

**Federal
Tax Return**

MEALS ON WHEELS OF ODESSA, INC.

**Fiscal year ending
August 31, 2022**

RANDY SILHAN, CPA, CFE
P.O. BOX 1341
WOLFFORTH, TX 79382
Phone: (432) 580-0204
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July 12, 2023

MEALS ON WHEELS OF ODESSA, INC.
P.O. BOX 15
ODESSA, TX 79760

Dear Craig,

I have prepared your Form 990 based on information you provided and your unaudited financial statements. Please review the attached copy and contact me if any records need correcting before being e-filed.

If you have any questions about the return(s) or about MEALS ON WHEELS OF ODESSA, INC.'s tax situation during the year, please do not hesitate to call me at (432) 580-0204. I appreciate this opportunity to serve you.

Sincerely,

RANDY SILHAN
RANDY SILHAN, CPA, CFE

Privacy Notice

As a tax practitioner, I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning <u>9/1/2021</u> , and ending <u>8/31/2022</u>																									
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>MEALS ON WHEELS OF ODESSA, INC.</u></td> <td>D Employer identification number <u>75-1553306</u></td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number <u>(432) 333-6451</u></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>P.O. BOX 15</u></td> <td>G Gross receipts \$ <u>1,068,261</u></td> </tr> <tr> <td>City or town State ZIP code <u>ODESSA TX 79760</u></td> <td colspan="2">Foreign country name Foreign province/state/county Foreign postal code</td> </tr> <tr> <td colspan="3">F Name and address of principal officer: <u>CRAIG STOKER P.O. BOX 15, ODESSA, TX 79760</u></td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">J Website: ▶ <u>https://mowo.org/</u></td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: <u>1977</u> M State of legal domicile: <u>TX</u></td> </tr> </table>	C Name of organization <u>MEALS ON WHEELS OF ODESSA, INC.</u>		D Employer identification number <u>75-1553306</u>	Doing business as		E Telephone number <u>(432) 333-6451</u>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>P.O. BOX 15</u>		G Gross receipts \$ <u>1,068,261</u>	City or town State ZIP code <u>ODESSA TX 79760</u>	Foreign country name Foreign province/state/county Foreign postal code		F Name and address of principal officer: <u>CRAIG STOKER P.O. BOX 15, ODESSA, TX 79760</u>			I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	J Website: ▶ <u>https://mowo.org/</u>		H(c) Group exemption number ▶	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1977</u> M State of legal domicile: <u>TX</u>
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Provide nutritional services to elderly, disabled, and homebound citizens of Ector County.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	15
	6	Total number of volunteers (estimate if necessary)	6	623
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	948,230	859,886
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	107,600	69,702
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,135	3,088
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,887	111,362
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,074,852	1,044,038
	14	Benefits paid to or for members (Part IX, column (A), line 4)	427	3,868
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	290,462	352,865
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>5,031</u>	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	564,201	526,865
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	855,090	883,598
19	Revenue less expenses. Subtract line 18 from line 12	219,762	160,440	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	3,259,935	3,309,307
	22	Net assets or fund balances. Subtract line 21 from line 20	33,550	71,600
			3,226,385	3,237,707

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>CRAIG STOKER</u>	Date <u>EXECUTIVE DIRECTOR</u>			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>RANDY SILHAN</u>	Preparer's signature <u>RANDY SILHAN</u>	Date <u>7/12/2023</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00107901</u>
	Firm's name ▶ <u>RANDY SILHAN, CPA, CFE</u>	Firm's EIN ▶ <u>26-2515308</u>			
	Firm's address ▶ <u>P.O. BOX 1341, WOLFFORTH, TX 79382</u>	Phone no. <u>(432) 580-0204</u>			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To provide meals to elderly, disabled, and homebound citizens of Ector County.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

