

August 22, 2024

Ypsilanti Meals on Wheels 1110 West Cross Street Ypsilanti, MI 48197

Dear Barbara,

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2024.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Schlaupitz Madhavan, P.C.



August 22, 2024

Ypsilanti Meals on Wheels 1110 West Cross Street Ypsilanti, MI 48197

Dear Barbara,

Enclosed is the 2023 Exempt Organization return, as follows...

2023 Form 990

We prepared the returns from information you provided to us without verification or audit. Please review the returns for completeness and accuracy. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

We recommend that you retain all supporting documents and permanent records for at least seven years. If the returns are examined, supporting documentation will be requested.

In order for us to properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities. We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns, or if we can be of further assistance.

Sincerely,

Schlaupitz Madhavan, P.C.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For:	
	Ypsilanti Meals on Wheels 1110 West Cross Street Ypsilanti, MI 48197
Prepared By:	
	Schlaupitz Madhavan, P.C. 820 Kirts Blvd., Suite 100 Troy, MI 48084
Amount Due	or Refund:
	Not applicable
Make Check F	Payable To:
	Not applicable
Mail Tax Retu	rn and Check (if applicable) To:
	Not applicable
Return Must k	pe Mailed On or Before:

Special Instructions:

Not applicable

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2024.

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change YPSILANTI MEALS ON WHEELS Name change 38-2038528 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 1110 WEST CROSS STREET 734-487-9669 2,022,604. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 48197 YPSILANTI, MI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BARBARA NIESS-MAY for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.YMOW.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1974 M State of legal domicile: MI Part I Summary Briefly describe the organization's mission or most significant activities: YPSILANTI MEALS ON WHEELS Activities & Governance SUPPORTS THE COMMUNITY'S HOMEBOUND ELDERLY, ILL AND DISABLED 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 11% 3 Number of voting members of the governing body (Part VI, line 1a) 10% Number of independent voting members of the governing body (Part VI, line 1b) 4 25% Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 350 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,698,463. 1,452,927. Contributions and grants (Part VIII, line 1h) 8 314,152. 371,898. Program service revenue (Part VIII, line 2g) 36,862. 81,816. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -11,967.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,818. 11 $\overline{2,037,510}$ 1,933,459. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 694,010. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 809,560. 52,650. 16a Professional fundraising fees (Part IX, column (A), line 11e) 65,177. **b** Total fundraising expenses (Part IX, column (D), line 25) 861,206. 909,030. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,607,866. 1,783,767. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 429,644. 149,692. Revenue less expenses. Subtract line 18 from line 12 or **Beginning of Current Year End of Year** 3,150,059. 3,376,262. Total assets (Part X, line 16) 561,716. 556,024. 21 Total liabilities (Part X, line 26) net m 588,343. 820,238 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BARBARA NIESS-MAY, PRESIDENT/CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P01546972 DAVID M. KUDLA Paid DAVID M. KUDLA self-employed SCHLAUPITZ MADHAVAN, P.C. Firm's EIN 75-3148637 Preparer Firm's name Firm's address 820 KIRTS BLVD., SUITE 100 Use Only TROY, MI 48084 Phone no. (248) 649-1600May the IRS discuss this return with the preparer shown above? See instructions X Yes

Pai	Till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	YPSILANTI MEALS ON WHEELS SUPPORTS THE COMMUNITY'S HOMEBOUND ELDERLY,
	ILL AND DISABLED RESIDENTS WITH HOME-DELIVERED MEALS, SOCIAL CONTACT,
	PET FOOD AND SUPPLIES, PERSONAL GOODS AND OTHER SUPPORTS TO HELP THEM
	LIVE HEALTHIER, SAFER AND MORE INDEPENDENT LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	· / / · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 209, 380. including grants of \$) (Revenue \$) (Revenue \$)
	IN 2023 YPSILANTI MEALS ON WHEELS PROVIDED MEALS TO MEDICALLY HOMEBOUND
	RESIDENTS OF EASTERN WASHTENAW COUNTY IN SOUTHEAST MICHIGAN. YMOW
	CLIENTS ACCESS TO TWO MEALS A DAY ON MONDAY THROUGH SATURDAY AND ONE
	MEAL ON SUNDAY. EACH DAY'S DELIVERY INCLUDES A HOT MEAL FOR LUNCH AND A
	CHILLED MEAL FOR LATER IN THE DAY. IN ADDITION TO TRADITIONAL MEALS,
	YMOW PROVIDES FROZEN MEALS AND EMERGENCY SHELF STABLE MEALS FOR TIMES
	WHEN WEATHER OR OTHER CIRCUMSTANCES PREVENT DELIVERY. YMOW'S CLIENTS
	ARE TYPICALLY OLDER ADULTS WITH MULTIPLE CHRONIC HEALTH CONDITIONS AND
	VERY LIMITED INCOMES. OUR COMMITMENT IS TO HELP THESE VULNERABLE
	NEIGHBORS REMAIN IN THE COMFORT OF THEIR OWN HOMES WITHOUT WORRIES
	ABOUT WHAT THEY WILL EAT OR HOW THEY WILL OBTAIN OR PREPARE FOOD. EVERY
	MEAL DELIVERY DOUBLES AS A WELLNESS CHECK AND A TOOL AGAINST THE SOCIAL
4b	(Code:) (Expenses \$174 , 611 •
40	CARE ON WHEELS -THE CARE ON WHEELS PROGRAM FULFILLS THE ORGANIZATION'S
	MISSION TO HELP SENIORS LIVE MORE SAFELY AT HOME. THE PROGRAM HELP
	REMOVE THE OBSTACLES THAT MAKE AGING IN PLACE DIFFICULT, AND EVEN
	DANGEROUS, FOR HOMEBOUND NEIGHBORS LIVING IN YPSILANTI AND SURROUNDING
	TOWNSHIPS. IT SIMULTANEOUSLY EASES THE BURDENS PLACED ON FAMILY
	CAREGIVERS, LEAVING THEM MORE TIME TO CARE FOR THEMSELVES, OR TO JUST
	ENJOY THEIR LOVED ONE WITHOUT THE DUTIES THAT COME WITH CAREGIVING.
	CAREGIVER VISITS ALSO PROVIDE RELIEF FROM ISOLATION.
4c	(Code:) (Expenses \$) (Revenue \$)
	PETS ASSISTING THE LIVES OF SENIORS ("PALS"), FORMALLY REFERRED TO AS
	ANIMEAL & PET SUPPORT - FOR MANY HOMEBOUND PEOPLE, A PET IS A TREASURED
	COMPANION AND AN IMPORTANT TOOL AGAINST LONELINESS. TO HELP CLIENTS
	CARE FOR THEIR FURRY FRIENDS, THE ORGANIZATION OFFERS FREE PET FOOD
	DELIVERY THROUGH THIS PROGRAM AS WELL AS SUPPORT FOR VET VISITS, PET
	GROOMING, MEDICAL CARE FOR PETS AND PET SUPPLIES.
4d	Other program services (Describe on Schedule O.)
-r u	FF 00F
10	1 450 450
46	Total program service expenses 1,458,452.

