Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

•		1 0000		omidelom.			
A			dar year, or tax year beginning $7/01$, 2023, and ending	6/3	0		, 20 2024
В	Check	if applicable:	С	1	D Employ	er iden	tification number
	L	Address change	MEALS ON WHEELS FOR FORT COLLINS,	- 1	23-	7116	630
	N	lame change	COLORADO, INC.	Tr.	E Telepho	ne num	ber
	∏ lr	nitial return	1217 E ELIZABETH ST, STE 11		1971	n) 4	84-6325
	H	inal return/terminated	FORT COLLINS, CO 80524	H	(5)	0 / 4	04 0323
	-	mended return		۱,	^ -		¢ 054 005
	\vdash	pplication pending	F Name and address of principal officer:		G Gross re		
	□ ^			H(a) Is this a g	- '		102 140
-	Tay		SAME AS C ABOVE	H(b) Are all su if "No," at	ibordinates ttach a list.	See in	d? Yes No
÷		-exempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J			27	H(c) Group exe	emption nu	mber	
K		n of organization:	X Corporation Trust Association Other L Year of formation	on: 1969	Ms	tate of I	egal domicile: CO
P	art I	Summary					
	1	Briefly describ	e the organization's mission or most significant activities: TO SUPPORT	THE D	IGNITY	Y, W	ELL-BEING AND
မွ		INDEPEND	ENCE OF PRIMARILY HOMEBOUND OLDER ADULTS AND E	LIGIBLE	CLIE	NTS	IN_OUR
뎚		COMMONTA	Y WITH A HOT, NUTRITIOUS MEAL AND SOCIAL INTER	ACTION	FOR U	P T	D 5 DAYS A
Activities & Governance		WEEK.					
Š	2	Check this bo		re than 25%	% of its r	net as	sets.
•ত	3	Number of vo	ing members of the governing body (Part VI, line 1a)	66000]	3	10
8	-	Total must be	ependent voting members of the governing body (Part VI, line 1b)		,	4	10
Ę	5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a)	MUW		5	7
ਓ	7-	Total number	of volunteers (estimate if necessary)		111 (5.8)	6	305
A		Notal unrelate	d business revenue from Part VIII, column (C), line 12			7a	0.
-	D	ivet unrelated	business taxable income from Form 990-T, Part I, line 11			7b	0.
	_				r Year		Current Year
Ф	8	Contributions	and grants (Part VIII, line 1h)		522,6	00.	440,162.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		284,5	37.	363,842.
eve	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)		2,4	56.	3,238.
œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		67,75		42,291.
			 add lines 8 through 11 (must equal Part VIII, column (A), line 12) 		877,34		849,533.
			nilar amounts paid (Part IX, column (A), lines 1-3)		524,14	40.	485,943.
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)				
	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		256,94	12	291,996.
Ses			indraising fees (Part IX, column (A), line 11e)		230, 34	±J.	231,330.
Expenses	l		-			-	
X			ng expenses (Part IX, column (D), line 25) 55,415.		NEST S		
_			s (Part IX, column (A), lines 11a-11d, 11f-24e)		77,01	15.	83,419.
			. Add lines 13-17 (must equal Part IX, column (A), line 25)	8	358,09	8.	861,358.
	19	Revenue less	expenses. Subtract line 18 from line 12		19,24		-11,825.
seets or				Beginning o		_	End of Year
a se	20	Total assets (F	art X, line 16)		224,71		1,359,540.
A B	21	Total liabilities	(Part X, line 26)		93,44		117,763.
Net Ass Fund Br	22	Net assets or f	und balances. Subtract line 21 from line 20	1 1			
	rt II	Signature		1,1	31,26	9.	1,241,777
_							
comp	lete. De	claration of prepare	are that I have examined this return, including accompanying schedules and statements, and to the r (other than officer) is based on all information of which preparer has any knowledge.	e best of my kn	iowledge ar	nd belie	r, it is true, correct, and
Sia	n	Signature of of	icer	Date			
Sig Her	'e	DILLON	GOODMAN TR	ת מתווט אים	,		
	•	Type or print na		EASURER		_	14
_		Print/Type pre					TIN
n.:	.I		Date .	Che		" II	
Pai			JACOBSON, CPA BRIAN S JACOBSON, CPA	self	-employed	P	00668876
rre	pare	Firm's name	HAYNIE & COMPANY				
USE	Onl	y Firm's address	1785 WEST 2300 SOUTH	Firm	n's EIN	870.	325228
			SALT LAKE CITY, UT 84119		ne no. 8	01-9	972-4800
Мау	the IR	RS discuss this	return with the preparer shown above? See instructions			19.210	X Yes No
							110