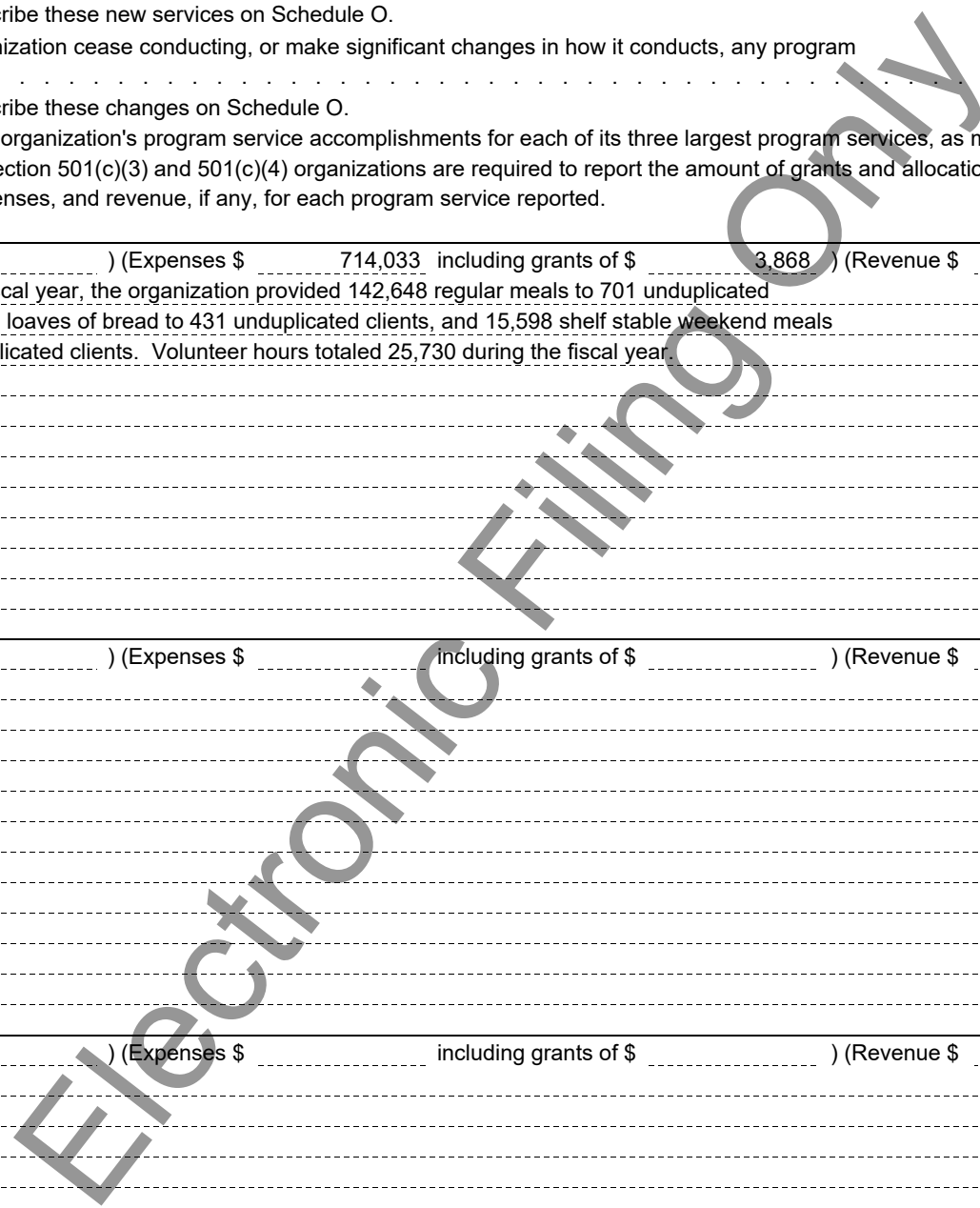
4a (Code:) (Expenses \$ 714,033 including grants of \$ 3,868) (Revenue \$ 69,702) During the fiscal year, the organization provided 142,648 regular meals to 701 unduplicated clients, 6,561 loaves of bread to 431 unduplicated clients, and 15,598 shelf stable weekend meals to 581 unduplicated clients. Volunteer hours totaled 25,730 during the fiscal year.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 714,033



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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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 foreign organization? If "Yes," complete Schedule F, Parts II and IV		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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.		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	X	
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>		X
24a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
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 any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
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?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	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			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
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 amounts due or received from them)	11b			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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 maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	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?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.	X	
b	Other officers or key employees of the organization		X
15b			X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶ TX
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
19	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.
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ MEALS ON WHEELS OF ODESSA, INC. (432) 333-6451 P.O. BOX 15, ODESSA, TX 79760