Form 990 (2023) YPSILANTI MEALS ON WHEELS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X 🗸	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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? <i>If</i> "Yes," <i>complete</i>	•		
Ü	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	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		_		х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X 🗸	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X 🗸	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X 🗸	•
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		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		Х
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 🗸	ļ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ' '	•	
10		18	X 🗸	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	21 v	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

332003 12-21-23

Form 990 (2023) YPSILANTI MEALS ON WHEELS

Part IV | Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 2? If "Yes," complete Schedule () Parts I and III 22 X X Did the organization answer "Yes" to Part IVI, Section A, line 3,4 or 3,4 should compensation of the organization's current and former officers, directors, frustees, key employees, and highest componition of employees? If "Yes," complete Schedule I, Part IVI yes, answer lines 26 bit brough 26d and complete Schedule K II" No." for the 26s Schedule V is the organization have a tax-exempt bond issue with an outstranding principal amount of more than \$100,000 as of the last day of the eye, that was issued after December 31, 2002? If "Yes," answer lines 26 bit brough 26d and complete Schedule K II" No." for time 26s Schedule K II" No. for the		Continued)		Vac	No
Part X, column (A), line 2? (if Yes, "complete Schedule I, Parts I and III Did the organization assert Yes" of Part IVI, Sciencia A, in S, al. of S, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, "complete Schedule I, and the state of the year, that was issued after December 31, 2002? If Yes," arrange interest 240 through 240 and complete Schedule I, Part IV, line 2 in Did the organization invest any proceeds of faxexempt bonds beyond a temporary period exception? 245 bit the organization meets are accessed accord to the final a temporary period exception? 246 or Did the organization meets are an excessed accord there than a returning secrow at any time during the year? 246 bit the organization are accessed as any tax exempt bonds? 246 bit the organization are as an 'on behalf off' issuer for bonds outstanding at any time during the year? 246 bit the organization are as an 'on behalf off' issuer for bonds outstanding at any time during the year? 246 bit the organization are as an 'on behalf off' issuer for bonds outstanding at any time during the year? 246 bit the organization are as an 'on behalf off' issuer for bonds outstanding at any time during the year? 246 bit the organization are as an 'on behalf off' issuer for bonds outstanding at any time during the year? 247 bit the organization are as an 'on behalf off' issuer for bonds outstanding at any time during the year? 248 bit the organization are as an 'on behalf off' issuer for bonds outstanding at any time during the year? 249 bit the organization are as an 'on behalf off' issuer for bonds outstanding at any time during the year? 249 bit the organization are as an 'on behalf off' issuer for bonds outstanding at any time during the year? 249 bit the organization are an 'on the organization with an off the organization with an off the organization organization organization are acceptanced in an excess benefit transaction off open year. 249 bit the organiza	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
23 Dit 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, fursiones, key employees, and highest compensation of more than \$100,000 as of the last day of 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 24th through 24d and complete Schedule K. If 'No," yo to line 25a. 24b			22		х
and formar officers, directions, trustees, key employees, and highest companisated employees? If Y'es,* complete Schedule I, Part II and 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 Y'es,* answer lines 24b through 24d and complete Schedule K. If Yio,* go to line 25a. 24b	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
Schedule / I was 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. 24b					
stated yof 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 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization mest any proceeds of tax exempt bonds beyond a temporary period exception? d Did the organization analy and 501(x)29 organizations. Did the organization analy time during the year? 24d 25a Section 501(5), 501(c)41, and 501(x)29 organizations. Did the organization analy the year? 25d Section 501(5), 501(c)41 tile ganged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L Part I 25a Schedule L. Part I 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25b 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 sproof 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 former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee thereof, a grant selection committee member, or to a 39% controlled entity (including an employee thereof) or family member of any of these persona? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV b A aminutation of a particulation in the seaso		•	23		X
Schedule K. If 'Ne', 'go to line 25a	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization minest any proceeds of tax-exempt bronds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bronds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50(10), 50 10(14), and 501(16)/29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a X b 1s the organization aware that the gragaged 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 980 or 990-E27 If "Yes," complete Schedule I, Part I 25b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fuseles, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 27b Is a prior of the angenization provide a grant or other assistance to any current or former officer, director, fuseles, key employee, creator or founder, substantial contributor, or 55% corrector of founder, substantial contributor, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part IV 27b Is a part Section connentities embers, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part IV 28a X 28b X 27b Is a part of the section of the properties of the following parties? (See the Schedule I, Part IV 27b, "Yes," complete Schedule I, Part IV 28b Is A X 27b Is a part of the properties Schedule I, Part IV 28b Is A X 27b Is a part of the properties Schedule I, Part IV 28b Is A X 27b Is a part of the properties Schedule		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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 24d 25a Section 501(c)(3), 301(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 980 or 990-E27 If "Yes," complete Schedule L, Part I 25b X 25b Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 25c Did the organization provide a grant or other assistance to any othese persons? If "Yes," complete Schedule L, Part II 27 X 25d Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part II 27 X X 25d A current or former officer, director, frustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part II 28a X 25d A current or former officer, director, frustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part II 28a X 25d A standard or applicable filling thresholds, conditions, and exceptions); a A current or former officer, director, frustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule II, Part II 28a X 25d A standard organization receive mo		Schedule K. If "No," go to line 25a	. 24a		Х
any tax-exempt bonds? d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 50 (1c/3), 501c/4), and 501c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule 1, Part I 25a	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Sactino 501(x)(3), 501(x)(4), and 501(x)(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 25b X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior former of the property of the propert	С				
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I					
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? // if "Yes," complete Schedule L, Part I			24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 99 or 990-E27 (**I**es**, complete Schedule L, Part I) 25 Did the organization in eport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If **Yes**, complete Schedule L, Part III. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If *Yes** complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III. 28 Instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If **Yes**, complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If *Yes*, complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If *Yes*, complete Schedule L, Part IV. 28 Did the organization receive more than \$25,000 in noncash contributions? If *Yes*, complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If *Yes*, complete Schedule M. Part I. 30 Did the organization iliquidate, terminate, or dissolve and cease operations? If *Yes*, complete Schedule M. Part I. 31 Did the organization on 1009% 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 II, III. 31	25a				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # "Yes," complete Schedule L, Part I 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 orfanily member of any of these persons? # "Yes," complete Schedule L, Part II 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? # "Yes," complete Schedule L, Part III 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV 28 Did the organization receive more than \$25,000 in noncash contributions? # "Yes," complete Schedule M. Part IV 29 Did the organization receive more than \$25,000 in noncash contributions? # "Yes," complete Schedule M. Part IV 29 Did the organization receive more than \$25,000 in noncash contributions? # "Yes," complete Schedule M. Part I 30 Did the organization iliquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule M. Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-37 # "Yes," complete Schedule R, Part II, III, or IV, IIII 1 32 Did the organization nevel and solve any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(31) # "Yes," complete Schedule R, Part II, III 2 33		·	25a		X
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If "Yes," complete Schedule R, Part V, line 2 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 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 X		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 X	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			. 36		X
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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		, , ,	37		X
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	38				
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	Da		38	X	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11	Par				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	_		1 1	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X					
(gambling) winnings to prize winners?			U		
	С		_		v
	0005			990	

