

**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.

Open to Public Inspection

Interr	artment d nal Reve	of the Treasury nue Service	■ Go to www.irs.gov	//Form990 fo	r instructions and	d the lates	t information.	Inspection
<u>A</u> [	or the	e 2019 calend	dar year, or tax year beginning 🏻 🎝	APR 1,	2019 and	ending 1	MAR 31, 2020	
В	Check if	C Name o	forganization				D Employer identific	cation number
	Addre	ess HOME	BOUND MEALS INC					
	Name chang		usiness as				35-11867	41
	Initial return		r and street (or P.O. box if mail is not de	elivered to stree	t address)	Room/suite	1	
$\vdash$	Final	611	W BERRY ST				(260)422	
	termin	. ——	town, state or province, country, and	ZIP or foreia	n postal code		G Gross receipts \$	447,699.
	Amen	ded EODI	WAYNE, IN 46802-	_	•		H(a) Is this a group re	
	Application		and address of principal officer Bar		r		for subordinates'	
	pendi	na I	I. Berry St., Ft. W				片(b) Are all subordinates in	cluded? Yes No
<u></u>	Гах-ех	empt status		)◀ (insert no		or 5 <b>2</b> 7	If "No," attach a	list (see instructions)
		te: ► N/A	^				H(c) Group exemption	number 🕨
				ssociation	Other >	L Year	of formation: 1990 M	State of legal domicile: IN
Pa	art I	Summary	·				<del>-</del>	
φ			oe the organization's mission or mos	t significant a	ctivities <u>Char:</u>	<u>itable</u>	e; delivery o	of meals to
& Governance		<u>shut-in</u>	ıs					
ern	2	Check this bo	ox 🕨 📖 if the organization disco	intinued its of	perations or dispos	sed of more	e than 25% of its net as	
Š			ting members of the governing body	•	•		3	10
æ			dependent voting members of the go	• .	• • •		4	10
ies	i .		of individuals employed in calendar	•	art V, line 2a)		5	0
Activities	,		of volunteers (estimate if necessary)				6	0
Ac	1		d business revenue from Part VIII, co				7a	13,886.
	<u>b</u>	Net unrelated	business taxable income from Form	990 <del>-T, line 9</del>	ECEIVED			0.
	_				COLIVED	−റ⊩	Prior Year	Current Year
ne			and grants (Part VIII, line 1h)	<u> </u>	ULC 1 7 2020	S-0S(	104,874.	170,376.
Revenue	l	•	ice revenue (Part VIII, line 2g)	12.51	AUG 17 2020	<i>i</i>	177,262.	263,437.
æ	l		come (Part VIII, column (A), lines 3, 4	1 1 _		┛╗╦╟─	17,549. 10,538.	13,886.
	l		e (Part VIII, column (A), lines 5, 6d, 8d	1 (	Kalbera () 1	ſ <b> </b>  —	310,223.	447,699.
			- add lines 8 through 11 (must equa		umn (A). 1108 12)		0.	<u> </u>
	l		milar amounts paid (Part IX, column to or for members (Part IX, column (,	• • •			0.	
<b>,</b>	1	•	r compensation, employee benefits	,.	nn (A) linns 5.10\		66,911.	81,476.
Expenses	l		undraising fees (Part IX, column (A),	•	riii (A), iiries 5-10)		00,911.	01,470.
pen			ing expenses (Part IX, column (D), lir	•		0.		
ŭ	ſ		es (Part IX, column (A), lines 11a-11c	· -		<del></del>	220,436.	329,157.
			es Add lines 13·17 (must equal Part		\ line 25\		287,347.	410,633.
	!	-	expenses Subtract line 18 from line		,, iii io 20)		22,876.	37,066.
Ses	<del></del>	10.000				Be	eginning of Current Year	End of Year
and see	20	Total assets (	Part X, line 16)				563,443.	629,798.
ASS	21	•	s (Part X, line 26)				24,808.	44,627.
Net Assets or Fund Balances	22		fund balances Subtract line 21 from	n line 20			538,635.	585,171.
Pa	art II	Signature						
Unde	er pena	Ities of perjury,	I declare that I have examined this return	, including acco	ompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete	Declaration of preparer (other than offic	er) is based on	all information of wh	iich preparei	r has any knowledge.	
			no umaes					
Sıgı	n	Signature	e of officer				Date	st 12, 2000
Her	e		Umber, Executive	Dirctor	<u> </u>		Julgu	er la, ologic
		Type or p	orint name and title	,				
		Print/Type pre		Preparer's sig	nature	~	Date Check If	PTIN
Paid			n S. Williams	designi			8/11/20 self-employed	P01085606
Prep	arer	Firm's name	▶ SHAMBAUGH KAST B	ECK & V	VILLIAMS I	LLP	Firm's EIN 🛌 3	35-1482529
Use	Only	Firm's address	P. O. Box 11648					_
			Fort Wayne, IN 4	6859-16	548		Phone no. ( 2 6	0)423-1430
Mav	the IF	RS discuss this	s return with the preparer shown abo	ove? (see inst	ructions)			X Yes No