_	m 990 (2023) MEALS ON WHEELS FOR FORT COLLINS,	23-7116630	Page 2
Pa	art III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III		
1	and the distribution of th		
	TO SUPPORT THE DIGNITY, WELL-BEING AND INDEPENDENCE OF PRIMARIL	Y HOMEBOUND OLDER	
	ADULTS AND ELIGIBLE CLIENTS IN OUR COMMUNITY WITH A HOT, NUTRIT	IOUS MEAL AND SOC	IAL
	INTERACTION FOR UP TO 5 DAYS A WEEK.		
_			
2	5. The second of the program of the part which were not hated on the p	prior	_
	Form 990 or 990-EZ?	····	No
_	If "Yes," describe these new services on Schedule O.		_
3		services? Yes	No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations.	rvices, as measured by exp	enses.
	and revenue, if any, for each program service reported.	ons to others, the total expe	enses,
4a	a (Code:) (Expenses \$ 721,283. including grants of \$ 485,943.)	(Revenue \$ 262	842.)
	MEALS ON WHEELS FOR FORT COLLINS, COLORADO, INC. PROVIDES NUTRIT	PTOTIC MENTS AND SO	O4Z.
	INTERACTION TO HOME-BOUND INDIVIDUALS IN FORT COLLINS, COLORADO.	THE MENTS AND S	CTVT
	DELIVERED TO THE CLIENTS BY VOLUNTEER DRIVERS. 75,465 MEALS WERE	TUE MEYTS VVE	
	CLIENTS DURING THE FISCAL YEAR ENDED JUNE 30, 2024. THE ORGANIZA	ALTON ELMANCES TES	,
	OPERATIONS LARGELY THROUGH PROGRAM FEES CHARGED TO PARTICIPANTS,	TITON TIMANCES 113	
	GRANTS.		בעווער
	old mile.		
/h	(Code:) (Expenses \$ including grants of \$) (D A	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	(Code)		
4C	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
			
	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 721, 283.		

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes	No
•	Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.			Х
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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Form 990 (2023) MEALS ON WHEELS FOR FORT COLLINS, Part IV Checklist of Required Schedules (continued)

	DIA.		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Х	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		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		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		х
I	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	instructions for applicable filing thresholds, conditions, and exceptions).			
ē	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
Ŀ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t 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			
1.	Enter the number reported in her 2 of Form 1006. Enter 0. Washing II.		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
D 5 5				

Form 990 (2023) MEALS ON WHEELS FOR FORT COLLINS,

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

	75 10		Yes	No
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	7		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	. 3b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		х
	b If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		-	X
	o Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b	-	Х
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
	of "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			^
7	Organizations that may receive deductible contributions under section 170(c).	6b	-	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?			X
	of the goods or services provided?	7b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7c		^
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	- P	Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
0	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	_		
	Section 501(c)(7) organizations. Enter:	9b		
	Initiation fees and capital contributions included on Part VIII, line 12	85.1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:	Table !		
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources		(ali	
40	against amounts due or received from them.)	-2011		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers,	213	500	
	Is the organization licensed to issue qualified health plans in more than one state?	12.	V. Call	
-	Note: See the instructions for additional information the organization must report on Schedule O.	13a		
Ь	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	153		N. C.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, appears in any activities that would			LES
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
BAA		Form	990	023)
		1	/2	

For	m 990 (2023) MEALS ON WHEELS FOR FORT COLLINS, 23-7116	630		F	Page
	a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	7b be chang	jes	, an on	d for
Se	ction A. Governing Body and Management				·· 1
_				Yes	No
	a Enter the number of voting members of the governing body at the end of the tax year	10			
ı	b Enter the number of voting members included on line 1a, above, who are independent 1b	10			
2			F	Ē.,	
	officer, director, trustee, or key employee?	0.720	2		X
3	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
7	since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	200	-		Λ
	members of the governing body?	22.7	7a		Х
ŀ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
	The governing body?		8a	Х	
t	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Interna	l Reve			ode.)
			-	Yes	No
	Did the organization have local chapters, branches, or affiliates?		0a		Х
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		0b 1a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE	-	Ia	A	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1:	2a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	12	La	Λ	
	to conflicts?	12	2b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	1.	20		v
13	Did the organization have a written whistleblower policy?		-	Х	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?			^	
а	The organization's CEO, Executive Director, or top management official.	15	5a		X
	Other officers or key employees of the organization.		_	_	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
1 6 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16	oa -		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?	16	Sh		
Sec	tion C. Disclosure		,13		
	List the states with which a copy of this Form 990 is required to be filed NONE				_
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c	 ;)(3):	s only	/)
	Own website				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements at the public during the tax year. SEE SCHEDULE O	vailable t	io		
20	State the name, address, and telephone number of the person who possesses the organization's books and records.				