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Margaret Burton ----- Executive Director until August 1, 2022	40.00 0.00			X				62,530	0	7,865
(2) Stephen Wilson ----- President	2.00 0.00	X		X				0	0	0
(3) Phillip Clingman ----- Vice President	2.00 0.00	X		X				0	0	0
(4) Cristal Villegas ----- Secretary	2.00 0.00	X		X				0	0	0
(5) Montie Garner ----- Treasurer	2.00 0.00	X		X				0	0	0
(6) Angel Casas ----- Director	1.00 0.00	X						0	0	0
(7) Angel Garcia ----- Director	1.00 0.00	X						0	0	0
(8) Gail Etheredge ----- Director	1.00 0.00	X						0	0	0
(9) Judy Barker ----- Director	1.00 0.00	X						0	0	0
(10) Judy Haves ----- Director	1.00 0.00	X						0	0	0
(11) Kym Maxwell ----- Director	1.00 0.00	X						0	0	0
(12) Mary Conlon ----- Director	1.00 0.00	X						0	0	0
(13) Meredith McKeehan ----- Director	1.00 0.00	X						0	0	0
(14) Robin Provance ----- Director	1.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Steve Estes Director	1.00 0.00	X						0	0	0
(16) Vicki Wood Director	1.00 0.00	X						0	0	0
(17) Craig Stoker Executive Director starting August 9, 2022	40.00 0.00			X				0	0	0
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								62,530	0	7,865
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								62,530	0	7,865

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Odessa Regional Medical Center 520 E. 6th Odessa, TX 79761	Meals	309,280
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 53,085					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 583,093					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 223,708					
	g	Noncash contributions included in lines 1a-1f	1g \$ 0					
	h	Total. Add lines 1a-1f		859,886				
	Program Service Revenue	2a	Meal program revenue	Business Code 624210	69,702	69,702		
b		-----		0				
c		-----		0				
d		-----		0				
e		-----		0				
f		All other program service revenue		0				
g		Total. Add lines 2a-2f		69,702				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,088			3,088	
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	6a	(i) Real	(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)			0			
	7a	7a	(i) Securities	(ii) Other				
					0	0		
	b	Less: cost or other basis and sales expenses	7b	0	0			
	c	Gain or (loss)	7c	0	0			
	d	Net gain or (loss)			0			
8a	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	135,585					
		b	Less: direct expenses	8b	24,223			
		c	Net income or (loss) from fundraising events		111,362			
9a	9a	Gross income from gaming activities. See Part IV, line 19	0					
		b	Less: direct expenses	9b	0			
		c	Net income or (loss) from gaming activities		0			
10a	10a	Gross sales of inventory, less returns and allowances	0					
		b	Less: cost of goods sold	10b	0			
		c	Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	11a	-----	Business Code					
	b	-----		0				
	c	-----		0				
	d	All other revenue		0				
	e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions			1,044,038	69,702	0	3,088	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,868	3,868		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	101,516	74,107	26,394	1,015
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			
7	Other salaries and wages	212,349	155,015	55,211	2,123
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	7,865	5,741	2,045	79
10	Payroll taxes	31,135	22,729	8,095	311
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	16,730	0	16,730	0
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	450	450	0	0
12	Advertising and promotion	2,337	0	834	1,503
13	Office expenses	22,310	13,836	8,474	0
14	Information technology	0			
15	Royalties	0			
16	Occupancy	18,728	9,364	9,364	
17	Travel	9,117	9,117	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,290	750	540	0
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	39,574	19,787	19,787	0
23	Insurance	16,116	11,065	5,051	0
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.)				
a	Meals for Nutrition program	359,358	359,358	0	0
b	Meal trays, kitchen supplies for Nutrition program	28,049	28,049	0	0
c	Dues and subscriptions	1,593	797	796	0
d		0			
e	All other expenses Other expenses	11,213	0	11,213	0
25	Total functional expenses. Add lines 1 through 24e	883,598	714,033	164,534	5,031
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	4,438	1	30,507
	2 Savings and temporary cash investments	1,567,434	2	1,763,541
	3 Pledges and grants receivable, net	72,458	3	0
	4 Accounts receivable, net	100	4	300
	5 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	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	0	9	6,032
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,127,667		
	b Less: accumulated depreciation	10b 581,565	583,166	10c 546,102
	11 Investments—publicly traded securities	1,032,339	11	962,825
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,259,935	16	3,309,307	
Liabilities	17 Accounts payable and accrued expenses	33,550	17	48,620
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	22,980
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	33,550	26	71,600
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,226,385	27	3,237,707
	28 Net assets with donor restrictions	0	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
32 Total net assets or fund balances	3,226,385	32	3,237,707	
33 Total liabilities and net assets/fund balances	3,259,935	33	3,309,307	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,044,038
2	Total expenses (must equal Part IX, column (A), line 25)	2	883,598
3	Revenue less expenses. Subtract line 2 from line 1	3	160,440
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,226,385
5	Net unrealized gains (losses) on investments	5	-169,514
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	20,396
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,237,707