Form **990** (2019)

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

35-1186741

Form 990 (2019) HOMEBOUND ME
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?	2	<u> </u>	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	<u></u> _	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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,			i
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		3,7	
	Part VI	11a	X	
ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>X</u>	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
10-	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	40-		v
L	Schedule D, Parts XI and XII  Most the assessment of the translation o	12a		<u>X</u>
D	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	405		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		- 72
U	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.
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	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17	ı	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19	[	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		$\overline{}$	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	i '	1	
	Schedule J	23		X
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	<u> </u>	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ŀ	х
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		1	
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			}
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27_		Х
28	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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	i		
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b>—</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
^-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	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 in Schedule O for Part VI, lines 11b and 19?		X	
Pai	Note: All Form 990 filers are required to complete Schedule O  rt V Statements Regarding Other IRS Filings and Tax Compliance	38 [	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
	Oncom a defeadure o contains a response of flote to any line in this Fait v	I	Yes	<u></u>
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	-	Tes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	l		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
	A 04 20 20		990 (	2019

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a 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 5b X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c 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 Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X 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 7b 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 X 7с to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 a 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 Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a 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 b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X 16 If "Yes," complete Form 4720, Schedule O

35-1186741 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 10 b Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  $\mathbf{x}_{-}$ 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, 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 Х 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 Х 13 Did the organization have a written whistleblower policy? 14 Х Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official 15a X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records Barb Umber - 260-422-3296

46802-2105

611 W. Berry St., Fort Wayne, IN

Form 990 (2019		35-1186741	Page 7
Part VII Co	ompensation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated	
En	nployees, and Independent Contractors		
' Che	eck if Schedule O contains a response or note to any line in this Part VII		

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

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

  See instructions for the order in which to list the persons above

Check this box if neither the organization n	or any related	l organization compensa					nsated any current officer, director, or trustee				
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) See Schedule Attached	0.00							0.	0.	0.	
		1									
										·· <del>-</del>	
						_		,			
										_	

Pa	T VII   Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)		r		
	. (A)	(B)			_ (0				(D)	(E)	1		(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es	timate	d
		hours per	box, unless person is both ar officer and a director/trustee						compensation	compensatio		an	nount (	of
		week	<del>                                     </del>					itee)	_ from	from related			other	
		(list any hours for	recto						the	organization			pensa	
		related	p.o.	83			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	sC)		om the	
		organizations	Individual trustee or director	Institutional trustee		8	Highest compensated employee		(44-27 1099-141130)		l		anızatı d relati	
		below	dual t	tiona	_	Key employee	st co						anızatı	
		line)	Mpu	nstitu	Officer	(ey en	Agh of the second	Former						
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	<del></del>													
								l						
										<del></del>				
	-													
								-						
	-													
								<u> </u>			_			^
	Subtotal								0.	<del></del>	0.			0.
	Total from continuation sheets to Part VII	, Section A							0.		0.			0.
	Total (add lines 1b and 1c)	-						<u> </u>	0.		0.			0.
2	Total number of individuals (including but no	ot limited to th	ose	liste	d at	oove	e) wh	no re	eceived more than \$100	,000 of reportab	е			,
	compensation from the organization	-											<del></del> T	<u></u>
											,		Yes	No
3	Did the organization list any former officer, of		ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for su											3_		X
4	For any individual listed on line 1a, is the sui	-							-	the organization			i	
	and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual			4		<u>X</u>
5	Did any person listed on line 1a receive or a	ccrue comper	nsatı	on f	rom	any	unr	elat	ed organization or indivi	dual for services			į	
	rendered to the organization? If "Yes," comp	olete Schedule	9 <i>J f</i>	or su	ıch j	pers	on					5		<u>X</u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con										pens	ation f	rom	
	the organization Report compensation for t	he calendar y	ear e	endı	ng w	vith o	or w	ıthır	n the organization's tax y	rear				
	(A)								(B)		_	(C		
	Name and business a	address	NC	NE	<u> </u>				Description of s	ervices	c	ompe	nsation	1
								_	<del></del>					
								_						_
								4						
2	Total number of independent contractors (in	icluding but n	ot Iır	nited	d to	thos	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	ation 🕨		_	_		)							