YPSILANTI MEALS ON WHEELS 38-2038528 Page 5 Form 990 (2023) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X 🗸 Did the organization have unrelated business gross income of \$1,000 or more during the year? За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
 If "Yes," complete Form 4720, Schedule O.
 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.

7 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.

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

Form **990** (2023)

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

Sec	tion A. Governing Body and Management								
	and the design and the management					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11		103	140		
iu	If there are material differences in voting rights among members of the governing body, or if the governing	- iu							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship								
-	officer director twister or key employee?				2		Х		
3	Did the organization delegate control over management duties customarily performed by or under th				_				
	of officers discontain the state of the stat				3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form S				4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X		
6	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 approximation of the power to elect 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, s								
_	and the state of t			-	7b		Х		
8									
а	The governing body?				Ва	Х			
b	Each committee with authority to act on behalf of the governing body?				Bb	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			···					
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re								
	(This occion b requests information about politics not required by the internal ric	venue	0000./			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			1	0a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
			,	1	0b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod				1a		Х		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	•	Ü						
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				2b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If								
	on Schedule O how this was done	,		. 1	2c	X			
13	Did the organization have a written whistleblower policy?				13	Х			
14	Did the organization have a written document retention and destruction policy?				14	Х			
15	Did the process for determining compensation of the following persons include a review and approva								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-							
а	The organization's CEO, Executive Director, or top management official			1	5a	Х			
	Other officers or key employees of the organization				5b		Х		
	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 arranger	ment w	ith a						
	taxable entity during the year?			1	6a		_X_		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's						
	exempt status with respect to such arrangements?			1	6b				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3)s o	nly) a	ıvailab	ole		
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain		,						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy,	and fi	nanc	ial			
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boundaries $\frac{BARBARA}{A}$ $\frac{NIESS-MAY}{A}$ $\frac{734-487-9669}{A}$	oks and	d records						
	1110 WEST CROSS STREET, YPSILANTI, MI 48197								

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours per		not c	heck	more	than (Reportable compensation	Reportable compensation	Estimated amount of
	week		cer ar					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	au			ted		organization	(W-2/1099-MISC/	from the
	related	stee	truste			pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	nal tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations
(1) ALISON FOREMAN	40.00	_	_		_	1 0	_			
PRESIDENT/CEO				Х				100,630.	0.	0.
(2) DIETER OTTO	1.00									
PRESIDENT		X		X				0.	0.	0.
(3) TARA TRUAX	1.00									
DIRECTOR		Х						0.	0.	0.
(4) DAN CARLETON	1.00									
DIRECTOR		X						0.	0.	0.
(5) CHRISTINE LAING	1.00									
TREASURER		X		Х				0.	0.	0.
(6) SCOTT GODBOLD CRITEO	1.00									
DIRECTOR		Х						0.	0.	0.
(7) LOU MASKILL	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) BRENT KOLB	1.00	_								
DIRECTOR		X						0.	0.	0.
(9) ANNA JACKSON	1.00	ļ								•
DIRECTOR	1 00	X						0.	0.	0.
(10) FRANCISCA TEHODA	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(11) STEVE SMITH	1.00	7,7						0	0	0
DIRECTOR		X						0.	0.	0.
		1								
		1								
		1								
		1								
		1								
		1	1	I	I	1	I			

	(A) Name and title	(B) Average hours per week (list any	box offi	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related organizations		am	(F) timate nount o other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	'	fro orga and	om the anizati d relate inizatio	e ion ed
											_			
											_			
											_			
	Subtotal Total from continuation sheets to Part \								100,630.	0).			0.
_d 2	Total (add lines 1b and 1c) Total number of individuals (including but compensation from the organization								100,630. ceived more than \$100,					0.
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for	•		•		•	•	•		loyee on		3	Yes	No X
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	sum of reportable 50,000? If "Yes,	le co	mpe mple	ensa ete S	tion Sche	and and	oth J fo	or such individual			4		Х
5 Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," coction B. Independent Contractors	•				-			•	dual for services		5		X
1	Complete this table for your five highest of the organization. Report compensation for (A)	•	•							, ,	ısatio	on fro		
	Name and busines	s address	N	INC	3				Description of s	ervices	Cor		nsation	<u>n</u>
2	Total number of independent contractors		ot lir	nited	d to t	thos	_	ted	above) who received mo	ore than				

