

**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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **MEALS ON WHEELS WEST** Employer identification number **95-4613280**

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

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

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

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

|                                 | 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                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  | 77,875.                              |                                 | 67,708.                      | 10,167.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 10,167.        |

**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) INVESTMENT IN POOL OF   |                |   |
| (B) PUBLICLY TRADED DEBT AND  |                |   |
| (C) EQUITY SECURITIES   | 205,054.       | END-OF-YEAR MARKET VALUE                                  |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 205,054.       |   |

**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)   |                |   |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

|   |   |    |    |          |
|---|---|----|----|----------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1  | 796,371. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |    |          |
| a | Net unrealized gains (losses) on investments                                    | 2a |    |          |
| b | Donated services and use of facilities  | 2b |    |          |
| c | Recoveries of prior year grants   | 2c |    |          |
| d | Other (Describe in Part XIII.)  | 2d |    |          |
| e | Add lines 2a through 2d   |    | 2e | 0.       |
| 3 | Subtract line 2e from line 1  |    | 3  | 796,371. |
| 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 |    |          |
| b | Other (Describe in Part XIII.)  | 4b |    | -9,936.  |
| c | Add lines 4a and 4b   |    | 4c | -9,936.  |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5  | 786,435. |

**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  | 919,222. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |    |          |
| a | Donated services and use of facilities   | 2a |    |          |
| b | Prior year adjustments   | 2b |    |          |
| c | Other losses   | 2c |    |          |
| d | Other (Describe in Part XIII.)   | 2d |    | 9,936.   |
| e | Add lines 2a through 2d  |    | 2e | 9,936.   |
| 3 | Subtract line 2e from line 1   |    | 3  | 909,286. |
| 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 |    |          |
| b | Other (Describe in Part XIII.)   | 4b |    |          |
| c | Add lines 4a and 4b  |    | 4c | 0.       |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5  | 909,286. |

**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 X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (CODE) AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. SINCE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX, NO PROVISION HAS BEEN MADE FOR CURRENT OR DEFERRED INCOME TAX EXPENSE. UNDER ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, AN ORGANIZATION MUST EVALUATE ITS TAX POSITIONS AND PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED MORE LIKELY THAN NOT TO BE UPHOLD UNDER A TAX AUTHORITY EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS USING THE GUIDANCE OF ASC TOPIC 450, CONTINGENCIES, AND HAS CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT JUNE 30, 2016.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUND RAISING EXPENSES -9,936.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUND RAISING EXPENSES 9,936.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
**Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ.**  
**▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization  
**MEALS ON WHEELS WEST**  
Employer identification number  
**95-4613280**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
  - a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)    | (ii) Activity        | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|----------------------|--|----|-----------------------------------|---|---|
|  |                      | Yes  | No |                                   |   |   |
| LAUTMAN, MASKA, NEIL & CO. -<br>1730 RHODE ISLAND AVE, N.W., | DIRECT MAIL CAMPAIGN |  | X  | 0.                                | 0.  | 36,000.   |
|  |                      |  |    |                                   |   |   |
|  |                      |  |    |                                   |   |   |
|  |                      |  |    |                                   |   |   |
|  |                      |  |    |                                   |   |   |
|  |                      |  |    |                                   |   |   |
|  |                      |  |    |                                   |   |   |
|  |                      |  |    |                                   |   |   |
|  |                      |  |    |                                   |   |   |
|  |                      |  |    |                                   |   |   |
|  |                      |  |    |                                   |   |   |
|  |                      |  |    |                                   |   |   |
|  |                      |  |    |                                   |   |   |
|  |                      |  |    |                                   |   |   |
|  |                      |  |    |                                   |   |   |
|  |                      |  |    |                                   |   |   |
|  |                      |  |    |                                   |   |   |
| <b>Total</b> .....   |                      |  |    |                                   |   | 36,000.   |

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

**CA**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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<br>(add col. (a) through<br>col. (c)) |
|-----------------|----|--|-----------------------------|------------------------|--|
|                 |    | MONSTER BASH<br>(event type)                                 | MUSIC EVENT<br>(event type) | NONE<br>(total number) |  |
| Revenue         | 1  | Gross receipts   | 42,751.                     | 4,560.                 | 47,311.  |
|                 | 2  | Less: Contributions  | 42,751.                     | 4,560.                 | 47,311.  |
|                 | 3  | Gross income (line 1 minus line 2)                           |                             |                        |  |
| Direct Expenses | 4  | Cash prizes  |                             |                        |  |
|                 | 5  | Noncash prizes   |                             |                        |  |
|                 | 6  | Rent/facility costs  |                             |                        |  |
|                 | 7  | Food and beverages   |                             |                        |  |
|                 | 8  | Entertainment  |                             |                        |  |
|                 | 9  | Other direct expenses  | 8,633.                      | 1,303.                 | 9,936.   |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |                             |                        | 9,936.   |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |                             |                        | -9,936.  |