1	Is the examination described in section E01(a)(2) or 4047(a)(1) (ather there a minute foundation) 2.16 (IV II(-t		Yes	No
ı	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2		2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			H
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
ŀ	b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
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? If "Yes," complete Schedule D, Part VIII.	11c		Х
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023) MEALS ON WHEELS FOR FORT COLLINS, Part IV | Checklist of Required Schedules (continued)

-		,	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
- 1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
25	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
Ŀ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	-	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V			Ц
1a	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	En		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			WE.
	(gambling) winnings to prize winners?	1c	Х	
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Form 990 (2023) MEALS ON WHEELS FOR FORT COLLINS,

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

	100		res	NO
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	7		
ı	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	X	
38	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a	1	X
I	s If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
48	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		Х
ŀ	o If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		187	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		1	X
	: If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		х
	olf "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	. 6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	olf "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	I If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	lf the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	100		
_	organization have excess business holdings at any time during the year?	8		_
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	_		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	En	1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:	1118	133	1.53
	Gross income from members or shareholders.	He l		100
	Gross income from other sources. (Do not net amounts due or paid to other sources	200		
ь	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		E	FILE
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			18
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4~	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
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- •		300	/	

Form 990 (2023) MEALS ON WHEELS FOR FORT COLLINS, 23-7116630 Page 6 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 Nο 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 1a 10 authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 16 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 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?..... Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 5 Did the organization have members or stockholders?..... 6 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? 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Х 8a **b** Each committee with authority to act on behalf of the governing body?..... Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 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?..... 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.... 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11a X **b** Describe on 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 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official....... X b Other officers or key employees of the organization..... X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

		Check if Schedu	ıle C	contains	a resp	onse or note to any	line in this Part VI	Ц _{же} ,		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
n n	1a	Federated campai	gns .	*******	1a	7,808.		WINE ALERTHA		
ĒŽ	b	Membership dues			1b	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Contributions, Gifts, Grants, and Other Similar Amounts	c	Fundraising events		Secretary and the second second	1c					
	d	Related organizati	ons .		1d					
in.	e	Government grants (cor			1e					PERM
e di	f	All other contributions, similar amounts not inc			1f	122 251				
출된	q	Noncash contributions i				432,354.				
a de		lines 1a-1f			1g	122,126.	NATE OF SMITH			
	h	Total. Add lines 1a	a-1f.				440,162.			
an	20	DELTIMEDED W	רא ד	C	-	Business Code	262.040	262 242	The state of the s	
e e	za b	DELIVERED M	<u> EAL</u>	<u> </u>		722210	363,842.	363,842.		
e e										
ž	q									
ဖွ	e									
튵	f	All other program :		ce revenue	e					
Program Service Revenue	q	Total. Add lines 2a					363,842.		TE MID . IER	
_	3	Investment income	(inclu	ıdina divide	nds. ir	terest, and	303/012.			
		other similar amou	ints).				3,238.			3,238.
	4	Income from inves			•					
	5	Royalties	· · · ·							
	_			(i) Re	al	(ii) Personal				
		Gross rents	6a							TELEVISION OF ME
		Less: rental expenses	6b					AT LIVERY S		
		Rental income or (loss)	-	200						
		Net rental income	01 (10	(i) Secur		(ii) Other			1 1 1 1 1 1 1 1 1 1 1	
	7a	Gross amount from sales of assets		(1) 00000		(ily duile)				
		other than inventory	7a				tak line			
	D	Less: cost or other basis and sales expenses	7b							
	С	Gain or (loss)	7c							EN SERVICE
	d	Net gain or (loss).								
0	8a	Gross income from fund	raisin	a events			NUMBER OF THE PARTY OF THE PART			
/enue		(not including \$								
		of contributions reported		•						
Other Rev		See Part IV, line 18			8a	44,586.				
<u> </u>		Less: direct expens			8b	0,414.			The State of	
δ	С	Net income or (loss	s) fro	m fundrai:	sing e	vents	39,314.			
	9a	Gross income from gami See Part IV, line 19	ng ac	tivities.				TO STATE OF		
		Less: direct expens			9a 9b					
		Net income or (loss				riac	National District	SANE DE LA LINE		AL REST
					detivi					
-	ua	Gross sales of inventory, returns and allowances.	iess.		10a					
	b	Less: cost of goods	solo	d	10b		1 1 1 1 1 1 1			
	c	Net income or (loss) fro	m sales of	f inver	tory.				
0						Business Code				
Revenue	1a	OTHER			9	00099	2,977.	2,977.		
Revenue	b									
5 5	С	T				·				
		All other revenue								
		Total. Add lines 11a					2,977.			14.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
BAA	2	Total revenue. See	msti	ructions	1.00		849,533. 09L 08/23/23	366,819.	0.	3,238. Form 990 (2023)