Dart VIII Statement of D

Ра	πı	/111	Statement of Re	ven	ue						
			Check if Schedule O	conta	ins a respo	nse (or note to any lir		(D)	(0)	(D)
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
र इ	1	а	Federated campaigns		1a						
ran		b	Membership dues								
Ω. E		С	Fundraising events				7,605.				
Contributions, Gifts, Grants and Other Similar Amounts											
S, G		е	Government grants (contr	ibutio	ons) 1e		23,500.	,			
r Si		f	All other contributions, gifts,	grant	s, and						
a t			similar amounts not included	abov	e 1f	1,	421,822.	•			
d d		g	Noncash contributions included in	lines 1	a-1f 1g \$	3	55,016.				
<u>ರ ೯</u>		h	Total. Add lines 1a-1f					1,452,927.			
					- ~		Business Code	222 662	222 662		
Se	2		FEES FROM LOC			_		330,662.			
Program Service Revenue			FEES FROM MEA					30,700.			
n S			FEES AND CONT	RAG	JTS FR	0		10,536.	10,536.		
ar Rev		d				_					
jo		e	All allanamentaria								
_			All other program service					371,898.			
	3		Total. Add lines 2a-2f Investment income (include					371,000			
	Ŭ		•	•				42,695.			42,695.
	4		Income from investment of								
	5		Royalties		•						
			•		(i) Real		(ii) Personal				
	6	а	Gross rents	6a				-			
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss))							
	7	а	Gross amount from sales of $% \left\{ 1,2,\ldots ,n\right\}$		(i) Securit		(ii) Other				
			assets other than inventory	7a	76,73	7 .	19,500.	<u> </u>			
		b	Less: cost or other basis		44	_					
nue			and sales expenses		57,11			-			
Revenue			Gain or (loss)				19,500.				20 101
Ä	_		Net gain or (loss)					39,121.	<u> </u>		39,121.
Othe	8	а	-	,6	05. of						
			contributions reported on		-		54,633.				
						8a 8b		-			
								22,604.			22,604.
	۵		Net income or (loss) from Gross income from gamin		-			22,004.			22,004.
	9	а	Part IV, line 19	-		9a					
		h				9b		_			
			Net income or (loss) from								
	10		Gross sales of inventory, I	•	•						
			and allowances			10a					
		b				10b					
			Net income or (loss) from	sales	of inventor	γ					
(C							Business Code				
o o	11		ENDOWMENT					4,154.			4,154.
ane		b	OTHER INCOME					60.	60.		
cell eve		С									
Miscellaneous Revenue			All other revenue					4 04 4			
_			Total. Add lines 11a-11d					4,214.	271 050	_	100 554
	12		Total revenue. See instruction	ons				1,933,459.	371,958.	0.	108,574.

Form 990 (2023) YPSILANTI MEALS ON WHEELS Part IX Statement of Functional Expenses

7b, 8	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and	Fundraising
1	70, 00, and 100 of 1 art 111.	·	expenses	general expenses	expenses
	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				
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,	100 600		45.045	40.404
	trustees, and key employees	100,630.	75,454.	15,045.	10,131.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	576,104.	431,967.	86,139.	57,998
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	27,865.	20,894.	4,166.	2,805.
9	Other employee benefits	39,958.	29,961.	5,974.	4,023
10	Payroll taxes	65,003.	48,740.	9,719.	6,544
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	14,502.	10,873.	2,170.	1,459
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	65,177.			65,177
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	161,937.	132,100.	20,142.	9,695.
12	Advertising and promotion	1,381.	829.		552.
13	Office expenses	4,233.	3,172.	635.	426
14	Information technology				
15	Royalties				
16	Occupancy	17,996 🎝	13,493.	2,691.	1,812.
17	Travel	3,280.	3,280.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	49,535.	49,535.		
23	Insurance	34,661.	25,990.	5,182.	3,489
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 0.)				
а	FOOD AND PACKAGING	471,640.	471,640.		
b	DONATED SERVICES	55,016.	55,016.		
С	PET SUPPLIES/FOOD	19,254.	19,254.		
d	VEHICLE EXPENSES	18,842.	18,842.		
	All other expenses	56,753.	47,412.	5,250.	4,091
	Total functional expenses. Add lines 1 through 24e	1,783,767.	1,458,452.	157,113.	168,202
25	Joint costs. Complete this line only if the organization	. ,	. ,		•
	Will Costs. Complete this into only it the ordanization is				
25 26					
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form 990 (2023)
Part X Balance Sheet