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**

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

Attachment
Sequence No. **179**

Name(s) shown on return MEALS ON WHEELS OF ODESSA, INC.	Business or activity to which this form relates 990	Identifying number 75-1553306
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,050,000
2 Total cost of section 179 property placed in service (see instructions)	2	2,510
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,050,000
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29		
		7
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
		0
9 Tentative deduction. Enter the smaller of line 5 or line 8		9
		0
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562.		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		11
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12
		0
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12		13
		0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2021	17	28,600
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		1,714	5	FM	S/L	29
c 7-year property		796	7	FM	S/L	9
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	10,936
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	39,574
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles). 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven. 33 Total miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions. Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2021 tax year (see instructions): 43 Amortization of costs that began before your 2021 tax year. 44 Total. Add amounts in column (f). See the instructions for where to report.

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization MEALS ON WHEELS OF ODESSA, INC.	Employer identification number 75-1553306
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	646,692	622,072	746,314	948,230	859,686	3,822,994
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	646,692	622,072	746,314	948,230	859,686	3,822,994
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						3,822,994

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	646,692	622,072	746,314	948,230	859,686	3,822,994
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,811	11,898	4,691	4,135	3,088	29,623
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						3,852,617
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.23%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.14%
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Table with 2 columns: Name of the organization (MEALS ON WHEELS OF ODESSA, INC.) and Employer identification number (75-1553306)

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 501(c)(3) (enter number) organization [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [] 527 political organization Form 990-PF [] 501(c)(3) exempt private foundation [] 4947(a)(1) nonexempt charitable trust treated as a private foundation [] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization MEALS ON WHEELS OF ODESSA, INC.	Employer identification number 75-1553306
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	State of Texas Health and Human Services P.O. BOX 13247 AUSTIN TX 78711 Foreign State or Province: _____ Foreign Country: _____	\$ 252,573	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	City of Odessa - CDBG P.O. BOX 4398 ODESSA TX 79760 Foreign State or Province: _____ Foreign Country: _____	\$ 124,827	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Texas Dept. of Agriculture P.O. BOX 12847 AUSTIN TX 78711 Foreign State or Province: _____ Foreign Country: _____	\$ 202,230	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	United Way of Odessa P.O. BOX 632 ODESSA TX 79760 Foreign State or Province: _____ Foreign Country: _____	\$ 53,085	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JC Ferguson Foundation 3800 E. 42ND ST, STE 401 ODESSA TX 79762 Foreign State or Province: _____ Foreign Country: _____	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: MEALS ON WHEELS OF ODESSA, INC. Employer identification number: 75-1553306

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0	0	0	0
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | |
| (ii) Related organizations | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	15,000		15,000
b Buildings	0	778,352	318,514	459,838
c Leasehold improvements	0	69,346	30,960	38,386
d Equipment	0	239,862	208,030	31,832
e Other	0	25,107	24,061	1,046
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				546,102

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

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 . . .

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns for line numbers and amounts. Totals are 0.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns for line numbers and amounts. Totals are 0.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dashed lines for providing supplemental information.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MEALS ON WHEELS OF ODESSA, INC.

Employer identification number

75-1553306

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total					0	0	0

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Mudbug 22 (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	135,585	0	135,585
	2	Less: Contributions		0	0
	3	Gross income (line 1 minus line 2)	135,585	0	135,585
Direct Expenses	4	Cash prizes		0	0
	5	Noncash prizes		0	0
	6	Rent/facility costs	1,352	0	1,352
	7	Food and beverages	8,509	0	8,509
	8	Entertainment	500	0	500
	9	Other direct expenses	13,862	0	13,862
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				111,362

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				0
	3	Noncash prizes				0
	4	Rent/facility costs				0
	5	Other direct expenses				0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)	
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				0	

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

MEALS ON WHEELS OF ODESSA, INC.

