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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service

Open to Public

A	For th	e 2014 calen	dar year, or tax year beg	inning 7/01	201/	4 and and:			mspection
В		applicable:	C C	7/01	, 2012	4, and endin			, 2015
	Add	dress change	ALAMEDA COUNTY	MEALS ON WHEELS	TNC		1		ification number
		me change	P.O. BOX 14002	MEYTS ON MUEET?	, INC.			-2651	
		ial return	OAKLAND, CA 946	514				hone num	
	Fina	I return/terminated					51	0-577	-3581
		ended return							
		olication pending	F Name and address of princi	inal officer:				receipts	
		p and ing	princi	ipai onicer.			H(a) Is this a group ret		
ī	Tax-e	xempt status	X 501(c)(3) 501(c) (() ◀ (insert no.)	4047(-)(1)	1 500	H(b) Are all subordinat If 'No,' attach a lis	es included t. (see ins	d? Yes N
J			W.FEEDINGSENIOR		4947(a)(1) o	or 527			
K		of organization:	X Corporation Trust				H(c) Group exemption		
P	art I	Summar		Association Other	L	Year of formation	on: 1987 M	State of le	egal domicile: CA
	1 E	Briefly describ	e the organization's mis	sion or most significant	activities. 7	~~~~			
a,		MAINTAIN	be the organization's mis THEIR INDEPENDING	FMCF BV FIINDDAT	CINC AND	SSIST FE	RAIL, HOMEB	<u>DŪND</u>	SENIORS TO
Activities & Governance	1	COLITIONATI	I COILLACH AND .	JIKAIPI-II ACCIC	I. VIVIII. P. did)	MILIATO	AT LITTED A DO	L SUE	PORT,
L.			THAT DUDIT ADIV MOTI	RITIOUS MEALS A	ND BEBEOE	MENTS O	N MTFFTZ LK	OGRAM	IS IN ALAMEDA
OVE	2 (DICCK THIS DO	^ II the organizati	ION discontinued its onei	rations or dien	accord of ma	so them OFO . C'I		
ල හ	3 1	Number of vo	and members of the dov	erning body (Part VI Jin	0 10)			3	
es	4 N	variabel of file	reherinelii volilig membe	ers of the governing body	v (Part VI. line	e 1h)		4	<u>1</u> 1
¥	6 1	otal Hullibel	of individuals employed	in calendar vear 2014 (F	Part // line 25	2)		5	
4cti	7a T	otal unrelate	of volunteers (estimate i	Part VIII column (C)	10	*********		6	20
_		let unrelated	business taxable income	from Form 990 T line	ine 12	**********		7a	0
			The same of the sa	2 1101111 01111 990-1, IIIIe	34	**********		7b	0
40	8 C	Contributions	and grants (Part VIII, line	e 1h)			Prior Year		Current Year
Revenue	9 1	rogram servi	ce revenue (Part VIII, lin	ne 2a)					958,793
eve	10 11	ivestinent inc	come (Part VIII, column i	(A), lines 3, 4, and 7d)				210.	13,625
ď	11 0	riner revenue	e (Part VIII, column (A), I	ines 5, 6d, 8c, 9c, 10c, a	and 11e)			279.	210.
	12 1	otal revenue	 add lines 8 through 1° 	l (must equal Part VIII. i	column (A) li	ne 12)	895,5	246.	-22,878.
	13 G	rants and sir	nilar amounts paid (Part	IX, column (A), lines 1-	3)		605,0		949,750.
	14 D	enents paid t	to or for members (Part I	IX, column (A), line 4)			003,0	745.	579,390.
S	15 2	alaries, other	r compensation, employe	ee benefits (Part IX, colu	ımn (A), lines	5-10)	141,4	150	156 075
Expenses	16a P	rofessional fu	undraising fees (Part IX,	column (A), line 11e)			141,5	50.	156,975.
(be	b To	otal fundraisi	ng expenses (Part IX, co	olumn (D) line 25) ▶					
ய	17 O	ther expense	es (Part IX, column (A), li	ines 11a-11d 11f 24a)	18	7,272.			
	18 To	otal expenses	s. Add lines 13-17 (must	Agual Part IV saluma	Λ\ OΓ\		188,0		216,272.
	19 Re	evenue less	expenses. Subtract line 1	18 from line 12	A), line 25)		934,5		952,637.
s or			p and a district line	10 II 0111 III110 12			-39,0		-2,887.
3set 3alar	20 To	otal assets (F	Part X, line 16)				Beginning of Curren		End of Year
Net Assets Fund Baland	21 To	otal liabilities	(Part X, line 26)				348,1		283,813.
žΞ	22 Ne	et assets or f	und balances. Subtract li	ine 21 from line 20			82,5		21,065.
Pa	rt II	Signature	Block			*********	265,6	35.	262,748.
Unde	penalties	of perjury, I decla	are that I have examined this retr	urn, including accompanying sch	iodulos and state				
comp	ete. Decla	ration of prepare	are that I have examined this return (other than officer) is based on	all information of which prepare	r has any knowled	nents, and to the lge.	best of my knowledge	and belief,	it is true, correct, and
			n n	YOU					
Sig	n	Signature	of officer	C CU			Date		
Her	е	MARK	A. MORRIS				CPA		
		Type or pr	of officer A. MORRIS int name and title.				OI A		
		The type pick	parer 3 name	Preparer's signature		Date	Check	if PT	IN
Paid		MARK A.	MORRIS			2/09/1	The state of the s	1	
	parer	Firm's name	► MORRIS & MORE			_ L/ U J/ I	3en-employe	u P	00548834
JSE	Only	Firm's address	2200 POWELL S	STREET, SUITE 99	90		Firm's FINI	0/1 1	.524909
			EMERYVILLE C	A 94608-1821					
∕lay	the IRS	discuss this	return with the preparer	shown above? (see inst	ructions)		T Hone no. 7	(510)	37 34
BAA	For Pa	perwork Red	luction Act Notice, see the	he separate instructions	5.		113L 05/28/14		X Yes No