2 3 4 5 6 7 8 9 0a b	Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of th Loans and other receivables from other disqua under section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	or former off stantial cont ese persons alified persor ed in section	icer, director, ributor, or 35% as (as defined a 4958(c)(3)(B)	(A) Beginning of year 1,574,621.		(B) End of year 894,111. 600,243.
2 3 4 5 6 7 8 9 0a b	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of th Loans and other receivables from other disquaunder section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges	or former off stantial cont ese persons alified persor ed in section	icer, director, ributor, or 35% as (as defined 4958(c)(3)(B)	Beginning of year 1,574,621	2 3 4 5	End of year 894,111 600,243
2 3 4 5 6 7 8 9 0a b	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of th Loans and other receivables from other disquaunder section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges	or former off stantial cont ese persons alified persor ed in section	icer, director, ributor, or 35% as (as defined 4958(c)(3)(B)		2 3 4 5	600,243.
2 3 4 5 6 7 8 9 0a b	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of th Loans and other receivables from other disquaunder section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges	or former off stantial cont ese persons alified persor ed in section	icer, director, ributor, or 35% as (as defined 4958(c)(3)(B)	144,019.	3 4 5 6	
4 5 6 7 8 9 0a b	Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of th Loans and other receivables from other disqua under section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges	or former off stantial cont ese persons alified persor ed in section	icer, director, iributor, or 35% is (as defined i 4958(c)(3)(B)	144,019.	5	138,066.
5 6 7 8 9 0a b	Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of th Loans and other receivables from other disquaunder section 4958(f)(1)), and persons describ Notes and loans receivable, net	or former off stantial cont ese persons alified persor ed in section	icer, director, ributor, or 35% as (as defined 4958(c)(3)(B)	144,019.	5	138,066.
5 6 7 8 9 0a b	Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of th Loans and other receivables from other disquaunder section 4958(f)(1)), and persons describ Notes and loans receivable, net	or former off stantial cont ese persons alified persor ed in section	icer, director, ributor, or 35% as (as defined 4958(c)(3)(B)		6	
6 7 8 9 0a b	controlled entity or family member of any of th Loans and other receivables from other disqua under section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges	ese persons alified persor ed in section	as (as defined 4958(c)(3)(B)		6	
6 7 8 9 0a b	Loans and other receivables from other disqua under section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges	alified persor	ns (as defined 4958(c)(3)(B)		6	
7 8 9 0a b	under section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges	ed in section	4958(c)(3)(B)			
7 8 9 0a b	Notes and loans receivable, net					
8 9 0a b	Inventories for sale or usePrepaid expenses and deferred charges				7	
8 9 0a b	Inventories for sale or usePrepaid expenses and deferred charges					
9 0a b	Prepaid expenses and deferred charges				8	
b	Land, buildings, and equipment: cost or other	1 1		40,172.	9	59,113.
	basis. Complete Part VI of Schedule D	. 10a	664,097.			
	Less: accumulated depreciation	10b	187,760.	467,772.	10c	476,337.
	Investments - publicly traded securities		894,827.	11	1,134,548.	
			12			
			13			
			00.510			
						73,844.
				3,150,059.	16	3,376,262.
				99,301.		162,948.
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			462,415.		363,340.	
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						168,534.
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		ooo, oncor				
9		s			29	
					31	
				2,588,343.		2,820,238.
						3,376,262.
2345 <u>6</u> 789012 345 <u>6</u> 78 9012		Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must ed Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, sub controlled entity or family member of any of the Secured mortgages and notes payable to unrelated Other liabilities (including federal income tax, parties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33. Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated Total net assets or fund balances	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Stans and other payables to any current or former officer, trustee, key employee, creator or founder, substantial cont controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third pure Unsecured notes and loans payable to unrelated third part Other liabilities (including federal income tax, payables to reparties, and other liabilities not included on lines 17-24). Confeded Described Described Schedule Described Schedule Described Schedule Described Schedule Sched	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 27 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 2,588,343.	Investments · other securities. See Part IV, line 11 Investments · program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Peferred revenue Deferred revenue 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 Secured mortgages and notes payable to unrelated third parties 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 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 7 total net assets or fund balances

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,93	3,4	<u>59.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,783	3,7	67.				
3	Revenue less expenses. Subtract line 2 from line 1	3			92.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,588	8,3	43.				
5	Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7	<u> </u>	9,9	45.				
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	2,820	0,2	38.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X-Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X				
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		3b						
		<u> </u>	Form	990	(2023)				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

YPSILANTI MEALS ON WHEELS 38-2038528 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

(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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1331112.	1608430.	1450958.	1698463.	1421822.	7510785.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1331112.	1608430.	1450958.	1698463.	1421822.	7510785.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						7510785.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1331112.	1608430.	1450958.	1698463.	1421822.	7510785.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	17,752.	12,981.	13,818.	20,725.	42,695.	107,971.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,594.	3,013.	5,413.	-4,308.	4,154.	11,866. 7630622.
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,						,830,571.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stor						
	ction C. Computation of Publi						00 42
	Public support percentage for 2023 (I			olumn (f))		14	98.43 %
	Public support percentage from 2022					15	98.54 %
16a	33 1/3% support test - 2023. If the c						T
	stop here. The organization qualifies		•				
D	33 1/3% support test - 2022. If the contract the second state of t						
47-	and stop here. The organization qual				10 10 10		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts			=	•	_	
L	meets the facts-and-circumstances te 10% -facts-and-circumstances test	~				72 and line 15 is 1	
i)	more, and if the organization meets the						1070 UI
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
	The organization	dia not oncon a t	20.7 011 11110 10, 108	., .00, .70, 01 770	, cricon triis box ai		(Form 990) 2023

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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.)

Se	ction A. Public Support						
Cale	ndar 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.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
•••	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			farmath as fight t		01(-)(0)	
14	First 5 years. If the Form 990 is for the	ŭ		•	•	. , . ,	. —
Se	check this box and stop here					·····	
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	
	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

332023 12-21-23

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

ſ		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	- I U		
	4c		
	5a		
	5b		
	5c		
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	,		
	8		
	9a		
	Ja		
	9b		
	9c		
	10a		
	44.		
	10b	- 000	0000

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations			
000.	ion of Type in cupporting organizations		V	NI-
4	Ways a majority of the avantitation's directors by twistons during the tay year along majority of the directors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
Sact	the supported organization(s). ion D. All Type III Supporting Organizations	1		
Jeci	non b. All Type III oupporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	•		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	16)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities.	Za		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	OI-		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vos " describe in Part VI the role played by the organization in this regard	3h	1	i

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

_7

6 Other distributions (*describe in Part VI*). See instructions. Total annual distributions. Add lines 1 through 6.

(provide details in Part VI). See instructions.

9 Distributable amount for 2023 from Section C, line 6

8 Distributions to attentive supported organizations to which the organization is responsive

	Distributable afficient for 2020 from Goodfort C, line C				
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
_ 1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

6

7

8

9

332028 12-21-23 Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

YPSILANTI MEALS ON WHEELS

Employer identification number 38-2038528

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Ac	counts. Complete if the
	organization answered Tes Officiality, in	(a) Donor advised funds	(i) Funds and other accounts
1	Total number at end of year		<u> </u>	•
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 advi	ised fund	 S
	are the organization's property, subject to the organization's	_		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
Par				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea		of a histo	rically important land area
	Protection of natural habitat	Preservation of	of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	n of a con	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a		2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not		
	on a historic structure listed in the National Register		l	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	ie organiz	ation during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located	_	
5	Does the organization have a written policy regarding the per		f	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservatior	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation oas	oments during the year
•	Amount of expenses mounted in monitoring, inspecting, mane	and chording conserv	ation cas	chieffed during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 1700	h)(4)(B)(i)	
				Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	·		
	organization's accounting for conservation easements.	3		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Si	milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and bala	nce sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in t	furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iter	ms.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	l balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance	of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				_
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	· · · ·	Schedule D (Form 990) 2023