75-1553306

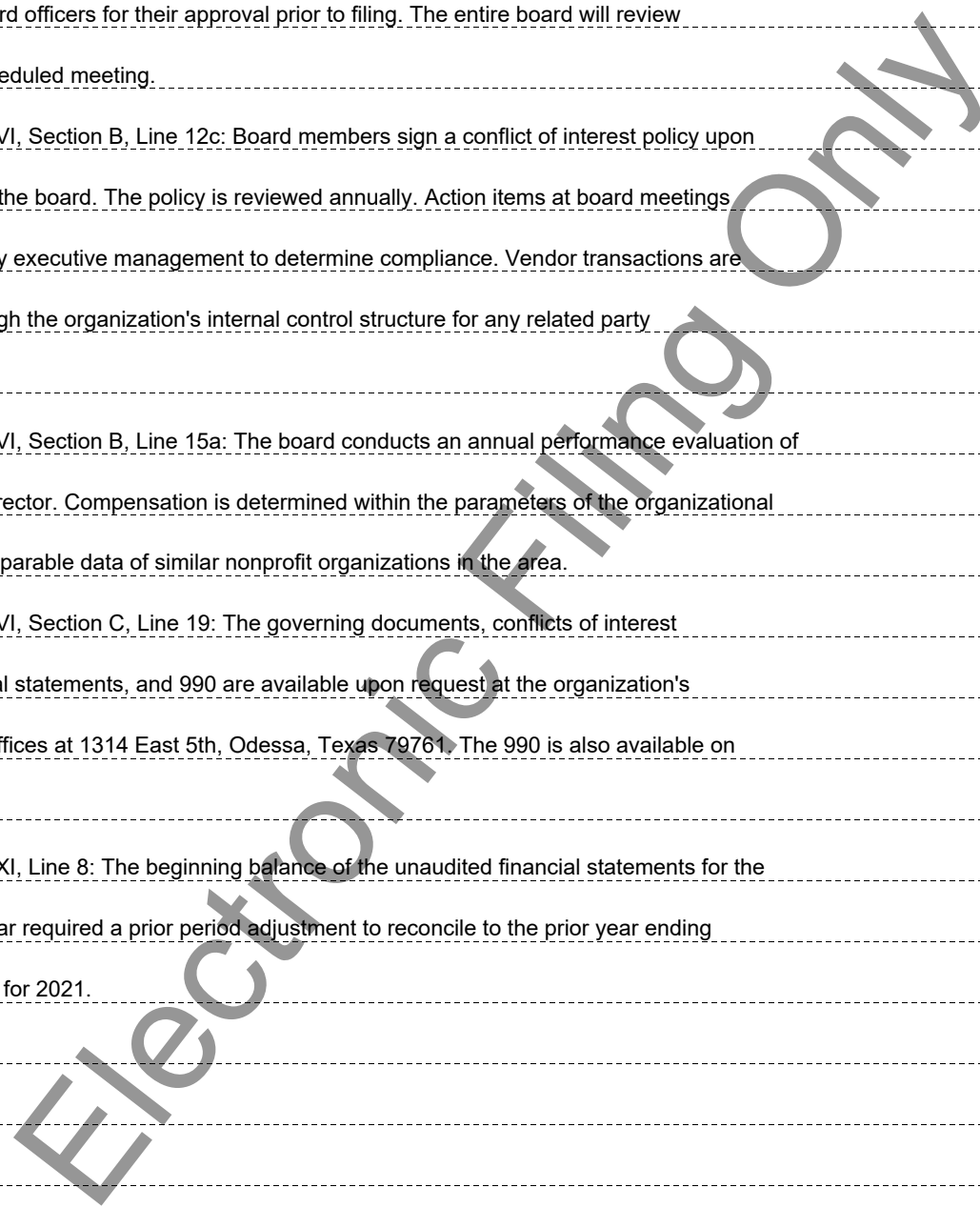
Form 990, Part VI, Section B, Line 11b: The 990 was presented to the executive director to distribute to board officers for their approval prior to filing. The entire board will review at their next scheduled meeting.

Form 990, Part VI, Section B, Line 12c: Board members sign a conflict of interest policy upon their election to the board. The policy is reviewed annually. Action items at board meetings are monitored by executive management to determine compliance. Vendor transactions are monitored through the organization's internal control structure for any related party transactions.

Form 990, Part VI, Section B, Line 15a: The board conducts an annual performance evaluation of the executive director. Compensation is determined within the parameters of the organizational budget and comparable data of similar nonprofit organizations in the area.

Form 990, Part VI, Section C, Line 19: The governing documents, conflicts of interest policies, financial statements, and 990 are available upon request at the organization's administrative offices at 1314 East 5th, Odessa, Texas 79761. The 990 is also available on guidestar.org.

Form 990, Part XI, Line 8: The beginning balance of the unaudited financial statements for the current fiscal year required a prior period adjustment to reconcile to the prior year ending audited balance for 2021.



Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MEALS ON WHEELS OF ODESSA, INC.	Taxpayer identification number (TIN) 75-1553306
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 15	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ODESSA, TX 79760	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ► MEALS ON WHEELS OF ODESSA, INC.
- Telephone No. ► (432) 333-6451 Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 7/17, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- calendar year 20 ____ or
- tax year beginning 9/1, 20 21, and ending 8/31, 20 22.
- 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form 4562 Statement - 990

8/31/2022

MEALS ON WHEELS OF ODESSA, INC. 75-1553306

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2021 Deprec.	2021 Accum. Deprec.
Depreciation Detail																
MACRS deductions for prior years (Line 17)																
4	NEW MOW BUILDING	9/1/2006	R-5	100.00%	778,352	0	0	0	0	778,352	39.0	SL/GDS	FM	298,557	19,957	318,514
41	BLDG IMPR - DOORS	4/10/2007	R-2	100.00%	635	0	0	0	0	635	15.0	SL/GDS	FM	606	25	631
42	WALK IN FREEZER	12/28/2007	F-10	100.00%	34,935	0	0	0	0	34,935	15.0	SL/GDS	FM	32,024	2,329	34,353
58	CEILING IMPROVEMENTS	10/16/2014	R-7	100.00%	5,325	0	0	0	0	5,325	15.0	SL/GDS	FM	2,455	355	2,810
57	COMMERCIAL SINK	3/16/2015	F-10	100.00%	774	0	0	0	0	774	7.0	SL/GDS	FM	721	53	774
54	GARAGE DOOR	7/15/2015	R-2	100.00%	4,080	0	0	0	0	4,080	15.0	SL/GDS	FM	1,677	272	1,949
59	METAL FENCE & GATES	7/29/2015	R-7	100.00%	14,868	0	0	0	0	14,868	15.0	SL/GDS	FM	6,111	991	7,102
60	SECURITY CAMERA SYSTEM	10/5/2015	F-10	100.00%	5,604	0	0	0	0	5,604	7.0	SL/GDS	FM	4,739	801	5,540
61	BLDG IMPR - CONCRETE WC	10/5/2015	R-7	100.00%	19,430	0	0	0	0	19,430	15.0	SL/GDS	FM	7,662	1,295	8,957
62	HP DESKTOP COMPUTER	12/7/2016	F-5	100.00%	670	0	0	0	0	670	5.0	SL/GDS	FM	637	33	670
67	Intel special desktop for E.D.	12/20/2019	F-5	100.00%	905	0	0	0	0	905	5.0	SL/GDS	FM	317	181	498
68	Copier/printer	10/6/2020	F-6	100.00%	5,975	0	0	0	0	5,975	5.0	SL/GDS	FM	1,095	1,195	2,290
69	Parking lot paying improvemen	8/10/2021	R-13	100.00%	16,700	0	0	0	0	16,700	15.0	SL/GDS	FM	93	1,113	1,206

Total MACRS deductions for prior years (Line 17)

888,253	0	0	0	0	888,253	356,694	28,600	385,294
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GDS 5-year property (Line 19b)

70	Dell computers (2)	8/13/2022	F-5	100.00%	1,714	0	0	0	0	1,714	5.0	SL/GDS	FM	0	29	29
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Total GDS 5-year property (Line 19b)

1,714	0	0	0	0	1,714	0	29	29
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GDS 7-year property (Line 19c)

71	Desk chair	8/13/2022	F-11	100.00%	796	0	0	0	0	796	7.0	SL/GDS	FM	0	9	9
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Total GDS 7-year property (Line 19c)

796	0	0	0	0	796	0	9	9
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Subtotal Depreciation

890,763	0	0	0	0	890,763	356,694	28,638	385,332
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Listed Property**Listed property with more than 50% business use (Line 25 and 26)**

51	2010 Dodge Grand Caravan	11/9/2011	V-9	100.00%	23,048	0	0	0	0	23,048	5.0	SL/GDS	FM	21,513	0	21,513
52	2013 Ford Transit	11/9/2012	V-9	100.00%	24,080	0	0	0	0	24,080	5.0	SL/GDS	FM	24,080	0	24,080
64	2017 Ford Transit Connect Var	11/13/2017	V-7	100.00%	25,093	0	0	0	0	25,093	5.0	200DB	HY	14,785	2,075	16,860
65	2017 Ford Transit Van (#3)	2/21/2018	V-7	100.00%	22,512	0	0	0	0	22,512	5.0	200DB	HY	18,621	2,593	21,214
63	2018 BIG TEX LARK TRAILER	2/21/2018	F-15	100.00%	4,412	0	0	0	0	4,412	5.0	200DB	HY	3,649	508	4,157
66	2019 Ford Transit Connect Var	8/31/2019	V-7	100.00%	29,100	0	0	0	0	29,100	5.0	SL/GDS	FM	12,125	5,760	17,885
2	CHEVROLET TRUCK	4/12/2000	V-7	100.00%	19,466	0	0	0	0	19,466	5.0	SL/GDS	FM	19,466	0	19,466
45	computer	2/17/2009	F-15	100.00%	818	0	0	0	0	818	5.0	SL/GDS	FM	818	0	818
53	Fence	9/18/2012	F-15	100.00%	1,750	0	0	0	0	1,750	5.0	SL/GDS	FM	1,750	0	1,750

