHAPIRO		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CITYMEALS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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	49
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	49
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	34
	6 Total number of volunteers (estimate if necessary)	6	21597
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 44,212,098.	Current Year 34,933,454.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,120,254.	812,567.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-755,349.	-382,729.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,577,003.	35,363,292.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,940,440.	21,769,141.
	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)	3,260,569.	3,447,781.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	103,845.	126,768.
	b Total fundraising expenses (Part IX, column (D), line 25)	2,059,835.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,138,217.	3,257,281.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,443,071.	28,600,971.
19 Revenue less expenses. Subtract line 18 from line 12	21,133,932.	6,762,321.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 66,678,704.	End of Year 73,891,626.
	21 Total liabilities (Part X, line 26)	8,353,676.	4,886,353.
	22 Net assets or fund balances. Subtract line 21 from line 20	58,325,028.	69,005,273.

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			
	<i>Beth Shapiro</i> BETH SHAPIRO, EXECUTIVE DIRECTOR	2.22.2022			
Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LYNNE JOHNSON	LYNNE JOHNSON	02/16/22		P00757336
	Firm's name	Firm's EIN			
	RSM US LLP	42-0714325			
	Firm's address	Phone no. 212-372-1000			
	4 TIMES SQUARE NEW YORK, NY 10036				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 13,823,847. including grants of \$ 12,515,475.) (Revenue \$) WEEKEND HOME DELIVERED MEALS PROGRAM SERVED 1,579,197 MEALS. CITYMEALS PROVIDES FUNDING TO 36 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 \$ 1,680,521. including grants of \$ 1,521,469.) (Revenue \$) HOLIDAY FOOD PACKAGE PROGRAM SERVED 217,615 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 1-4 SHELF-STABLE MEALS DELIVERING 72,538 BOXES.

4c (Code:) (Expenses \$ 6,811,101. including grants of \$ 6,166,457.) (Revenue \$) EMERGENCY FOOD PACKAGES PROGRAM SERVED 801,020 INCLUDING COVID 19 MEALS. IN TIME FOR THE COLD WEATHER, CITYMEALS DISTRIBUTES TO EACH ELDERLY MEAL RECIPIENT (18,136) 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. CITYMEALS WAREHOUSE PIVOTED QUICKLY TO DELIVER COVID-19 (448,893) 4-MEALS EMERGENCY PACKAGES TO CURRENT MEAL RECIPIENTS, AND 221,560 INKIND MEALS TO NEWLY HOMEBOUND AND THOSE FORMERLY ABLE TO ATTEND RECENTLY SHUTTERED SENIOR CENTERS, AND ORGANIZATIONS THAT REACHED OUT WHO WORK CLOSELY WITH OLDER ADULTS THROUGHOUT THE CITY; MANY LIVING IN NYCHA HOUSING, SENIOR HOUSING, AND NORC'S (NATURALLY OCCURING RETIREMENT COMMUNITIES).

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,729,424. including grants of \$ 1,565,740.) (Revenue \$ 0.)