TEEA0113L 05/28/14

Form 990 (2014)

Forn	1 990 (2014) ALAMEDA COUNT	Y MEALS ON WHEEL	S, INC.	9.	4-2651065	Page 2
Pai		Service Accomplish	ments			
1	Check if Schedule O contain Briefly describe the organization's r	s a response or note to a	ny line in this Part II	1		Х
ŀ		nission:				
	SEE_SCHEDULE_O					
2	Did the organization undertake any cia	mificont number	San			
-	Did the organization undertake any sig Form 990 or 990-EZ?	inincant program services d	uring the year which v	vere not listed on the prior		
	If 'Yes,' describe these new service:	c an Cahadula O	(4.50.)		····· Yes	X No
3	Did the organization case conducti	s on Schedule O.	a San Barriera A and			
J	Did the organization cease conducti If 'Yes,' describe these changes on	or make significant of	nanges in how it con	ducts, any program services	S? Yes	X No
4						
	Describe the organization's program Section 501(c)(3) and 501(c)(4) organd revenue, if any, for each program	anizations are required to m service reported.	s for each of its thre report the amount o	e largest program services, of grants and allocations to d	as measured by others, the total	expenses. expenses,
4 a	(Code:) (Expenses \$	706,582. inclu	ding grants of \$) (Reven	\$ O	01 170 \
	ACMOW FUNDRAISES TO UN	DERWRITE FOOD AN	D DELIVERY CO	OCTS OF THE STY ME	'ATC	01,178.
	ON WHEELS PROVIDERS IN	ALAMEDA COUNTY	WHO, COLLECT	IVELY DELIVER ARC	バゴル 'マニラ	
	2,200 MEALS TO HOMEBOU	ND SENIORS EACH	WEEK DAY WE	FUNDRAISE WITH SE	ECTAT	
	EVENTS, GRANT WRITING,	DIRECT MAIL, &	NEWSLETTERS			
4 b	(Code:) (Expenses \$	inclu	ding grants of \$) (Revenu	ıo Ġ	
					ie γ)
4 c	(Code:) (Expenses \$	includ	ling grants of \$	\ (D	<u> </u>	
		- Inforde	g grants or \$) (Revenu	e \$)
			==			
-						
-						
-						
-						
-					. – – – – – .	
-					======	
-						
-						
-						
440	Other program services. (Describe in	Schodula ()				
	Expenses \$		A			
	otal program service expenses	including grants of	Þ) (Revenue \$)
AA	Program service exhenses	706,582.		4		

			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	Х	
2			X	
3		3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	1704/000
5		5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	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.	11 b		X
	c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
12	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.	12 b		X
13 14:	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a 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		X
	foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
	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
	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		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20 a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Χ
b	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

94-2651065 Page 4 Part IV Checklist of Required Schedules (continued) Yes No X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. X 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J. X 23 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a. 24a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.... 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. X 25a **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 X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II. X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... X 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... X 28b **c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*...... X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I..... X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I..... X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.... X 34 35a X **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*..... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2. X 36 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

BAA

38

X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2014) ALAMEDA COUNTY MEALS ON WHEELS, INC. 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