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

	t III Organizations Maintaining C	ollections of Art,	Historical Tre	asures, or O	ther S	imilar	Assets	(contin	ued)	<u> </u>
3	Using the organization's acquisition, accession							•	,	
	collection items (check all that apply).									
а	Public exhibition	d	Loan or excl	nange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	exempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, historical treas	ures, or other si	milar ass	sets				
	to be sold to raise funds rather than to be ma	intained as part of the	e organization's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arran							ne 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an, or other intermedia	ary for contribution	s or other assets	s not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been	provided in Part	XIII					
Par	t V Endowment Funds Complete if	the organization ansv	vered "Yes" on For	m 990, Part IV, I	ine 10.					
		(a) Current year	(b) Prior year	(c) Two years ba		Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	28,649 🛶	32,956.	27,5	43.		24,530.		20,	936.
b	Contributions									
С	Net investment earnings, gains, and losses	4,154.	-4,307.	5,4	13.		3,013.		3,	594.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	32,803.	28,649.	32,9	56.		27,543.		24,	530.
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1g. column (a)) held as:						-
а	Board designated or quasi-endowment	•	%	,						
b	Permanent endowment	%	=" "							
С	Term endowment	 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organizati	on that are held an	d administered	for the					
	organization by:	-							Yes	No
	(i) Unrelated organizations?							3a(i)	Х	
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	art X, line	10.				
	Description of property	(a) Cost or oth	ner (b) Cost	or other	(c) Accu	ımulate	ed	(d) Book	value	Э
	•	basis (investme	ent) basis ((other)	depre	ciation				
1a	Land									
	Buildings									
С	Leasehold improvements									
d	Equipment		66	4,097.	18	7,76	50.	476	5,33	37.
е	Other									
	. Add lines 1a through 1e. (Column (d) must e		line 10c column	(B))				476	, 33	37.

Schedule D (Form 990) 2023

	MEALS ON WHEELS	S 3	88-2038528 Page
Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 990 Part IV line	11h 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 e	end-of-year market value
1) Financial derivatives			•
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	L F 000 D+ IV I'	11 d Oca Farm 000 Bart V Fra 15	
Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15.	(h) Deals value
) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co)I. (В))		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line:	25.
(a) December of lightlift.			(b) Book value
(1) Federal income taxes			(2) 2001. 10.00
(2) OPERATING LEASE LIABILITY			29,736
(3)			25,750
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

29,736.

(7) (8) (9)

	edule D (Form 990) 2023 YPSILANTI MEALS ON WHEE				2038528 Page	4
Pai	rt XI Reconciliation of Revenue per Audited Financial Sta		Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.				
1				1	2,093,891	••
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	00 140			
а	5 (, , , , , , , , , , , , , , , , , ,		92,148.			
b			46,200.			
С	1 7 3					
d	, , , , , , , , , , , , , , , , , , , ,	2d			120 240	
_	Add lines 2a through 2d			2e	138,348	
3	Subtract line 2e from line 1			3	1,955,543	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	0 045			
а			9,945.			
b		4b	-32,029.		22 004	
С	Add lines 4a and 4b			4c	-22,084	
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12)	Evnance nor B	5	1,933,459	•
Pa	rt XII Reconciliation of Expenses per Audited Financial St		expenses per H	eturi	1	
	Complete if the organization answered "Yes" on Form 990, Part IV, li				1 061 006	_
1	Total expenses and losses per audited financial statements			1	1,861,996	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	46 200			
а			46,200.			
b	, , , , , , , , , , , , , , , , , , , ,					
С	= 3131 15 = 335					
d	(,	2d			46 000	
е	Add lines 2a through 2d			2e	46,200	
3	Subtract line 2e from line 1			3	1,815,796	•
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а			20 000			
b	Other (Describe in Part XIII.)	4b	-32,029.		20.000	
	Add lines 4a and 4b			4c	-32,029	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	1,783,767	<u>•</u>
	rt XIII Supplemental Information					
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			; Part >	ζ, line 2; Part XI,	
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:					
FUI	ND RAISING EXPENSES				-32,029.	_
						_
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:					_
FUI	ND RAISING EXPENSES				-32,029.	

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** 38-2038528 YPSILANTI MEALS ON WHEELS 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. X Mail solicitations X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Special fundraising events Phone solicitations С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) LAUTMAN MASKA NEILL & CO Yes No 1730 RHODE ISLAND AVE NW MAIL Х 94,948 18,900 76,048. SMS DIRECT INC - 1000 W CROSSROADS PKWY, BOLINGBROOK MAIL Х 94,948 17,573 77,375. KEY ACOUISITION PARTNERS LLC 199 E MONTGOMERY AVE #100 MAIL Х 94.947. 16,351 78,596.

or licensing.				
MI				

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

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

232 019.

284 843

52 824

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.

				(b) Event #2 HOLIDAY HOME TOUR (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	38,896.	9,523.	13,819.	62,238.
	2	Less: Contributions	5,000.	2,605.	0.	7,605.~
	3	Gross income (line 1 minus line 2)	33,896.	6,918.	13,819.	54,633.
	4	Cash prizes				
es	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	263.			263.
		Entertainment				2,860.
		Other direct expenses		3,533.	25,339.	28,906.
		Direct expense summary. Add lines 4 through				32,029. 22,604.
Pa	rt I	Net income summary. Subtract line 10 from line III Gaming. Complete if the organization a		990 Part IV line 19 or r		22,004•✓
		\$15,000 on Form 990-EZ, line 6a.	anowordd 100 on 10m	000, 1 4111, 1110 10, 011		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
		CI COSC TOVORIGO				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % 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)			
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming ac		states?		Yes No
b	IT "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	voked, suspended, or te		ear?	Yes No
33208	2 09	D-13-23			Sche	dule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 YPSILANTI MEALS ON WHEELS 38	-2038	3528	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	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?	\square	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	. 13a	ı	%
	An outside facility)	%
	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?	\square	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 \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Discolar letters			
	Director/officer Employee Independent contractor			
47				
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	☐ No
L	retain the state gaming license?		163	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 \$			
Pa	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III li	nes 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	i airii, ii	1103 0,	55, 165,
	100, 100, 10, and 170, as approache. Also provide any additional information. Oce metrastions.			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:		
(I) NAME OF FUNDRAISER: LAUTMAN MASKA NEILL & CO			
(I) ADDRESS OF FUNDRAISER: 1730 RHODE ISLAND AVE NW, WASHINGTON	, DO	2	0036
	·			
(I) NAME OF FUNDRAISER: SMS DIRECT INC			
(I) ADDRESS OF FUNDRAISER: 1000 W CROSSROADS PKWY, BOLINGBROOK,	IL	604	90
(I) NAME OF FUNDRAISER: KEY ACQUISITION PARTNERS LLC			