Form 990 (2023) MEALS ON WHEELS FOR FORT COLLINS,

Part IX Statement of Functional Expenses

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

_	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 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									
2	Grants and other assistance to domestic individuals. See Part IV, line 22	485,943.	485,943.							
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	95,588.	28,676.	47,794.	19,118.					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.					
7	Other salaries and wages	159,703.	138,585.	10,269.	10,849.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	137,103.	130,303.	10,203.	10,049.					
9	Other employee benefits	19,700.	12,907.	4,480.	2,313.					
10	Payroll taxes	17,005.	11,142.	3,867.	1,996.					
11	Fees for services (nonemployees):		,		2,330.					
а	Management									
b	Legal									
	Accounting	9,200.		9,200.						
	Lobbying	5,200.		3,200.						
	Professional fundraising services. See Part IV, line 17									
	Investment management fees									
	Other, (If line 11g amount exceeds 10% of line 25, column									
-	(A), amount, list line 11g expenses on Schedule (),)									
	Advertising and promotion	16,674.			16,674.					
13	Office expenses	6,306.	5,171.	694.	441.					
14	Information technology									
15	Royalties									
16	Occupancy	10,594.	8,687.	1,165.	742.					
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings.									
	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	3,702.	3,036.	407.	259.					
23	Insurance									
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.)									
а	OTHER	14,516.	9,326.	4,394.	796.					
b	COMPUTER SUPPLIES	13,123.	10,181.	1,366.	1,576.					
	TELEPHONE	6,360.	5,215.	700.	445.					
	STAFF & VOLUNTEERS	2,944.	2,414.	324.	206.					
	All other expenses.		-,	021.	200.					
	Total functional expenses. Add lines 1 through 24e.	861,358.	721,283.	84,660.	55,415.					
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				.,					

	Check if Schedule O contains a response or note to any line in this Part X		1986 · · · · ·	3343
		(A) Beginning of year		(B) End of year
	Cash — non-interest-bearing	196,630.	. 1	149,242
- 1	2 Savings and temporary cash investments.		2	50,000
	Pledges and grants receivable, net		3	
'	Accounts receivable, net	32,884.	4	40,706
!	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	
			3	
	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
- 1 -			-	
	- 200 th 200 th		7	
e set	Propoid expenses and deferred charges		8	
2	3	9,177.	9	5,843
10	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	11,714.	10c	8,011
11	The state of the s		11	
12	The state of the s		12	
13	programme production and the production of the p		13	
14			14	
15		974,307.	15	1,105,738.
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,224,712.	16	1,359,540.
17		53,384.	17	67,901.
18	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		18	
19			19	
20			20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22 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			23	
24	Unsecured notes and loans payable to unrelated third parties		24	
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.	40,059.	25	49,862.
26	Total liabilities. Add lines 17 through 25	93,443.	26	117,763.
3	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	73,443.		117,763.
27	Net assets without donor restrictions	1,131,269.	27	1,235,785.
28	Net assets with donor restrictions	1,201,203.	28	5,992.
27 28 29 30 31 32 33	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds.		31	
32	Total net assets or fund balances	1 121 260	32	1 0/1 222
33	Total liabilities and net assets/fund balances.	1,131,269.		1,241,777.
AA	TEEA0111L 08/23/23	1,224,712.	33	1,359,540. Form 990 (2023)