•

		Çheck if Schedule O contains a response or no	te to any lir	ne in this Part VIII			[
	•	Check in deficions of contains a response of no	te to arry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Related organizations Government grants (contributions) All other contributions, gifts, grants, and	0,376.	170,376.			
<del>-                                    </del>			iness Code	1707370			
e	2 a	Meals Delivered 6:	24200	263,437.	263,437.		
Program Service Revenue	b c d						
Pro	e	All other program service revenue			<del></del>		<del>                                     </del>
_	1	Total. Add lines 2a-2f	<u> </u>	263,437.			
	3	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond process.	nd •	13,886.		13,886.	
	5	Royalties					ļ <del> </del>
	6 a	Gross rents 6a	Personal				
		Rental income or (loss)    Net rental income or (loss)	D) Other		<u> </u>		
en	b	assets other than inventory Less cost or other basis and sales expenses 7b	_				
ven	С	Gain or (loss) 7c					
ther Revenue		Net gain or (loss) Gross income from fundraising events (not	<b>•</b>				
₽ E	o a	including \$ of contributions reported on line 1c) See Part IV, line 18					
- 1		Less direct expenses 8b					
		Net income or (loss) from fundraising events  Gross income from gaming activities See  Part IV, line 19  9a	<b>&gt;</b>				
	b	Less direct expenses 9b					
	c	Net income or (loss) from gaming activities	<b>•</b>		_		
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less cost of goods sold  Net income or (loss) from sales of inventory		<del></del>			
<u></u>	<u> </u>		ness Code				
Miscellaneous Revenue	11 a				_		
le il	b				<del></del>		
<u> </u> 88	c d	All other revenue					
≥	-	Total. Add lines 11a-11d	<b></b>				
		Total revenue. See instructions		447 699	263.437.	13 886	0.

Form 990 (2019) HOMEBOUND MEALS INC
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	<del>`                                      </del>		omplete column (A)	
	Check if Schedule O contains a respon		this Part IX	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	Individuals See Part IV, line 22				. <u> </u>
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	<u>75,686.</u>	75 <u>,6</u> 86.		<del>_</del>
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	<u>-</u>			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				<del></del>
9	Other employee benefits	F 700	F 700		
10	Payroll taxes	5,790.	5,790.		
11	Fees for services (nonemployees)				
а		· <del></del> -			<del></del>
þ	5		35.		
C	,	35.	33.		
d	, ,				<del>_</del>
e	,	6,355.	6,355.		<del>-</del>
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,	0,333.	_0,333.		<del></del>
g	column (A) amount, list line 11g expenses on Sch O.)	501.	501.		
12	Advertising and promotion		301.		
13	Office expenses	6,532.	6,532.		
14	Information technology	4,857.	4,857.		
15	Royalties	=,037.	1,007.		
16	Occupancy	<del></del>			<del></del> -
17	Travel	1,666.	1,666.		·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<del></del>
20	Interest				
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization				
23	Insurance	5,078.	5,078.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Cost of Meals	261,309.	261,309.		
b	Advertising/Web Site	16,227.	16,227.		
С	Volunteer Recognition	6,985.	_6,985.		
d	Operating Supplies	3,652.	3,652.		
е	All other expenses	15,960.	15,960.		
25	Total functional expenses. Add lines 1 through 24e	410,633.	410,633.	0.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here I if following SOP 98-2 (ASC 958-720)				

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 73,947. 1 Cash · non-interest-bearing 170,802. 56,832. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 15,678. 18,789. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 4,629. basis Complete Part VI of Schedule D 10a 4,039 1,989. 590. 10b b Less accumulated depreciation 411,886. 442,728. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 629,798. 563,443 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 43,704. 24,808. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 0 25 923. of Schedule D 24,808 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here > X and complete lines 29 through 33. 400. 29 400. 29 Capital stock or trust principal, or current funds 904,610. 904,610. Paid in or capital surplus, or land, building, or equipment fund 30 -329,309. -366,375. 31 31 Retained earnings, endowment, accumulated income, or other funds 575,701. 538,635. 32 Total net assets or fund balances 32 620,328. 563,443. 33

Form 990 (2019)

Total liabilities and net assets/fund balances

orm	1990 (2019) HOMEBOUND MEALS INC	35-TT8	<u>6/41</u>	Pag	ge IZ
	rt XI Reconciliation of Net Assets	<u> </u>			
	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			<u>99.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	41	0,6	<u>33.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	3	7,0	<u>66.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	53	8,6	<u>35.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	57	<u>5,7</u>	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				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 in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		_3a		<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		I

Form **990** (2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

		HOME	BOUND MEAL	S INC				3	5-1186741
Pa	rt I	Reason for Public			mplete th	ıs part ) Se	ee instruction		
 Γhe	organ	zation is not a private found	lation because it is	For lines 1 through 12, o	heck only	one box)			^ (î
1		A church, convention of ch							09
2		A school described in sect							UI
3		A hospital or a cooperative					ıi).		
4		A medical research organiz						)(iiı). Enter	the hospital's name,
		city, and state							
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental ı	unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II)						
6		A federal, state, or local go		nental unit described in :	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	ally receives a substa	intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe		(1)(A)(vi). (Complete Par	tII)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ıx) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g							
		university							
10	X	An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	esses acqu	iired by the oi	ganization	after June 30, 1975
		See section 509(a)(2). (Co	mplete Part III )						
11		An organization organized	and operated exclus	ively to test for public sa	fety See	section 50	)9(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2)	See section :	509(a)(3). <sup>(</sup>	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g	
а		Type I. A supporting orga							
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
	_	organization You must o	•						
b									
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s) You mus							
С	L_	Type III functionally inte						illy integrate	ed with,
	_	its supported organizatio							
d	<u> </u>	☐ Type III non-functionally	•						
		that is not functionally int	-					d an attent	iveness
		requirement (see instruct	•	•				U T	
е		Check this box if the orga					ı iype i, iype	п, туре п	
		functionally integrated, or	= -	nally integrated support	ing organi	zation			
		r the number of supported of	_	d organization(s)					
_ g		ride the following information  Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
	•	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
				above (see instructions))					
		_			-				1100
							_		
						<u>                                     </u>			

		~					
Sch	edule A (Form 990 or 990-EZ) 2019 H	OMEBOUND	MEALS INC			35-118	6741 Page 2
Pa	art II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	170(b)(1)(A)(v	i) /
	(Complete only if you checked				on failed to qualify t	ınder Part III if the	organization
	fails to qualify under the tests	s listed below, pilea	se complete Part	III )			
Se	ction A. Public Support				<u> </u>		
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		\				
	membership fees received (Do not				1		
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-		\	1			
	ızatıon's benefit and either paid to		\				
	or expended on its behalf		<del></del>	l			
3	The value of services or facilities		\		/		
	furnished by a governmental unit to		\		/		
	the organization without charge		<del></del>		/		
	Total. Add lines 1 through 3 The portion of total contributions		<del></del>		<del> </del>		<del></del>
3	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)			X			
6	Public support. Subtract line 5 from line 4						
<u>Se</u>	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2Ø16	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4					_	
8	Gross income from interest,			\		]	
	dividends, payments received on			\			
	securities loans, rents, royalties,	.4	/	\			
_	and income from similar sources			<del>\</del>			
9	Net income from unrelated business			\			
	activities, whether or not the			\			
40	business is regularly carried on						
Ю	Other income Do not include gain or loss from the sale of capital				<b> </b> \		
	assets (Explain in Part VI)				\		
11	Total support. Add lines 7 through 10	/			<del>\</del> -		
	Gross receipts from related activities,	etc. (see instruction	nns)	<del>-</del>		12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a section		<del></del>
	organization, check this box and stop			2, .02, 0	, ,	. 55 . (5)(5)	ightharpoons
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14		\[	15	<u></u> %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	ore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization			\	
b	33 1/3% support test - 2018. If the o	irganization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	ormore, check the	s box
	and stop here The organization quali					\	▶□
17a	10% -facts-and-circumstances test					\	
	and if the organization meets the "fac-			•		t VI how\the organi	zation
	meets the "facts-and-circumstances"	-				\	▶□
Ь	10% facts-and-circumstances test	<del>-</del>				\	0% or
	more, and if the organization meets th					\	,
40 4	ørganization meets the "facts-and-circ					1	<b>▶</b>
<u>18</u>	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 166, 1/a, or 17b			<del></del>
					Sche	dule A (Form 990	or 990-EZ) 2019