332083 09-13-23

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

YPSILANTI MEALS ON WHEELS

Employer identification number 38-2038528

Part I Questions Regarding Compensation	30-203032	0	
Part I Questions Regarding Compensation		Yes	No
ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed on	Form 990	163	NO
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	101111330,		
First-class or charter travel Housing allowance or residence for	nerconaluce		
Travel for companions Payments for business use of personal companions	•		
Tax indemnification and gross-up payments Health or social club dues or initiation			
Discretionary spending account Personal services (such as maid, ch	laurieur, crier)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment of	or		
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all direct			
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
Indicate which, if any, of the following the organization used to establish the compensation of the organization	ation's		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization.			
establish compensation of the CEO/Executive Director, but explain in Part III.			
Compensation committee Written employment contract			
☐ Independent compensation consultant ☐ Compensation survey or study			
Form 990 of other organizations X Approval by the board or compensation	ation committee		
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a		Х
	4b		Х
Deticion to in a constant of the constant of t	4c		Х
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	ensation		
contingent on the revenues of:	risation		
	5a		Х
-			X
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30		25
,	proction		
	HISALIOH		
contingent on the net earnings of:	60		Х
a The organization? b Appropriated organization?	6a		X
b Any related organization?	6b		22
If "Yes" on line 6a or 6b, describe in Part III.	rmonto		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed pay			Х
not described on lines 5 and 6? If "Yes," describe in Part III			Λ
Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			v
	8		X
If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferre on prior Form 990	
(1) ALISON FOREMAN		100,630.	0.	0.	0.	0.	100,630.	0.
PRESIDENT/CEO	(i) (ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

	YPSILANTI ME	ALS ON	WHEELS				38-2	038	528	
Part I	Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	rted on		(d) lethod of de ash contribu			S
1 Art	- Works of art									
	- Historical treasures									
	- Fractional interests									
	oks and publications									
	thing and household goods									
	rs and other vehicles									
	Boats and planes									
	ellectual property									
	curities - Publicly traded									
	curities - Closely held stock									
	curities - Partnership, LLC, or									
	st interests									
	curities - Miscellaneous									
	alified conservation contribution -									
His	toric structures									
14 Qua	alified conservation contribution - Other									
	al estate - Residential									
	al estate - Commercial									
	al estate - Other									
	lectibles									
	od inventory	X	1	40	,674.	COST				
	igs and medical supplies									
	kidermy									
22 His	torical artifacts									
	entific specimens									
	heological artifacts									
25 Oth	5565565555	X	1	14	,342.	COST				
26 Oth	ner ()									
27 Oth	·									
28 Oth	ner ()									
29 Nui	mber of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions						
	which the organization completed Form 828		•		29					
	•		_						Yes	No
30a Dui	ring the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, line	es 1 throug	h 28, that	it			
mu	st hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to	o be used	for				
	empt purposes for the entire holding period?							30a		Х
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?									X
32a Do	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	ntributions?							32a		Х
b If "`	Yes," describe in Part II.									
33 If th	ne organization didn't report an amount in c	olumn (c) foi	a type of property	for which column	n (a) is ched	ked,				
	scribe in Part II.									

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YPSILANTI MEALS ON WHEELS

Employer identification number 38-2038528

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RESIDENTS WITH HOME-DELIVERED MEALS, SOCIAL CONTACT, PET FOOD AND SUPPLIES, PERSONAL GOODS AND OTHER SUPPORTS TO HELP THEM LIVE HEALTHIER, SAFER AND MORE INDEPENDENT LIVES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ISOLATION THAT MANY CLIENTS EXPERIENCE. WITH EVERY MEAL DELIVERED AND EVERY CLIENT VISITED, WE TAKE ONE SMALL STEP TOWARD OUR VISION OF A COMMUNITY WHERE EVERY SENIOR FEELS NOURISHED, VALUED AND SUPPORTED. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THROUGH OUR PERSONAL CARE PANTRY, YMOW MAKES NON-FOOD ESSENTIALS AVAILABLE TO CLIENTS WHO MAY NOT HAVE MONEY FOR SUCH PURCHASES OR A MEANS OF OBTAINING SUCH ITEMS. INCONTINENCE PRODUCTS, CLEANING SUPPLIES, HYGIENE ITEMS AND PAPER PRODUCTS ARE AVAILABLE THROUGH THE PANTRY. ADDITIONALLY, YMOW OFFERS CASE MANAGEMENT, SOCIAL WORKER SUPPORT, FINANCIAL COUNSELING, AND A WEEKLY PRODUCE DELIVERY THROUGH OUR PARTNERSHIP WITH FOOD GATHERERS. EXPENSES \$ 55,207. REVENUE \$ 0. INCLUDING GRANTS OF \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: COPY OF THE 990 IS PROVIDED TO THE ORGANIZATION'S EXECUTIVE DIRECTOR AND BOARD TREASURER FOR REVIEW PRIOR TO FILING.

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

ANNUALLY EACH DIRECTOR, OFFICER AND EMPLOYEE SHALL COMPLETE A

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization YPSILANTI MEALS ON WHEELS	Employer identification number 38-2038528
DISCLOSUREFORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR	CIRCUMSTANCES IN
WHICHTHEY ARE INVOLVED IN THAT HE OR SHE BELIEVES COULD CO	NTRIBUTE TO A
CONFLICTOF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15A:	
PRESIDENT AND CEO SALARY APPROVED BY EXECUTIVE COMMITTEE .	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AVAILABLE TO PUBLIC UPON REQUEST.	