	1 990 (2023) MEALS ON WHEELS FOR FORT COLLINS,	23-711	6630		P	age 1:
Pa	rt XI Reconciliation of Net Assets					-
1	Check if Schedule O contains a response or note to any line in this Part XI.	• • • • • • • • • • • • • • • • • • • •	ererer.			
2	Total prepage (must equal Part VIII, column (A), line 12)	-2020		8	149,	533.
3	Total expenses (must equal Part IX, column (A), line 25)	2		8	61,	358.
4	Revenue less expenses. Subtract line 2 from line 1	3			11,	825.
	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,1	31,	269.
5 6	Net unrealized gains (losses) on investments.	5				
7	Donated services and use of facilities	6		_		
8	Investment expenses					
۵	Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDUL	E 0	1			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9		1	22,	333.
	column (B))	10		1. 2	/1·	777.
Par	t XII Financial Statements and Reporting		1	1,2	41,	111.
	Check if Schedule O contains a response or note to any line in this Part XII					
	Shows in defined to define a response of flote to any line in this rait XII	. * . * . * . * . * . * . * . * .	*****		Yes	_
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			· <u>S</u>)	res	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					2 1
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	nerer		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	viewed or	а			
Ь	Were the organization's financial statements audited by an independent accountant?			2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both.	eparate				Ma
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audit,		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					13
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Guidance, 2 C.F.R. Part 200, Subpart F?	the Unifo	rm	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why on Schedule O and describe any steps taken to undergo such audits	l audit	ANTHEO	3b		
BAA	TEEA0112L 08/23/23				990 (2023)
				2.111	(

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Name of the organization MEATS ON WHETS FOR FORE COLLING

OMB No. 1545-0047

Open to Public Inspection

Employer identification number MEALS ON WHEELS FOR FORT COLLINS, COLORADO, INC. 23-7116630 Reason for Public Charity Status. (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (i) Name of supported organization (III) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E) Total

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

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

Se	ction A. Public Support							
Calendar year (or fiscal year beginning in)		(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	564,382.	646,745.	645,310.	522,599.	573, 936.	2,952,972.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	564,382.	646,745.	645,310.	522,599.	573,936.	2,952,972.	
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)						0.	
	Public support. Subtract line 5 from line 4						2,952,972.	
Sec	tion B. Total Support							
	endar year (or fiscal year inning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	564,382.	646,745.	645,310.	522,599.	573,936.	2,952,972.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	206.	285.	214.	2,456.	3,238.	6,399.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on				·	·	0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.	
11	Total support. Add lines 7 through 10						2,959,371.	
12	Gross receipts from related activ	ties, etc. (see ins	tructions)			12	0.	
13	First 5 years. If the Form 990 is a organization, check this box and	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) ization, check this box and stop here.						
Section C. Computation of Public Support Percentage								
14	Public support percentage for 202	23 (line 6, column	(f), divided by line				99.78%	
15	Public support percentage from 2	022 Schedule A, I	Part II, line 14				99.88%	
1 6 a	5a 33-1/3% support test—2023. 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.							
b	b 33-1/3% support test—2022. 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							
17a	a 10%-facts-and-circumstances test—2023. 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							
b	0%-facts-and-circumstances test—2022. 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 rganization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
	Private foundation. If the organiz							

Schedule A (Form 990) 2023 MEALS ON WHEELS FOR FORT COLLINS, 23-7116630 Page 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.)

200	ction A. Public Support								
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	any "unusùal 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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons								
	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.)								
Sec	tion B. Total Support								
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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								
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
т 11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
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 forganization, check this box and	or the organization	n's first, second,			ection 501(c)(3)			
	tion C. Computation of Pub								
	Public support percentage for 202						%		
16	Public support percentage from 2	2022 Schedule A, F	Part III, line 15				%		
	tion D. Computation of Inve								
17	Investment income percentage for	or 2023 (line 10c, c	column (f), divide	d by line 13, colu	mn (f))	17	%		
18	Investment income percentage fr	om 2022 Schedule	A, Part III, line	17		18	શ		
	33-1/3% support tests-2023. If the is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	s a publicly suppo	rted organization	1		
	33-1/3% support tests—2022. 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								
_	Private foundation. If the organiz	ation did not chec	k a box on line 14	4, 19a, or 19b, ch	eck this box and :	see instructions.	(4)%		
AA			TEE 404001	0011 4100			- /F 0000 0		