Total listed prop with > 50% business use

150,279	0	0	0	0	150,279	116,807	10,936	127,743
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Subtotal Listed Property

150,279	0	0	0	0	150,279	116,807	10,936	127,743
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Total Depreciation and Amortization

1,041,042	0	0	0	0	1,041,042	473,501	39,574	513,075
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Detail Report - 990

8/31/2022

MEALS ON WHEELS OF ODESSA, INC. 75-1553306

Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2021 Current Deprec.	2021 Accum. Deprec.
2	CHEVROLET TRUCK	4/12/2000	100.00%	19,466	19,466	5.0	SL/GDS	FM	19,466	0	19,466
4	NEW MOW BUILDING	9/1/2006	100.00%	778,352	778,352	39.0	SL/GDS	FM	298,557	19,957	318,514
5	LAND - NEW BLDG	12/31/2002	100.00%	15,000	15,000	0			0	0	0
6	FURNITURE	1/1/1988	100.00%	1,645	1,645	7.0	SL/GDS	FM	1,645	0	1,645
7	TABLES & CHAIRS	6/6/2006	100.00%	993	993	5.0	SL/GDS	FM	993	0	993
8	TABLES	7/27/2006	100.00%	269	269	5.0	SL/GDS	FM	269	0	269
9	4 EXECUTIVE CHAIRS	8/12/2006	100.00%	519	519	5.0	SL/GDS	FM	519	0	519
10	4 - 72" DESKS	8/18/2006	100.00%	2,154	2,154	5.0	SL/GDS	FM	2,154	0	2,154
11	RECEPTIONIST COUNTER	8/18/2006	100.00%	180	180	5.0	SL/GDS	FM	180	0	180
12	2-KNEESPACE CREDENZAS	8/18/2006	100.00%	761	761	5.0	SL/GDS	FM	760	0	760
13	2 DRWR LATERAL FILE	8/18/2006	100.00%	359	359	5.0	SL/GDS	FM	359	0	359
14	36" BOOKCASE	8/18/2006	100.00%	228	228	5.0	SL/GDS	FM	228	0	228
15	2-HIGHBACK ORGANIZERS	8/18/2006	100.00%	855	855	5.0	SL/GDS	FM	855	0	855
16	3-4 DRWR LATERAL FILES	8/18/2006	100.00%	1,634	1,634	5.0	SL/GDS	FM	1,634	0	1,634
17	ART	8/31/2006	100.00%	320	320	5.0	SL/GDS	FM	320	0	320
18	QUALITY DOCUMENTS	3/1/2006	100.00%	360	360	5.0	SL/GDS	FM	360	0	360
19	REFRIGERATOR	4/9/1997	100.00%	9,112	9,112	5.0	SL/GDS	FM	9,112	0	9,112
20	HEATER	2/5/1998	100.00%	2,649	2,649	7.0	SL/GDS	FM	2,649	0	2,649
21	AIR CONDITIONER	6/10/1998	100.00%	367	367	7.0	SL/GDS	FM	367	0	367
22	DRY BOX FOR VAN	12/24/1999	100.00%	4,385	4,385	5.0	SL/GDS	FM	4,385	0	4,385
24	KITCHEN EQUIPMENT	8/10/2004	100.00%	15,000	15,000	10.0	SL/GDS	FM	11,875	0	11,875
25	NORSTAR PHONE SYSTEM	5/31/2006	100.00%	5,281	5,281	5.0	SL/GDS	FM	5,280	0	5,280
26	FLOORMATE	7/21/2006	100.00%	135	135	5.0	SL/GDS	FM	135	0	135
32	SERVE TRACKER	8/26/2003	100.00%	2,650	2,650	3.0	SL/GDS	FM	2,650	0	2,650
34	FURNITURE & FIXTURES	10/1/2006	100.00%	1,333	1,333	5.0	SL/GDS	FM	1,333	0	1,333
35	FURNITURE & FIXTURES	6/1/2007	100.00%	1,871	1,871	5.0	SL/GDS	FM	1,871	0	1,871
36	PHONE EQUIPMENT	11/7/2006	100.00%	439	439	5.0	SL/GDS	FM	439	0	439
39	LANDSCAPING	10/31/2006	100.00%	4,933	4,933	10.0	SL/GDS	FM	4,930	0	4,930
40	SPRINKLER SYSTEM	12/15/2006	100.00%	3,375	3,375	10.0	SL/GDS	FM	3,375	0	3,375
41	BLDG IMPR - DOORS	4/10/2007	100.00%	635	635	15.0	SL/GDS	FM	606	25	631
42	WALK IN FREEZER	12/28/2007	100.00%	34,935	34,935	15.0	SL/GDS	FM	32,024	2,329	34,353
44	8ft coffee bar/cabinet	9/26/2008	100.00%	3,000	3,000	7.0	SL/GDS	FM	3,000	0	3,000
45	computer	2/17/2009	100.00%	818	818	5.0	SL/GDS	FM	818	0	818
46	3.5k/8k Frigidaire Heat/Cool (2	10/23/2008	100.00%	850	850	7.0	SL/GDS	FM	847	0	847
49	Commercial Ice Machine	5/24/2010	100.00%	1,775	1,775	7.0	SL/GDS	FM	1,775	0	1,775
50	Comm Ice 2 Door Refrgerator	6/24/2011	100.00%	2,704	2,704	7.0	SL/GDS	HY	2,702	0	2,702
51	2010 Dodge Grand Caravan	11/9/2011	100.00%	23,048	23,048	5.0	SL/GDS	FM	21,513	0	21,513
52	2013 Ford Transit	11/9/2012	100.00%	24,080	24,080	5.0	SL/GDS	FM	24,080	0	24,080
53	Fence	9/18/2012	100.00%	1,750	1,750	5.0	SL/GDS	FM	1,750	0	1,750
54	GARAGE DOOR	7/15/2015	100.00%	4,080	4,080	15.0	SL/GDS	FM	1,677	272	1,949
55	OFFICE COMPUTERS (2) OF	9/10/2014	100.00%	989	989	5.0	SL/GDS	FM	989	0	989
56	OFFICE COMPUTER (1) STAI	11/14/2014	100.00%	500	500	5.0	SL/GDS	FM	500	0	500
57	COMMERCIAL SINK	3/16/2015	100.00%	774	774	7.0	SL/GDS	FM	721	53	774
58	CEILING IMPROVEMENTS	10/16/2014	100.00%	5,325	5,325	15.0	SL/GDS	FM	2,455	355	2,810
59	METAL FENCE & GATES	7/29/2015	100.00%	14,868	14,868	15.0	SL/GDS	FM	6,111	991	7,102
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62	HP DESKTOP COMPUTER	12/7/2016	100.00%	670	670	5.0	SL/GDS	FM	637	33	670
63	2018 BIG TEX LARK TRAILER	2/21/2018	100.00%	4,412	4,412	5.0	200DB	HY	3,649	508	4,157
64	2017 Ford Transit Connect Van	11/13/2017	100.00%	25,093	25,093	5.0	200DB	HY	14,785	2,075	16,860
65	2017 Ford Transit Van (#3)	2/21/2018	100.00%	22,512	22,512	5.0	200DB	HY	18,621	2,593	21,214