1 a Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	-	Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	5		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a Enter the number of employees reported as 5 W 2. T	10	C X	
ments, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2 l	X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?			
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i> .	3a		X
4a At any time during the calendar year, did the organization for)	
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country:	4a	1	X
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 a	N	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 b		X
6.2 Doos the ergenization by	5 c		
6 a 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?	6 a		Х
not tax deductible? solution include with every solicitation an express statement that such contributions or gifts were	6b		
7 Organizations that may receive deductible contributions under section 170(c).	00		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	7a		X
 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 			
	7с		Х
an res, indicate the number of Forms 8282 filed during the year.			- 11
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal hopefit contract?	7e		Х
Told the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?	7f		X
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
I II THE OF CANDIZATION RECEIVED a contribution of oars hards in the contribution of sore hards.	_		
Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h		
organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.	8		
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9a		
10 Section 501(c)(7) organizations. Enter:	9 b		
a Initiation fees and capital contributions included on Boot VIII 1997 10			
D Gross receipts, included on Form 990, Part VIII, line 12, for multi-	_		
11 Section 501(c)(12) organizations. Enter:	_		
a Gross income from members or shareholders			
b Gross income from other sources (Do not not amounts due or soil by the	-		
against amounts due of received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than a second a second and a second a se			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	. 13a		
b Enter the amount of reserves the organization is required to make the district of the server than the serv			
12h			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	. 14b		
TEEA0105L 05/28/14	Form	990 (20	11/1

Page 6

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 15 **b** Enter the number of voting members included in line 1a, above, who are independent 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?...... 5 X 6 Did the organization have members or stockholders?.... 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... X 7 a ${f b}$ Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?.... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X **b** Each committee with authority to act on behalf of the governing body?.... 8 a X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done..... 12 c X 13 Did the organization have a written whistleblower policy?.... X 13 14 Did the organization have a written document retention and destruction policy?..... X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... 15 a X 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: ALAMEDA CNTY MEALS ON WHEELS 80 SWAN WAY #120 OAKLAND CA 94621 510-777-9568

Form 990 (2014)	ALAMEDA	COUNTY	MEALS	OM	WHEELS	TNC

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated

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

y stated organization compensated any current officer, director, or trustee.										
ZAN	(C)									
(A) Name and Title	(B) Averag hours per	e tha	an one	e hox	, unle	heck m ess per er and a tee)	con	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
(1) ADEVIAN	week (list an hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ARTHUR HOFFMAN	2									
PRESIDENT	0	X		X				0.		
(2) MARY LOUISE ZERNICKE	2							0.	0.	0.
TREASURER	0	X		Х				0		
(3) JULES KRAGEN	1							0.	0.	0.
DIRECTOR	0	X						0	-	
_(4) TERESA BURNS_GUNTHER	1						-	0.	0.	0.
DIRECTOR	0	X								
(5) ROSEMARY REILLY	1	21	-				+	0.	0.	0.
DIRECTOR	0	X						_		
(6) TOM FRANIER	1	Λ					+	0.	0.	0.
DIRECTOR	0	Х								
(7) ENID HUNKELER	2	Λ	\dashv	+		-	-	0.	0.	0.
DIRECTOR	0	Х								
(8) EDWARD LAI	1	Λ		-	-		-	0.	0.	0.
DIRECTOR		Х			1					
(9) SUSAN MURANISHI	1	Λ	+	-	-	-	+	0.	0.	0.
DIRECTOR		Х								
(10) GARY PAUL	2	Λ	-	-	_			0.	0.	0.
VICE PRESIDENT	$-\frac{2}{0}$	37	١.	.						
(11) GABRIELLE CHOW		X	-	X	_		_	0.	0.	0.
DIRECTOR	$-\frac{1}{2}$									
(12) NATE MILEY	0	X	_	_				0.	0.	0.
DIRECTOR	1 -									0.
(13) VISAKHA SOM	0	X	_					0.	0.	0.
DIRECTOR	1									0.
(14) MEG-MONIQUE ROE	0	X		_				0.	0.	0.
DIRECTOR	1								3.	<u> </u>
BAA	0	X						0.	0.	0.
	TEEA010	7L 02	2/27/1	4						Form 900 (2014)

	(B)	Itcy		14-1	C)	C 3,	anı	i riigilest con	ipensated Emp	loyee	S (continuea,
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	cer a	Pos check	sition more erson direct	than bot is bot is contracted employee	th an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amo cor ore ar	(F) Istimated unt of other npensation from the ganization drelated anizations
(15) JOHN STEINFIRST DIRECTOR	1	X						0.	0		
(16) VICTORIA BRUNO	_40_	Λ						0.	0.		0
EXECUTIVE DIR. (17) CINDY HOUTS EXECUTIVE DIR.	0 40 -			Х				68,381.	0.		0
(18)	0						X	20,195.	0.		0
(19)											
(20)											
(21)											
(22)											
(23)									200		
(24)											
(25)											
1 b Sub-total											
c Total from continuation sheets to Part VII, Section							>	88,576. 0.	0.		0.
d Total (add lines 1b and 1c)							>	88 576	0		0.
Total number of individuals (including but not limited from the organization ▶ 0	to those li	sted a	abov	e) w	ho r	eceiv	ed r	more than \$100,000	of reportable comp	ensation	1
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, or trus	stee,	key	em	ploy	ee, d	or hi	ghest compensate	ed employee		Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportable	e cor	npei	nsat	ion	and	othe	er compensation f	rom		
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	compens	sation	n fro	m a	iny ι	unrel	atec	d organization or i	ndividual	5	X
Section B. Independent Contractors										. 5	X
1 Complete this table for your five highest compens compensation from the organization. Report compens	sated inde sation for t	penc he ca	lent lend	con lar y	trac ear	tors endin	that ig wi	received more th	an \$100,000 of anization's tax year.		
Name and business addr	ess							(B) Description of		(C Compe	sation
	11106									<u> </u>	
						THEFT					
2 Total number of independent contractors (including business) \$100,000 of compensation from the organization.	ut not limite 0	ed to	thos	se lis	ted	abov	e) w	ho received more t	han		
DAA		_			-						

	Check if Schedule O contains a resp	onse or note to any	line in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a Federated campaigns 1a			4.4.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
irar	b Membership dues					
Gifts, C ilar Am	c Fundraising events	135,737.				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1 f	823,056.				
ont	g Noncash contributions included in lines 1a-1f: \$_h Total. Add lines 1a-1f	57,615.	958,793.			7 K 10 10
<u>မ</u>	II Total. Add lifles Ta-11	Business Code	958, 195.			
eun	2a MEMBERSHIP DUES		13,625.	13,625.		
e Se	b		==, ===			
<u>e</u>	с					
Program Service Revenue	d					
ran	f All other program service revenue					
J.	g Total. Add lines 2a-2f		13,625.			
- India	3 Investment income (including dividends other similar amounts)	s, interest and	210.			210.
	4 Income from investment of tax-exempt		210.			210.
	5 Royalties	The state of the s				
	(i) Real	(ii) Personal				1
	6 a Gross rents		7000			
	b Less: rental expenses					
	c Rental income or (loss)					1 To 1
	d Net rental income or (loss)	(ii) Other				
	7 a Gross amount from sales of assets other than inventory	(II) Other	h - 20 x 10 x	6. 20		
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)		Name of the Control o			
	d Net gain or (loss)					
Other Revenue	8a Gross income from fundraising events (not including. \$ 135,737. of contributions reported on line 1c).					
Be	See Part IV, line 18	a 93,911.				
ē	b Less: direct expenses	b 116,789.				
ᅙ	c Net income or (loss) from fundraising	events	-22,878.			
	9a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses					
	c Net income or (loss) from gaming active	vities				
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold		1000			
	c Net income or (loss) from sales of inve					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	d All other revenue					
	e Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·				
	12 Total revenue. See instructions		949,750.	13,625.	0.	210

Part IX Statement of Functional Expenses

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

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

00	not include amounts reported on lines , 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	579,390.	579,390.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	81,432.	16.006		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	16,286.	16,287.	48,859
7	Other salaries and wages	52,244.	0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,244.	10,725.	10,712.	30,807.
9	Other employee benefits	12 000			
10	Payroll taxes	12,082. 11,217.	2,907.	3,154.	6,021.
11	Fees for services (non-employees):		2,243.	2,244.	6,730.
а	Management			1.0	
b	Legal	A .			
С	Accounting	12 010			
d	Lobbying	13,018.		13,018.	
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)SCH. OAdvertising and promotion	98,743.	86,743.		12,000.
13	Office expenses	10 1=1			
14	Information technology.	18,470.	7,208.	5,253.	6,009.
15	Royalties				
16	Occupancy.	-			
17	Travel	5,400.	1,080.	1,080.	3,240.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				0,210.
19 (Conferences, conventions, and meetings				
21 F	Payments to affiliates.				
22	Depreciation, depletion, and amortization				
23	nsurance				
24 (ii c	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	2,400.		2,400.	
	WHEELS FOR MEALS	12 067			
b I	POSTAGE AND SHIPPING	42,967.			42,967.
c I	PRINTING AND PUBLICATIONS	18,180. 12,459.			18,180.
q I	RETREATS	4,635.			12,459.
e A	Il other expenses.	4,033.		4,635.	
5 T	otal functional expenses. Add lines 1 through 24e	952,637.	706 500		
6 Jo	oint costs. Complete this line only if the organization reported in column (B) sint costs from a combined educational ampaign and fundraising solicitation. The heck here □ if following OP 98-2 (ASC 958-720).	302,037.	706,582.	58,783.	187,272.
Δ	(0 000 / Loj,				