# Schedule A (Form 990 or 990 EZ) 2019 HOMEBOUND MEALS INC 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 b	elow, please comr	olete Part II )				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and					T-1-7-	
-	membership fees received (Do not						
	include any "unusual grants ")	32,564.	72.784.	146,834.			252,182.
2	Gross receipts from admissions,					1	
	merchandise sold or services per-					İ	
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	155.164.	173,979.	172.875.			502,018.
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				_	7	<del> </del>
Ū	furnished by a governmental unit to						
	the organization without charge					į	
6	Total, Add lines 1 through 5	187,728.	246,763.	319,709.		<u> </u>	754,200.
	Amounts included on lines 1, 2, and			0_0,7,000	<del></del>	<del> </del>	7.5.27.2000
	3 received from disqualified persons						o.
b	Amounts included on lines 2 and 3 received					<del>-</del>	<del></del>
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						_ օ.
c	Add lines 7a and 7b				<u> </u>		0.
	Public support. (Subtract line 7c from line 6)						754,200.
	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	187,728.	246,763.	319,709.			754,200.
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	-5,076.	41,366.	23,666.			59,956.
b	Unrelated business taxable income		•				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	-5,076.	41,366.	23,666.			59,956.
11	Net income from unrelated business			•	-		
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	<u> </u>					
13	Total support (Add lines 9, 10c, 11, and 12)	182,652.	288,129.	343,375.	<u> </u>		814,156.
14	First five years. If the Form 990 is for			d, fourth, or fifth tax	x year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						▶□
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	92.64 %
16	Public support percentage from 2018	Schedule A, Part	III, line 15	·		16	92.13 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	19 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	7.36 %
18	Investment income percentage from 2	2 <b>018</b> Schedule A, F	Part III, line 17			18	7.87 %
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box o	on line 14, and line	15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	-					<b>▶</b> X
b	33 1/3% support tests - 2018. If the	<u>-</u>					and
	line 18 is not more than 33 1/3%, che	=					. —
20	Private foundation If the organization			· ·		-	

## Part IV Supporting Organizations

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

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations		1	١
			Yes	No
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	1	-	
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)	2	<del> </del>	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	<u>3a</u>		
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	3ь		
	organization made the determination	30		
С	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	3c		
4		30	<u> </u>	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a		
_	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	_ <del>-4a</del> _		
D	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	4b		'
_	Did the organization support any foreign supported organization that does not have an IRS determination	75		
C	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	4c		
50	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
Ja	answer (b) and (c) 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)	5a		
h	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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			,
	Part VI.	6		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			' _!
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	_9c		
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 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			l

determine whether the organization had excess business holdings)

3	5_	1	1	Ω	6	7 /	11	l Page	. 5
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	dule A (Form 990 or 990 EZ) 2019 HOMEBOUND MEALS INC	<u>35-118674</u>	1 Pa	ige <b>5</b>
Pa	rt 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		٠,	'
	regularly appoint or elect at least a majority of the organization's 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,		ι .	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-	-	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	11		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	٠.,		,
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			-
	supervised, or controlled the supporting organization	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	at 1		
	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			
	the supported organization(s)	1		Щ_
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	4 3		
	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	- 1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			Ι.
	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		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	. !	1	
	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		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	tructions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	ty (see instructions	l .	
2	Activities Test Answer (a) and (b) below.	[ <del></del> -	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		,	1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	,		ا ہے ا
	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		n,1	· '
	that these activities constituted substantially all of its activities	2a		<del></del> -
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		, ,	2 1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	• '		-1
	reasons for the organization's position that its supported organization(s) would have engaged in these	'*-	'-	,
	activities but for the organization's involvement	2b		<del>  ,</del>
3	Parent of Supported Organizations Answer (a) and (b) below.		'	, ;
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	, American 4	-4-44	السب
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<del> </del>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			- '
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		1