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179** Identifying number

_	ILANTI MEALS ON WH				RM 990 P			38-2038528
Part	Election To Expense Certain Prope	erty Under Section 17	'9 Note: If yo	u have any li	sted property,	complete Part	V before y	
1 M	aximum amount (see instructions)						1	1,160,000.
2 To	otal cost of section 179 property place	2						
3 Th	reshold cost of section 179 property	3	2,890,000.					
4 R	eduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	r -0-			4	
5 Do	llar limitation for tax year. Subtract line 4 from lin	5						
6	(a) Description of p	cost						
	sted property. Enter the amount fror							
	otal elected cost of section 179 prop							
	entative deduction. Enter the smalle							
10 Ca	arryover of disallowed deduction from	m line 13 of your 20	022 Form 456	52			10	
	usiness income limitation. Enter the		•					
12 Se	ection 179 expense deduction. Add	lines 9 and 10, but	don't enter n	nore than line	e 11 <u></u>		12	
	arryover of disallowed deduction to 2				13			
Note:	Don't use Part II or Part III below for	r listed property. In:	stead, use Pa	art V.				
Part	Special Depreciation Allow	ance and Other Do	epreciation (Don't includ	le listed prope	ty.)		
14 Sp	pecial depreciation allowance for qua	alified property (oth	er than listed	d property) pla	aced in service	during		
th	e tax year						14	
15 Pr	roperty subject to section 168(f)(1) el							
	ther depreciation (including ACRS)						16	49,569
Parl								
		•	Se	ction A				
17 M	ACRS deductions for assets placed	in service in tax ve	ars beginning	a before 2023	3		17	
	rou are electing to group any assets placed in ser	•	•				ï li	
,	Section B - Asset					eral Deprecia	tion Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/in	r depreciation evestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
e	15-year property							
f	20-year property							
•	25-year property				25 yrs.		S/L	
g	20 year property	,			27.5 yrs.	MM	S/L	
h	Residential rental property	/						
		/			27.5 yrs.	MM	S/L	
i	Nonresidential real property	/			39 yrs.	MM	S/L	
	Section C. Accets	Discard in Commiss	Din a 0000	Tay Vacy II	aina tha Altau	MM	S/L	
	Section C - Assets	Placed in Service	During 2023	iax fear U	sing the Aiteri	lative Deprec	_	tem
20a	Class life				10		S/L	
b	12-year				12 yrs.		S/L	
<u>с</u>	30-year	/			30 yrs.	MM	S/L	
Dord	40-year	/			40 yrs.	MM	S/L	
Part	,							
	sted property. Enter amount from lin						21	
	otal. Add amounts from line 12, lines				•			
Er	nter here and on the appropriate line	s of your return. Pa	ırtnerships ar	nd S corporat	tions - s <u>ee ins</u> ti	·	22	49,569
23 Fo	or assets shown above and placed in	n service during the	current year	, enter the				
po	ortion of the basis attributable to sec	tion 263A costs			23			

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

(a) Date placed in the placed in service during the tax year and used more than 50% in a qualified business use: 1		Section A -		•							mits for r	passeng	er auton	nobiles.)		
(c) type of property (list whices first) Date Business Copt of other Business Copt of other Business Copt of other Business Business Copt of other Business Business Betted Business Copt of other Business Copt of other Business Copt of other Business Copt of other Copt of oth	24a		-			•	$\overline{}$									No	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use: 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (fi), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (fi), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (fi), lines 26. Enter here and on line 2, page 1 29 Add amounts in column (fi), lines 26. Enter here and on line 2, page 1 29 Add amounts in column (fi), lines 26. Enter here and on line 2, page 1 29 Add amounts in column (fi), lines 26. Enter here and on line 2, page 1 29 Section 8 - Information on Use of Vehicles Section 6 - Information on Use of Vehicles 10 Yes and yes a section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if your ment an exception to completing this section for those vehicles to your employees, first answer the questions in Section C to see if you ment an exception to completing this section for those vehicles to your employees, first answer the questions in Section C to see if you ment an exception to completing this section for those vehicles was for include commuting miles 30 Total other personal (noncommuting) miles 40 Yes No Yes		(a) Type of property	Type of property (list vehicles first) Date Busine placed in investm		(d) Cost or		Ba	(e) Basis for depreciation (business/investment		(f) Recovery		(g) Method/ D		(h) preciation E eduction sec		(i) cted n _. 179	
Property used more than 50% in a qualified business use: 1																	
27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 28. Exciton 5 to self you meet an exception to completing this section for those vehicles. Whiche 4 Vehicle 5 Vehicle 6 (d) (e) (f) 40 Total business/investment uniles driven during the year and 1 total commuting miles of through 29. Total other personal (noncommuting miles) 30 Total obusiness/investment during the year and 1 total commuting miles driven during the year and 1 total commuting miles driven during the year and 29. Total other personal (noncommuting miles) 31 Total other personal (noncommuting miles) 32 Total other personal (noncommuting miles) 33 Total miles driven during the year and 1 total commuting and 2 total commu												25					
96 96 97 97 97 97 97 97	26	Property used more that															
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28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1	21	Property used 50% or le	1								C/I						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (l), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-dury hours? 35 Was the vehicle available for personal use during off-dury hours? 36 Is another vehicle available for personal use where these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide owner than five vehicles by corporate officers, directors, or 1% or more owners 39 Do you and the requirements concerning qualified automobile demonstration use? 40 Do you provide wore than five vehicles by corporate officers, directors, or 1% or more owners 41 Do you meet the requirements concerning qualified automobile demonstration use? 42 Amortization of costs that begins during your 2023 tax year:															-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (l), line 26. Enter here and on line 7, page 1 29 Add amounts in column (l), line 26. Enter here and on line 7, page 1 29 Section 8 - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 6 Vehicle 1 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle			: :												-		
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven during the year. 33 Total miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owners or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 40 Do you provide more than five vehicles to your employees obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you need the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. 42 Amortization of costs that begins during your 2023 tax year: 43 Amortization of costs that begins during your 2023 tax year:	20	Add amounts in column	(h) lines 25		-	and on	line 21	nage 1			1	28			_		
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 1														20			
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32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) Description of costs that begins during your 2023 tax year: 42 Amortization of costs that begins during your 2023 tax year:																	
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44 Total. Add amounts in column (f). See the instructions for where to report	43	Amortization of costs th	at began bef	ore your 2023	tax year												

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** YPSILANTI MEALS ON WHEELS 38-2038528 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 1110 WEST CROSS STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 48197 YPSILANTI, MI Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of BARBARA NIESS-MAY 1110 WEST CROSS STREET - YPSILANTI, MI 48197 Telephone No. 734-487-9669 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning , 20 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс