Federal
Tax Return

MEALS ON WHEELS OF ODESSA, INC.

Fiscal year ending
August 31, 2024

RANDY SILHAN, CPA, CFE
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July 12, 2025

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

Dear Meredith and Craig,

I have prepared your Form 990 based on your audited financial statements and other information you have provided. 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.

Form **990**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 9/1/2023 , and ending 8/31/2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: MEALS ON WHEELS OF ODESSA, INC.
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 15
Room/suite:
City or town: ODESSA
State: TX
ZIP code: 79760
Foreign country name / Foreign province/state/county / Foreign postal code:

D Employer identification number: 75-1553306

E Telephone number: (432) 333-6451

G Gross receipts $: 1,259,065

F Name and address of principal officer: CRAIG STOKER P.O. BOX 15, ODESSA, TX 79760

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number:

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ((insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: https://mowo.org/

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1977

M State of legal domicile: TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Meals on Wheels of Odessa enables people to live with dignity by offering community support and sustenance through coordinated services.

2 Check this box ☐ 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	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	19
6	Total number of volunteers (estimate if necessary)	6	665
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	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	772,808	1,034,873
9	Program service revenue (Part VIII, line 2g)	42,299	156,895
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,398	3,597
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,067	10,666
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	944,572	1,206,031

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,012	28,159
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	867,286	902,815
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 15,619		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	727,123	1,209,116
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,609,421	2,140,090
19	Revenue less expenses. Subtract line 18 from line 12	-664,849	-934,059

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,014,665	2,308,952
21	Total liabilities (Part X, line 26)	9,990	11,818
22	Net assets or fund balances. Subtract line 21 from line 20	3,004,675	2,297,134

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: CRAIG STOKER
Date:
Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
RANDY SILHAN	RANDY SILHAN	7/12/2025		P00107901

Firm's name: RANDY SILHAN, CPA, CFE — Firm's EIN: 26-2515308
Firm's address: P.O. BOX 1341, WOLFFORTH, TX 79382 — Phone no.: (432) 580-0204

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

HTA

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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:

Meals on Wheels of Odessa enables people to live with dignity by offering community support and sustenance through coordinated services and enable older adults to live in their own homes safely and independently as long as they are able.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,763,724 including grants of $ 28,159) (Revenue $ 229,462)

Clients served month to month grew steadily as we increased our capacity and service area. In total we delivered 157,257 meals during the fiscal year. We had 665 volunteers who provided 24,799 hours of service.

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 1,763,724

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
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*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		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*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		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.	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	X	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

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Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	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	1a	1		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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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 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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	X	
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, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	17		

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Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI X

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	10		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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?	7a			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?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			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?	10a		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? .	11a		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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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.	15a	X	
b	Other officers or key employees of the organization	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?	16a		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

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.

☐ Own website ☒ Another's website ☒ Upon request ☐ 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

Electronic Filing Only

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

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

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

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

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

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

☐ 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) Craig Stoker	40.00									
Executive Director	0.00			X				100,308	0	0
(2) Tammy Mason	40.00									
Finance Coordinator (hired November 2023)	0.00			X				9,600	0	0
(3) Meredith McKeehan	2.00									
President	0.00	X		X				0	0	0
(4) Cristal Villegas-Levario	2.00									
Vice President	0.00	X		X				0	0	0
(5) Tim Ogilvy	2.00									
Treasurer	0.00	X		X				0	0	0
(6) Angel Casas	1.00									
Director	0.00	X						0	0	0
(7) Angel Garcia	1.00									
Director	0.00	X						0	0	0
(8) Jamie Anderson	1.00									
Director	0.00	X						0	0	0
(9) Kristine Wagner	1.00									
Director	0.00	X						0	0	0
(10) Judy Hayes	1.00									
Director	0.00	X						0	0	0
(11) Stephen Wilson	1.00									
Director	0.00	X						0	0	0
(12) Steve Estes	1.00									
Director	0.00	X						0	0	0
(13)										
(14)										

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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)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Subtotal**								109,908	0	0
c **Total from continuation sheets to Part VII, Section A**								0	0	0
d **Total (add lines 1b and 1c)**								109,908	0	0