Part X Balance Sheet

_		Check if Schedule O contains a response or note to any line in this Part X	F		[
_			(A) Beginning of year		(B) End of year
	1	Terr interest bearing	140 500	. 1	527
	2	Savings and temporary cash investments	178,815		79,403
	3	Fledges and grants receivable, net	170,013	3	175,041
	4	Accounts receivable, net	12,934		00 500
	5		12,934	. 4	28,569
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		5	
S	7	Notes and loans receivable, net		6	
Assets	8	Inventories for sale or use		7	
AS	9	and the said of use		8	
		expenses and deterred charges	7,888.	9	800
	10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			300
		h less: accumulated department			
	11	b Less: accumulated depreciation. 10b 6, 922.		10 c	
	12	Investments – publicly traded securities.		11	
	13	Investments – other securities. See Part IV, line 11.		12	
	14	Investments – program-related. See Part IV, line 11.	4	13	
	15	Intangible assets		14	
	16	Other assets. See Part IV, line 11.		15	
-	17	Total assets. Add lines 1 through 15 (must equal line 34).	348,165.	16	283,813
	18	Accounts payable and accrued expenses.	78,760.	17	21,065
	19	Grants payable		18	21/000
	20	Deferred revenue	3,770.	19	
S	21	Tax-exempt bond liabilities.		20	
itie	22	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities		Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.		00	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	onsecured notes and loans payable to unrelated third parties		23	
	25	and other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part Y of School 19.		24	
	26	Total Habilities. Add lines 1/ through 25	02 520	25	
(S)		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	82,530.	26	21,065.
2	27	25, and lines 35 and 34.			
7	28		265,635.	27	262,748.
0	29	Temporarily restricted net assets		28	202,740.
į l		Permanently restricted net assets.		29	
ice vesces of rulid balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds.			
3	31	Paid-in or capital surplus, or land, building, or equipment fund.		30	
ć	32	Retained earnings, endowment, accumulated income, or other funds.		31	
	33	Total net assets or fund balances.		32	
-	34	Total liabilities and net assets/fund balances		33	262,748.
AA		2.00.000	348,165.	34	283,813.

	orm 990 (2014) ALAMEDA COUNTY MEALS ON WHEELS, INC.				
P	Treconcination of Net Assets	94-2651065	;	F	age 12
_	Check if Schedule O contains a response or note to any live in the				
	Total revenue (must equal Part VIII, column (A), line 12)				
2	2 Iotal expenses (must equal Part IX, column (A), line 25)	1			750.
3	Revenue less expenses. Subtract line 2 from line 1. Net assets or fund balances at beginning of year (must asset line 2).	2			637.
4					887.
5	Net unrealized gains (losses) on investments. Donated services and use of facilities.	4	1		635.
6	Donated services and use of facilities. Investment expenses	5			
7	Investment expenses	6			
8					
9		8			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	9			0.
Da	column (B))	10			
ı a	and reporting				748.
_	Check if Schedule O contains a response or note to any line in this Part XII				
	A	************			
1	Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
•	in Schedule O. State Method of accounting from a prior year or checked 'Other,' explain				
23	a 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 by an independent accountant?	**************	2a		X
		wed on a			
L	DOIL CONSOLIDATION OF A COMPANY				
	Were the organization's financial statements audited by an inclusion			3.7	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate of the year were audited by an independent accountant?	rote	2 b	X	
	IXI Sanarata hagis I lo	rate			
С	If 'Yes' to line 2a or 2b, does the annual to the Both consolidated and separate basis				
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit the organization changed either its oversight and selection of an independent accountant?	lit.			
	If the organization changed either its oversight process or selection process during the tax year, explain		2 c	X	
3 a	As a result of a factorial				
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
b	If 'Yes,' did the organization undergo the required		3 a		X
	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any stars taken to undergo the required audits.	ıdit			
BAA	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		

Form **990** (2014)