	dule A (Form 990 or 990-EZ) 2019 HOMEBOUND MEALS INC			<u>35-1186/41 Page 6</u>
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov 20, 1970 (explain in	Part VI) See instructions. /
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d	_ 3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Schedule A (Form 990 or 990-EZ) 2019

and 4c

8 Breakdown of line 7

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

Schedule A	(Form 990 or 990-E	Z) 2019 HOME	BOUND MEA	LS INC		:	35-1186741	Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Section D, lines 5,	Information lines 1, 2, 3b, 3d tion D, lines 2 an	Provide the expla 2, 4b, 4c, 5a, 6, 9a, 3, Part IV, Section	nations required 9b, 9c, 11a, 11b on E, lines 1c, 2a,	by Part II, line 10, Pa o, and 11c, Part IV, Se 2b, 3a, and 3b, Part so complete this part	urt II, line 17a or 17 ection B, lines 1 ar V, line 1, Part V, S	7b, Part III, line 12, nd 2, Part IV, Section Section B, line 1e, Pa	n C,
	(See instructions)							
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### **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

Employer identification number

	HOMEBOUND MEALS IN	35-1186741			
Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, III	ne 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds		
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	donly		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conf	erring		
	impermissible private benefit?		Yes No		
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part I	V, line 7		
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply)			
	Preservation of land for public use (for example, recreated	ation or education) Preservation of a his	torically important land area		
	Protection of natural habitat	Preservation of a ce	rtified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a			
	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		
C	Number of conservation easements on a certified historic sti	• •	2c		
d	Number of conservation easements included in (c) acquired				
_	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	anization during the tax		
	year •				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements	• • • • •	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting				
Ū	b	, rightning of violations, and emoloting conserva	mon casements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year		
,	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)	(B)(ı)		
	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	Yes No		
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense state	ement and		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	that describes the		
	organization's accounting for conservation easements				
Par	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Other	Similar Assets.		
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	alance sheet works		
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in further	ance of public		
	service, provide in Part XIII the text of the footnote to its final	incial statements that describes these items			
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balan	ice sheet works of		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtheran	ce of public service,		
	provide the following amounts relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$		
2	If the organization received or held works of art, historical tre	_	ı, provide		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items			
	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
b	Assets included in Form 990, Part X		<b>▶</b> \$		

Sche	dule D (Form 990) 2019 HOMEBOU	ND MEALS I	NC					35-11	86741	Page <b>2</b>
Pa	rt III Organizations Maintaining C			torical Tr	easures, o	r Other	Simil	ar Asse	ts(continu	ued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other record	ds, chec	k any of the	following that	t make sig	ınıfıcant	use of its	,	
а	Public exhibition	c	ı 🗀	Loan or exc	hange progra	ım				
b	Scholarly research	6	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
_	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pai	reported an amount on Form 990, Pa		ete if the	e organizatio	on answered "	Yes" on F	orm 990	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other ass	sets not in	ncluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						_1e			
f	Ending balance	000 D . W.					<u>1f</u>	<u> </u>	٦.,	
	Did the organization include an amount on F					-	y /		_ Yes	No
	t V   Endowment Funds. Complete is						<u> </u>			<u> </u>
<u> </u>	Lindownie it i dinds. Complete i	(a) Current year		Prior year	(c) Two years			ugare hack	(a) Four	ears back
10	Beginning of year balance	(a) Current year	(6)	noi year	(c) I wo years	S Dack (C	ij rinee j	years Dack	(e) rour	Cais Dack
1a 5	Contributions					_				
c	Net investment earnings, gains, and losses	· · · · · · · · · · · · · · · · · · ·	<del></del>			<u> </u>				
d	Grants or scholarships									
-	Other expenditures for facilities			••						
_	and programs		l		1				ŀ	
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3а	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ınd admınıster	red for the	organiz	zation	<u></u>	
	by								\	<u>res No</u>
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								<u>3</u> b	
Bo:	Describe in Part XIII the intended uses of the		owment	funds						
Pai	t VI Land, Buildings, and Equipm		0 0-40	/ line 11e C	) Farm 000	Don't V Iv	10			
	Complete if the organization answere								(-I) D1-	
	Description of property	(a) Cost or o basis (investr		, , ,	or other (other)		umulate eciation		(d) Book	value
10	land	Dasis (IIIVESII	.10/11/	- Jasis	(50.101)	Gepit				
	Land Buildings									
	Leasehold improvements	<del></del>								
	Equipment			-				<u> </u>	<del>-</del>	
	Other							<u> </u>		
	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, colur	nn (B), line 1	(Oc )			<b>•</b>		0.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 HOMEBOUND M	EALS INC	35	5-1186741 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	<del></del>		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	<u> </u>		
(A)			
(B)			
(C)			
(D)			
(E)		<u> </u>	
(G)		<u> </u>	
(H)			· <del></del> -
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			<del> </del>
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)	·		
(6)		<del></del>	
		<u></u>	
(8)			<del></del>
(9)			<u> </u>
Total. (Col. (b) must equal Form 990, Part X, col (B) line 13.)		<u> </u>	
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d See Form 990, Part X, line 15	
(a)	Description		(b) Book value
	<del>_</del>		
(2)			
(3)			<del></del>
(5)			
(6)			
(9)	<del> </del>		<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.	e 15.)	<u></u>	L
	5 000 5 444		_
Complete if the organization answered "Yes"  (a) Description of liability	on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 2	
······································	<del></del>		(b) Book value
(1) Federal income taxes	<u> </u>		000
(2) Credit card liability	<del>-</del>		923
(3)			
			<u> </u>
(5)			
(6)			
<u>(7)</u>	<del></del>		<del> </del>

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

923.

(9)

Sche	dule D (Form 990) 2019 HOMEBOUND MEALS INC		35-1186741	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	_2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	_
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	_4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	tamanta With Even	5 Deturn	_
Ра	rt XII Reconciliation of Expenses per Audited Financial Sta		enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	T . T	
1	Total expenses and losses per audited financial statements		1	_
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
а	Donated services and use of facilities	2a	<del></del>	
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	42		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
b	Other (Describe in Part XIII )	40	4c	
c	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3	5	-
<u>5</u> Pa	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV. lines 1b and 2b.	Part V. line 4. Part X. line 2. Part	XI.
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		, , , , , , , , , , , , , , , , , , , ,	
	Za ana 15, ana 1 are xii, into Za ana 15 7 iso complete the part to provide any	,		
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Schedule D (Form 990) 2019

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 35-1186741

HOMEBOUND MEALS INC Form 990, Part VI, Section B, line 11b: A copy of the Form 990 was provided to and reviewed by the organization's Executive Director prior to filing. Form 990, Part VI, Section C, Line 19: The organization makes the information available upon request to members of the public. Conflict of Interest Policy The organization's executive director ensures that each member of the Board of Directors annually completes the form which is required by the organization's conflict of interest policy. Each Director is primarily responsible for identifying any conflict or potential conflict of interest and addressing the same to the Board as a whole. The organization does not undertake any separate audit to determine compliance; however, the areas served by the organization are relatively small and close-knit, and Directors are generally able to identify conflicts and potential conflicts on the parts of other Directors. Compensation The Organization has an Executive Director, but no CEO or other management officials. In 2007, the Board of Directors performed an investigation within the community to determine the rate of compensation for other similarly-situated non-profit entities, for the\_\_\_ purpose of ensuring that the Executive Director's compensation was Schedule O (Form 990 or 990-EZ) (2019) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization  . HOMEBOUND MEALS INC	Employer identification number 35-1186741
appropriate. The results of such investigation were provi	ded to all
Directors who then voted to set the Executive Director's	compensation.
No further investigation or review has been done since the	nat time.
Increases to the Executive Director's compensation have b	oeen
commensurate with adjustments to cost of living.	
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