4e Total program service expenses 24,044,893.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>		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>		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>		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>		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>		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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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>	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>	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>		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>		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>		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>	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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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>	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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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 13	
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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 49		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 49		
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, 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 on 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) BETH SHAPIRO EXECUTIVE DIRECTOR	40.00			X			339,898.	0.	45,438.	
(2) LIS GORIS CHIEF FINANCIAL OFFICER	40.00			X			208,028.	0.	36,664.	
(3) RACHEL SHERROW ASSOCIATE EXECUTIVE DIRECTOR	40.00			X			206,248.	0.	37,515.	
(4) SUSAN LATHAM VP OF DEVELOPMENT (THRU 05/15/21)	40.00					X	137,911.	0.	46,536.	
(5) MALCOLM MURRAY VP OF MARKETING AND COMMUNICATIONS	40.00					X	134,652.	0.	28,885.	
(6) VIVIENNE O'NEILL SR DIR OF VOL PROG & CORP ENGMT	40.00					X	106,132.	0.	30,238.	
(7) ALANA KULIG SR DIR OF EVENTS & PARTNERSHIPS	40.00					X	104,714.	0.	24,137.	
(8) BRYRON C. ATHANS BOARD MEMBER	2.00	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) DEREK BLASBERG BOARD MEMBER	2.00	X					0.	0.	0.	
(13) ALISON LOHRFINK BLOOD BOARD MEMBER	2.00	X					0.	0.	0.	
(14) SAMANTHA BOARDMAN, M.D. BOARD MEMBER	2.00	X					0.	0.	0.	
(15) GERRY BYRNE BOARD MEMBER	2.00	X					0.	0.	0.	
(16) DIANE CARONE BOARD MEMBER (FROM 07/01/20)	2.00	X					0.	0.	0.	
(17) JIM CARTER BOARD MEMBER	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) ANNE E. COHEN BOARD MEMBER	2.00	X						0.	0.	0.
(19) JULIE DAUM BOARD MEMBER	2.00	X						0.	0.	0.
(20) RANDY FISHMAN BOARD MEMBER	2.00	X						0.	0.	0.
(21) COLLEEN GOGGINS BOARD MEMBER	2.00	X						0.	0.	0.
(22) JANE GOL BOARD MEMBER (FROM 10/15/20)	2.00	X						0.	0.	0.
(23) AARON M. GOLDMAN BOARD MEMBER	2.00	X						0.	0.	0.
(24) ALAN R. GROSSMAN BOARD MEMBER	2.00	X						0.	0.	0.
(25) YUSI GURRERA BOARD MEMBER	2.00	X						0.	0.	0.
(26) MARK GUSINOV BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								1,237,583.	0.	249,413.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,237,583.	0.	249,413.

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 **7**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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	X	
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		X

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
CHOICE YIELD, INC. 64145 HUNNELL ROAD, BEND, OR 97703	FOOD PRODUCTS	5,776,073.
CITYFOODS SERVICES, INC. 309 DRAKE STREET, BRONX, NY 10474	DISTRIBUTION CENTER MANAGEMENT	1,759,099.
DIAL INDUSTRIES, INC. P.O. BOX 649, PLAINVIEW, NY 11803	FOOD PRODUCTS	1,465,521.
UNIVERSAL MAILING SERVICES, INC., 10 NEW ENGLAND AVENUE, PISCATAWAY, NJ 08854-5975	PRINTING/MAILING SERVICES	542,618.
SANKY COMMUNICATIONS, INC. 599 11TH AVENUE, NEW YORK, NY 10036	WEBSITE DESIGN AND MANAGEMENT	440,768.

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 **15**

SEE PART VII, SECTION A CONTINUATION SHEETS

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) RICHARD KRAWIEC BOARD MEMBER	2.00	X						0.	0.	0.
(28) KENNETH LANE BOARD MEMBER (FROM 07/01/20)	2.00	X						0.	0.	0.
(29) DREW NIEPORENT BOARD MEMBER	2.00	X						0.	0.	0.
(30) CHARLES PALMER BOARD MEMBER	2.00	X						0.	0.	0.
(31) JOHN POMERANTZ BOARD MEMBER	2.00	X						0.	0.	0.
(32) DENNIS RIESE BOARD MEMBER	2.00	X						0.	0.	0.
(33) DAVID ROCKWELL BOARD MEMBER	2.00	X						0.	0.	0.
(34) JANET K. RODGERS BOARD MEMBER	2.00	X						0.	0.	0.
(35) JOHN SHAPIRO BOARD MEMBER	2.00	X						0.	0.	0.
(36) DANIELLE SMITH BOARD MEMBER	2.00	X						0.	0.	0.
(37) STEVEN SOUTENDIJK BOARD MEMBER (FROM 07/01/20)	2.00	X						0.	0.	0.
(38) WILLIAM T. SPECK, M.D. BOARD MEMBER	2.00	X						0.	0.	0.
(39) GALIA MEIRI STAWSKI BOARD MEMBER	2.00	X						0.	0.	0.
(40) MARCIA STEIN BOARD MEMBER	2.00	X						0.	0.	0.
(41) CHRISTINA STEINBRENNER BOARD MEMBER	2.00	X						0.	0.	0.
(42) KATHLEEN TURNER BOARD MEMBER	2.00	X						0.	0.	0.
(43) NICK VALENTI BOARD MEMBER	2.00	X						0.	0.	0.
(44) TERI VOLPERT BOARD MEMBER	2.00	X						0.	0.	0.
(45) PATRICIA WEXLER, M.D. BOARD MEMBER	2.00	X						0.	0.	0.
(46) MICHAEL WHITE BOARD MEMBER	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	1,247,172.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	7,928,194.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	25,758,088.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,887,240.			
	h	Total. Add lines 1a-1f		34,933,454.			
Program Service Revenue	2 a		Business Code				
	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)		354,106.		354,106.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				2,236,257.			
	b	Less: cost or other basis and sales expenses	7b	1,777,796.			
	c	Gain or (loss)	7c	458,461.			
	d	Net gain or (loss)		458,461.		458,461.	
8 a	Gross income from fundraising events (not including \$ 1,247,172. of contributions reported on line 1c). See Part IV, line 18						
			37,899.				
		8a					
b	Less: direct expenses	8b	420,628.				
c	Net income or (loss) from fundraising events		-382,729.		-382,729.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		35,363,292.	0.	0.	429,838.	

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 ...	13,759,347.	13,759,347.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,009,794.	8,009,794.		
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	1,563,518.	911,292.	239,014.	413,212.
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	1,460,000.	419,912.	618,583.	421,505.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,909.	19,168.	35,212.	11,529.
9 Other employee benefits	144,908.	44,676.	60,332.	39,900.
10 Payroll taxes	213,446.	90,642.	68,541.	54,263.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	70,199.		70,199.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	126,768.			126,768.
f Investment management fees	154,508.		154,508.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	912,719.	308,117.	540,247.	64,355.
12 Advertising and promotion				
13 Office expenses	428,711.	24,580.	128,388.	275,743.
14 Information technology	203,647.	1,156.	196,326.	6,165.
15 Royalties				
16 Occupancy	442,919.	171,970.	193,148.	77,801.
17 Travel	4,783.	1,337.	3,391.	55.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	71,266.	71,266.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	243,693.	171,040.	72,653.	
23 Insurance	76,951.	29,877.	33,557.	13,517.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING, PHOTO, LIST RE	578,411.	805.	27,655.	549,951.
b TRAINING/MISC	46,560.	9,914.	31,575.	5,071.
c EQUIPMENT RENTAL/MAINTE	22,914.		22,914.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	28,600,971.	24,044,893.	2,496,243.	2,059,835.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	21,706,936.	1	19,048,241.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	5,343,072.	3	4,368,193.
	4 Accounts receivable, net	683,641.	4	704,418.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,820,126.	9	1,880,261.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,251,267.		
	b Less: accumulated depreciation	10b 1,765,899.	10c	11,485,368.
	11 Investments - publicly traded securities	19,157,494.	11	27,299,969.
	12 Investments - other securities. See Part IV, line 11	6,238,374.	12	9,105,176.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	66,678,704.	16	73,891,626.	
Liabilities	17 Accounts payable and accrued expenses	740,865.	17	468,438.
	18 Grants payable	747,829.	18	718,770.
	19 Deferred revenue	739,998.	19	119,917.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	6,124,984.	24	3,579,228.
	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		25	
	26 Total liabilities. Add lines 17 through 25	8,353,676.	26	4,886,353.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	54,483,884.	27	66,806,113.
	28 Net assets with donor restrictions	3,841,144.	28	2,199,160.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	58,325,028.	32	69,005,273.
	33 Total liabilities and net assets/fund balances	66,678,704.	33	73,891,626.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,363,292.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,600,971.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,762,321.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58,325,028.
5	Net unrealized gains (losses) on investments	5	3,917,924.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	69,005,273.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 on Schedule O.
- 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?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24053648.	20322473.	22966402.	44212098.	34933454.	146488075
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	24053648.	20322473.	22966402.	44212098.	34933454.	146488075
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.						146488075

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	24053648.	20322473.	22966402.	44212098.	34933454.	146488075
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	500,988.	574,420.	686,893.	533,563.	354,106.	2649970.
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.)	92,235.	92,885.	131,838.	69,424.	37,899.	424,281.
11 Total support. Add lines 7 through 10						149562326
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	97.94 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	97.54 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENTS

Multiple horizontal lines for providing explanations for other income and 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

2020

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 foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 CITYMEALS-ON-WHEELS	Employer identification number 13-3634381
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>4,178,194.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,036,939.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CITYMEALS - ON - WHEELS	Employer identification number 13-3634381
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization CITYMEALS-ON-WHEELS	Employer identification number 13-3634381
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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

(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

(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

(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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (table with 2a-2d). 3. Number of easements modified. 4. Number of states. 5. Written policy. 6. Staff and volunteer hours. 7. Expenses incurred. 8. Section 170(h)(4)(B) requirements. 9. Accounting for 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.

Form with sections 1a, 1b, and 2. 1a: Text of footnote for art collection. 1b: Amounts for art collection (revenue/assets). 2: Amounts for art collection for financial gain (revenue/assets).

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 make 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 program
 - 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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	240,292.	523,883.	519,707.	538,563.	555,478.
b Contributions					
c Net investment earnings, gains, and losses	21,647.	-49,124.	23,116.	579.	1,863.
d Grants or scholarships					
e Other expenditures for facilities and programs	19,398.	234,467.	18,940.	19,435.	18,778.
f Administrative expenses					
g End of year balance	242,541.	240,292.	523,883.	519,707.	538,563.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 62.3548 %
 - c Term endowment 37.6452 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,412,500.		6,412,500.
b Buildings		5,552,678.	668,548.	4,884,130.
c Leasehold improvements				
d Equipment		1,286,089.	1,097,351.	188,738.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 11,485,368.

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 INSTL		
(B) GRWTH EQUITY PORTFOLIO -		
(C) HClGX	9,105,176.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	9,105,176.	

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 FASB 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	39,702,407.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,917,924.
b	Donated services and use of facilities	2b	155,071.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,072,995.
3	Subtract line 2e from line 1	3	35,629,412.
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	154,508.
b	Other (Describe in Part XIII.)	4b	-420,628.
c	Add lines 4a and 4b	4c	-266,120.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	35,363,292.

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	29,022,162.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	155,071.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	420,628.
e	Add lines 2a through 2d	2e	575,699.
3	Subtract line 2e from line 1	3	28,446,463.
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	154,508.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	154,508.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	28,600,971.

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.

NET ASSETS WITH DONOR RESTRICTIONS THAT ARE PERPETUAL IN NATURE ARE RESTRICTED TO INVESTMENTS IN ENDOWMENTS, WHEREAS THE INTEREST AND DIVIDEND INCOME CAN BE APPROPRIATED TO SUPPORT THE ORGANIZATION'S PROGRAMS. THE RELATED REALIZED AND UNREALIZED GAINS ON INVESTMENTS ARE REQUIRED TO BE ADDED TO THE RESTRICTED NET ASSETS THAT ARE PERPETUAL IN NATURE FOR GROWTH PURPOSES. THE ORGANIZATION MAINTAINS A BROADLY DIVERSIFIED INVESTMENT PORTFOLIO. THE CURRENT SPENDING POLICY IS TO APPROPRIATE FOR OPERATIONS IN EACH CALENDAR YEAR AMOUNTS THAT ARE EARNED ON ITS ENDOWMENT. DURING THE

Part XIII Supplemental Information (continued)