Detail Report - 990

8/31/2022

MEALS ON WHEELS OF ODESSA, INC. 75-1553306

Item No.	Description of Property *** indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2021 Current Deprec.	2021 Accum. Deprec.
66	2019 Ford Transit Connect Van	8/31/2019	100.00%	29,100	29,100	5.0	SL/GDS	FM	12,125	5,760	17,885
67	Intel special desktop for E.D.	12/20/2019	100.00%	905	905	5.0	SL/GDS	FM	317	181	498
68	Copier/printer	10/6/2020	100.00%	5,975	5,975	5.0	SL/GDS	FM	1,095	1,195	2,290
69	Parking lot paying improvemer	8/10/2021	100.00%	16,700	16,700	15.0	SL/GDS	FM	93	1,113	1,206
70	Dell computers (2)	8/13/2022	100.00%	1,714	1,714	5.0	SL/GDS	FM	0	29	29
71	Desk chair	8/13/2022	100.00%	796	796	7.0	SL/GDS	FM	0	9	9
SubTotals				1,127,667	1,127,667				541,991	39,574	581,565
Less: Disposed Assets				(0)	(0)				(0)	(0)	(0)
Ending Totals				<u>1,127,667</u>	<u>1,127,667</u>				<u>541,991</u>	<u>39,574</u>	<u>581,565</u>