**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<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |
|-----------------|--|-----------------------|---|---|---|
|                 |  | 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 _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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: LAUTMAN, MASKA, NEIL & CO.  
 (I) ADDRESS OF FUNDRAISER:  
 1730 RHODE ISLAND AVE, N.W., STE 301, WASHINGTON, DC 20036



**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **MEALS ON WHEELS WEST** Employer identification number **95-4613280**

| Part I | Types of Property   | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>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 .....                              |                            |   |  |   |
| 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                          | 3   | 34,554.  | COST OF DONATED MEAL                                      |
| 20     | Drugs and medical supplies .....                                |                            |   |  |   |
| 21     | Taxidermy .....   |                            |   |  |   |
| 22     | Historical artifacts .....                                      |                            |   |  |   |
| 23     | Scientific specimens .....                                      |                            |   |  |   |
| 24     | Archeological artifacts .....                                   |                            |   |  |   |
| 25     | Other ▶ ( _____ )   |                            |   |  |   |
| 26     | Other ▶ ( _____ )   |                            |   |  |   |
| 27     | Other ▶ ( _____ )   |                            |   |  |   |
| 28     | Other ▶ ( _____ )   |                            |   |  |   |

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

|  | 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 is not 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 non-standard 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 did not 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) (2015)

**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.

Multiple horizontal lines for supplemental information.

**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.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

MEALS ON WHEELS WEST

Employer identification number

95-4613280

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

AFTER A REVIEW OF THE FORM 990 BY BOARD OFFICERS AND MANAGEMENT WITH THE  
INFORMATION RETURN PREPARER, A COPY OF THE FORM 990 WAS PROVIDED TO THE  
FULL BOARD OF DIRECTORS PRIOR TO ITS FILING.

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

MANAGEMENT AND MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED ANNUALLY TO  
SIGN A STATEMENT OF RECEIPT OF ORGANIZATIONAL POLICIES, WHEREIN THE  
INDIVIDUAL STATES ANY RELATIONSHIP OR TRANSACTION THAT COULD POTENTIALLY  
CAUSE A CONFLICT OF INTEREST.

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

THE EXECUTIVE DIRECTOR, OFFICERS AND OTHER KEY EMPLOYEE'S COMPENSATION IS  
REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.  
THE REVIEW INCLUDES COMPARABILITY DATA FROM OUTSIDE INDUSTRY SOURCES SUCH  
AS CHARITY NAVIGATOR.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST  
POLICY AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON  
REQUEST.

FORM 990, PART XII, LINE 2C

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
532211  
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

MEALS ON WHEELS WEST

Employer identification number

95-4613280

NO CHANGES IN OVERSIGHT OR SELECTION PROCESS DURING THE YEAR.

Lined area for providing details on oversight or selection process changes.

| Asset Number | Description of property  |                 |              |          |                     |                 |                                       |                        |
|--------------|--------------------------|-----------------|--------------|----------|---------------------|-----------------|---------------------------------------|------------------------|
|              | Date placed in service   | Method/IRC sec. | Life or rate | Line No. | Cost or other basis | Basis reduction | Accumulated depreciation/amortization | Current year deduction |
| 1            | FURNITURE                |                 |              |          |                     |                 |                                       |                        |
|              | VARIABLE                 | SSL             | 5.00         | 16       | 4,162.              |                 | 4,162.                                | 0.                     |
| 2            | EQUIPMENT                |                 |              |          |                     |                 |                                       |                        |
|              | VARIABLE                 | SSL             | 5.00         | 16       | 26,081.             |                 | 26,081.                               | 0.                     |
| 3            | LEASEHOLD IMPROVEMENTS   |                 |              |          |                     |                 |                                       |                        |
|              | VARIABLE                 | SSL             | 10.00        | 16       | 29,911.             |                 | 29,911.                               | 0.                     |
| 4            | EQUIPMENT                |                 |              |          |                     |                 |                                       |                        |
|              | 011513                   | SL              | 5.00         | 16       | 4,353.              |                 | 2,177.                                | 871.                   |
| 5            | EQUIPMENT                |                 |              |          |                     |                 |                                       |                        |
|              | 011514                   | SL              | 5.00         | 16       | 3,000.              |                 | 900.                                  | 600.                   |
| 6            | EQUIPMENT                |                 |              |          |                     |                 |                                       |                        |
|              | 031315                   | SL              | 5.00         | 16       | 3,792.              |                 | 253.                                  | 758.                   |
| 7            | EQUIPMENT                |                 |              |          |                     |                 |                                       |                        |
|              | 021715                   | SL              | 5.00         | 16       | 1,309.              |                 | 87.                                   | 262.                   |
| 8            | EQUIPMENT                |                 |              |          |                     |                 |                                       |                        |
|              | 093015                   | SL              | 5.00         | 16       | 5,267.              |                 |                                       | 790.                   |
|              | * TOTAL 990 PAGE 10 DEPR |                 |              |          | 77,875.             | 0.              | 63,571.                               | 3,281.                 |