YEAR ENDED JUNE 30, 2020, THE ORGANIZATION RECEIVED A CLARIFICATION FROM THE DONOR'S INVESTMENT MANAGER THAT \$300,000 OF THE ORIGINAL ENDOWMENT AMOUNT OF \$500,000 WAS NOT RESTRICTED BY THE DONOR. THE INVESTMENT BALANCE IN AN AMOUNT OF \$215,688 RELATED TO THE ORIGINAL \$300,000 ENDOWMENT WAS RECLASSIFIED FROM NET ASSETS WITH DONOR RESTRICTIONS TO NET ASSETS WITHOUT DONOR RESTRICTIONS ON CONSOLIDATED STATEMENT OF ACTIVITIES. THE ORGANIZATION TRANSFERRED THIS AMOUNT FROM THE INVESTMENT ACCOUNT HELD FOR THE ENDOWMENT IN JULY 2020.

FROM TIME TO TIME, THE FAIR VALUE OF INVESTMENTS ASSOCIATED WITH THE ENDOWMENT FUND MAY FALL BELOW THE LEVEL THAT THE DONOR OR THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA) REQUIRES THE ORGANIZATION TO RETAIN AS A FUND OF PERPETUAL DURATION. AS OF JUNE 30, 2021 AND 2020, THE ENDOWMENT FUND HAD A DEFICIENCY OF \$48,764 AND \$56,078, RESPECTIVELY. THE ORIGINAL VALUE OF THIS ENDOWMENT WAS \$200,000 AND \$500,000, RESPECTIVELY. THE DECREASE OF \$300,000 IN THE ORIGINAL VALUE IS DUE TO THE RECLASSIFICATION AS EXPLAINED IN THE ABOVE PARAGRAPH. THIS DEFICIENCY RESULTED FROM UNFAVORABLE MARKET FLUCTUATIONS AND CONTINUED APPROPRIATION OF THE INTEREST AND DIVIDEND INCOME AS STIPULATED BY THE DONOR.

NET ASSETS WITH DONOR RESTRICTIONS SUBJECT TO THE PASSAGE OF TIME OR PURPOSE RESTRICTED IN THE TOTAL AMOUNT OF \$2,098,956 AND \$343,433 WERE RELEASED FROM DONOR RESTRICTIONS BY INCURRING EXPENSES SATISFYING THE RESTRICTED PURPOSE OR BY OCCURRENCE OF THE PASSAGE OF TIME OR OTHER EVENTS SPECIFIED BY DONORS IN THE YEARS ENDED JUNE 30, 2021 AND 2020, RESPECTIVELY.

Part XIII Supplemental Information (continued)

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 (UBIT), IF APPLICABLE. FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, CITYMEALS DID NOT HAVE 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	-420,628.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED AGAINST SPECIAL EVENTS	
REVENUE	420,628.

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		MORE THAN A MEAL (event type)	DANIEL DINNER (event type)	7 (total number)		
Revenue	1	Gross receipts	818,079.	325,250.	141,742.	1,285,071.
	2	Less: Contributions	810,804.	325,250.	111,118.	1,247,172.
	3	Gross income (line 1 minus line 2)	7,275.		30,624.	37,899.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	109,521.	1,506.	309,601.	420,628.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				420,628.
11	Net income summary. Subtract line 10 from line 3, column (d)				-382,729.	

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: SANKY COMMUNICATIONS

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

**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

2020

**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
BAY RIDGE CENTER, INC. 411 OVERTON AVENUE BROOKLYN, NY 11209	80-0559714	501(C)(3)	491,105.	0.			MEALS & VISITING SERVICES
CCNS NORTHEAST QUEENS HOME DELIVERED MEAL PROGRAM - 168-01B HILLSIDE AVENUE - JAMAICA, NY 11432	11-2047151	501(C)(3)	435,195.	0.			MEALS & VISITING SERVICES
CCNS SOUTHWEST QUEENS SENIOR SERVICES - 103-02 101ST AVENUE - OZONE PARK, NY 11416	11-2047151	501(C)(3)	678,018.	0.			MEALS & VISITING SERVICES
CCNS WESTERN QUEENS HDML PROGRAM 89-18 ASTORIA BLVD EAST ELMHURST, NY 11369	11-2047151	501(C)(3)	488,614.	0.			MEALS & VISITING SERVICES
CHARLES A. WALBURG MULTI-SERVICE ORGANIZATION, INC. - 163 WEST 125TH STREET, 13TH FLOOR - NEW YORK, NY 10027	23-7337180	501(C)(3)	677,011.	0.			MEALS & VISITING SERVICES
COUNCIL OF PEOPLES ORGANIZATION INC - 1081 CONEY ISLAND AVENUE - BROOKLYN, NY 11230	75-3046891	501(C)(3)	18,880.	0.			MEALS & VISITING SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **29.**

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) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
EAST SIDE HOUSE, INC. 337 ALEXANDER AVENUE BRONX, NY 10454	13-1623989	501(C)(3)	92,350.	0.			MEALS & VISITING SERVICES
ENCORE SENIOR CENTER 239 WEST 49TH STREET NEW YORK, NY 10019	13-3104293	501(C)(3)	992,834.	0.			MEALS & VISITING SERVICES
FLORENCE E. SMITH SENIOR SERVICES 102-19 34TH AVENUE CORONA, NY 11368	11-3024828	501(C)(3)	410,782.	0.			MEALS & VISITING SERVICES
GRIOT CIRCLE, INC. 25 FLATBUSH AVE. 5TH FLOOR BROOKLYN, NY 11217	11-3364328	501(C)(3)	75,000.	0.			MEALS & VISITING SERVICES
HEALTHY SENIOR SELECT - MEALS ON WHEELS - 265 HENRY STREET - NEW YORK, NY 10002	13-1562242	501(C)(3)	1,375,297.	0.			MEALS & VISITING SERVICES
HEIGHTS & HILL, INC. 81 WILLOUGHBY ST., SUITE 302 BROOKLYN, NY 11201	23-7237927	501(C)(3)	94,526.	0.			MEALS & VISITING SERVICES
ISABELLA GERIATRIC 515 AUDUBON AVENUE NEW YORK, NY 10040	13-3623808	501(C)(3)	75,000.	0.			MEALS & VISITING SERVICES
JASA BROOKLYN MEALS-ON-WHEELS 1201 PENNSYLVANIA AVE, APT. 1A BROOKLYN, NY 11239	13-2620896	501(C)(3)	1,118,006.	0.			MEALS & VISITING SERVICES
JASA QUEENS/BROOKDALE VILLAGE 131 BEACH 19TH STREET FAR ROCKAWAY, NY 11691	13-2620896	501(C)(3)	257,621.	0.			MEALS & VISITING SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
KOREAN AMERICAN SENIOR CENTER 37-06 111 STREET CORONA, NY 11368	23-7348989	501(C)(3)	16,693.	0.			MEALS & VISITING SERVICES
MEALS-ON-WHEELS OF STATEN ISLAND 304 PORT RICHMOND AVENUE STATEN ISLAND, NY 10302	13-2894978	501(C)(3)	497,816.	0.			MEALS & VISITING SERVICES
OCEAN PARKWAY SENIOR CENTER 1960 EAST 7 STREET BROOKLYN, NY 11223	11-2665181	501(C)(3)	355,422.	0.			MEALS & VISITING SERVICES
PETER CARDELLA SENIOR CITIZEN CENTER - 68-52 FRESH POND ROAD - RIDGEWOOD, NY 11385	11-2328536	501(C)(3)	314,438.	0.			MEALS & VISITING SERVICES
PROJECT OPEN DOOR SENIOR CITIZENS CENTER - 168 GRAND STREET - NEW YORK, NY 10002	13-6202692	501(C)(3)	5,301.	0.			MEALS & VISITING SERVICES
QUEENS COMMUNITY HOUSE SENIOR CENTER - 110-01 62ND DRIVE - FOREST HILLS, NY 11375	11-2375583	501(C)(3)	292,374.	0.			MEALS & VISITING SERVICES
REGIONAL AID FOR INTERIM NEEDS INC. - 3450 BOSTON RD - BRONX, NY 10469	13-6213586	501(C)(3)	1,456,215.	0.			MEALS & VISITING SERVICES
RISEBORO COMMUNITY PARTNERSHIP, INC. - 80 SEIGEL STREET - BROOKLYN, NY 11206	11-2453853	501(C)(3)	1,641,879.	0.			MEALS & VISITING SERVICES
SENIOR CITIZENS LEAGUE OF FLATBUSH 870 OCEAN PARKWAY BROOKLYN, NY 11230	11-2347331	501(C)(3)	91,065.	0.			MEALS & VISITING SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SNAP SENIOR CENTER 80-45 WINCHESTER BLVD./BLDG 4, CUB #29, QUEENS VILLAGE, NY 11427	11-2591783	501(C)(3)	265,448.	0.			MEALS & VISITING SERVICES
STANLEY ISAACS NEIGHBORHOOD CENTER 415 EAST 93 STREET NEW YORK, NY 10128	13-2572034	501(C)(3)	994,401.	0.			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
UNION SETTLEMENT ASSOC., INC. 2205 FIRST AVENUE NEW YORK, NY 10029	13-1632530	501(C)(3)	16,317.	0.			MEALS & VISITING SERVICES
WAYSIDE HOME DELIVERY PROGRAM 467 THOMAS S. BOYLAND STREET BROOKLYN, NY 11212	11-3528680	501(C)(3)	403,290.	0.			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	801020	0.	6,080,229.	COST OF MEAL PACKAGE	4 MEAL PACKAGE
LABOR DAY BOXES	17715	0.	353,377.	COST OF MEAL PACKAGE	3 MEAL PACKAGE
PRESIDENT'S DAY BOXES	46095	0.	306,500.	COST OF MEAL PACKAGE	3 MEAL PACKAGE
MARTIN LUTHER KING DAY BOXES	45096	0.	299,857.	COST OF MEAL PACKAGE	3 MEAL PACKAGE
INDEPENDENCE DAY BOXES	14005	0.	279,371.	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 DFTA AND THE NYC DOHMH.

CITYMEALS PROVIDES THE SAME SERVICES THROUGH THE SAME COMMUNITY-BASED

Part III Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance
PASSOVER BOXES	31,264.	0.	215,353.	COST OF MEAL PACKAGE	8 MEAL PACKAGE
MOBILE FOOD PANTRY	79,713.	0.	115,105.	COST OF MEAL PACKAGE	2 MEAL PACKAGE
CHRISTMAS MEAL	15,922.	0.	77,536.	COST OF MEAL PACKAGE	1 MEAL PACKAGE
MEMORIAL DAY MEAL	15,222.	0.	73,145.	COST OF MEAL PACKAGE	1 MEAL PACKAGE
NEW YEAR'S DAY MEAL	15,066.	0.	64,317.	COST OF MEAL PACKAGE	1 MEAL PACKAGE
THANKSGIVING MEAL	14,412.	0.	63,930.	COST OF MEAL PACKAGE	1 MEAL PACKAGE
FRESH PRODUCE SUPPLEMENTAL MEAL	10,076.	0.	42,187.	COST OF MEAL PACKAGE	4 PRODUCE PORTION/WEEKLY
WEEKEND 3 MEALS BOXES	12,961.	0.	38,883.	COST OF MEAL PACKAGE	3 MEAL PACKAGE

Part IV Supplemental Information

PROVIDER AGENCIES (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 ASSOCIATE STAFF 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 ASSOCIATE STAFF. 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 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)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BETH SHAPIRO EXECUTIVE DIRECTOR	(i)	289,898.	50,000.	0.	22,800.	22,638.	385,336.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LIS GORIS CHIEF FINANCIAL OFFICER	(i)	175,528.	32,500.	0.	15,848.	20,816.	244,692.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RACHEL SHERROW ASSOCIATE EXECUTIVE DIRECTOR	(i)	167,248.	37,500.	1,500.	8,776.	28,739.	243,763.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSAN LATHAM VP OF DEVELOPMENT (THRU 05/15/21)	(i)	120,411.	17,500.	0.	0.	46,536.	184,447.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MALCOLM MURRAY VP OF MARKETING AND COMMUNICATIONS	(i)	117,152.	17,500.	0.	10,213.	18,672.	163,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

THE FOLLOWING INDIVIDUALS, LISTED IN PART VII, RECEIVED NON-FIXED PAYMENTS

IN THE FORM OF A BONUS DURING THE YEAR:

BETH SHAPIRO - \$50,000

LIS GORIS - \$32,500

RACHEL SHERROW - \$37,500

SUSAN LATHAM - \$17,500

MALCOLM MURRAY - \$17,500

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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	43	455,056.	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	X	221,560	1,231,874.	FMV WHEN DONATED
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (DONATED GOODS)	X	53	200,310.	FMV (SPECIAL EVENTS
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 V, Donee Acknowledgement **29** **0**

	Yes	No
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?		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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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) 2020

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS SHOWN ABOVE REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS 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

2020

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 \$ 888,303. INCLUDING GRANTS OF \$ 804,228. REVENUE \$ 0.

HOLIDAY CONTRACTED MEALS PROGRAM SERVED 89,578 MEALS. ON SPECIAL HOLIDAYS, DETERMINED BY MEAL CENTERS, HOT NUTRITIOUS AND FESTIVE

Name of the organization CITYMEALS-ON-WHEELS	Employer identification number 13-3634381
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HOLIDAY MEALS ARE PREPARED AND DELIVERED TO HOMEBOUND ELDERLY THROUGHOUT THE CITY OF NEW YORK. HOLIDAYS INCLUDE INDEPENDENCE DAY, THANKSGIVING, HANUKKAH, CHRISTMAS, NEW YEAR'S DAY, LUNAR NEW YEAR, MOTHER'S DAY.

EXPENSES \$ 666,300. INCLUDING GRANTS OF \$ 603,238. REVENUE \$ 0.

MOBILE FOOD PANTRY SERVED 79,713 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 MEALS 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 \$ 128,223. INCLUDING GRANTS OF \$ 116,087. REVENUE \$ 0.

FRESH PRODUCE PROGRAM SERVED 10,076 MEALS. CITYMEALS-ON-WHEELS BEGAN ITS FRESH FRUIT AND PRODUCE PILOT PROGRAM WITH HOMEBOUND CLIENTS, MOSTLY POOR, MINORITIES RESIDING IN PUBLIC HOUSING IN EAST HARLEM. 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 HEALTH FRESH FRUITS. THE PROGRAM NOW SERVES CLIENTS IN EAST HARLEM AND QUEENS.

EXPENSES \$ 46,598. INCLUDING GRANTS OF \$ 42,187. REVENUE \$ 0.

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

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

Name of the organization CITYMEALS-ON-WHEELS	Employer identification number 13-3634381
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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 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.

Name of the organization CITYMEALS-ON-WHEELS	Employer identification number 13-3634381
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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:

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

Name of the organization

CITYMEALS-ON-WHEELS

Employer identification number

13-3634381

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 VIII:

DURING THE FISCAL YEAR ENDING 6/30/21, THE PUBLIC AND GOVERNMENT
SUPPORT FOR CITYMEALS ON WHEELS INCREASED BY OVER FIFTY PERCENT IN THE
LAST YEAR AND A HALF. THESE FUNDS WERE PRIMARILY TO HELP SUPPORT THE
ORGANIZATION'S EFFORTS TO PROVIDE FOOD AND SECURITY FOR OLDER NEW
YORKERS DURING THE PANDEMIC. DUE TO THE RAPID GROWTH IN INCOME AND ITS
PROXIMITY TO THE YEAR END, A SIGNIFICANT PORTION OF THE FUNDS HAVE BEEN
DESIGNATED FOR USE THE FOLLOWING FISCAL YEAR.

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

2020

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	748,209.	15,832,314.	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) 2020

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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 II-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)				