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 1

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such person*		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	0
		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

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Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	296,254				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	458,982				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	279,637				
	g	Noncash contributions included in lines 1a–1f	1g	$ 0				
	h	**Total.** Add lines 1a–1f			1,034,873			
Program Service Revenue				Business Code				
	2a	Meal program revenue		624210	156,895	156,895		
	b				0			
	c				0			
	d				0			
	e				0			
	f	All other program service revenue			0			
	g	**Total.** Add lines 2a–2f			156,895			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			3,597			3,597
	4	Income from investment of tax-exempt bond proceeds			0			
	5	Royalties			0			
				(i) Real / (ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0 / 0				
	d	Net rental income or (loss)			0			
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	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	Gross income from fundraising events (not including $ 296,254 of contributions reported on line 1c). See Part IV, line 18	8a	36,470				
	b	Less: direct expenses	8b	39,808				
	c	Net income or (loss) from fundraising events			-3,338			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	27,230				
	b	Less: direct expenses	9b	13,226				
	c	Net income or (loss) from gaming activities			14,004			
	10a	Gross sales of inventory, less returns and allowances	10a	0				
	b	Less: cost of goods sold	10b	0				
	c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue				Business Code				
	11a				0			
	b				0			
	c				0			
	d	All other revenue			0			
	e	**Total.** Add lines 11a–11d			0			
	12	**Total revenue.** See instructions.			1,206,031	156,895	0	3,597

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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 and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	28,159	28,159		
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	120,000	87,600	31,200	1,200
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	622,258	454,248	161,787	6,223
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,571	8,447	3,008	116
9	Other employee benefits	89,295	65,185	23,217	893
10	Payroll taxes	59,691	43,574	15,520	597
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	18,024	0	18,024	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.)	19,312	0	19,312	0
12	Advertising and promotion	13,179	0	6,589	6,590
13	Office expenses	49,407	29,644	19,763	0
14	Information technology	0			
15	Royalties	0			
16	Occupancy	43,355	21,678	21,677	0
17	Travel	15,084	15,084	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	18,281	9,141	9,140	0
20	Interest	0	0	0	0
21	Payments to affiliates	775	775	0	0
22	Depreciation, depletion, and amortization	39,896	19,948	19,948	0
23	Insurance	19,123	12,756	6,367	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	Food for meals program	825,507	825,507	0	0
b	Food packaging, supply costs	136,783	136,783	0	0
c	Dues and subscriptions	10,390	5,195	5,195	0
d		0			
e	All other expenses	0			
25	**Total functional expenses.** Add lines 1 through 24e	2,140,090	1,763,724	360,747	15,619
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 ☐ if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		220,628	1	0
	2	Savings and temporary cash investments		108,074	2	143,701
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		287,135	4	20,377
	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	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,171,914			
	b	Less: accumulated depreciation	10b 659,734	547,863	10c	512,180
	11	Investments—publicly traded securities		1,850,965	11	1,632,694
	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)		3,014,665	16	2,308,952
Liabilities	17	Accounts payable and accrued expenses		9,990	17	11,818
	18	Grants payable		0	18	
	19	Deferred revenue		0	19	
	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		9,990	26	11,818
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		3,004,675	27	2,297,134
	28	Net assets with donor restrictions		0	28	
		Organizations that do not follow FASB ASC 958, check here ☐ **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		3,004,675	32	2,297,134
	33	Total liabilities and net assets/fund balances		3,014,665	33	2,308,952

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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	1,206,031
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,140,090
3	Revenue less expenses. Subtract line 2 from line 1	3	-934,059
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,004,675
5	Net unrealized gains (losses) on investments	5	226,518
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,297,134

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: ☐ Cash ☒ Accrual ☐ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	X	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	746,314	948,230	859,686	885,128	962,306	4,401,664
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	746,314	948,230	859,686	885,128	962,306	4,401,664
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						4,401,664

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	746,314	948,230	859,686	885,128	962,306	4,401,664
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,691	4,135	3,088	10,398	3,597	25,909
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						4,427,573

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	**14**	99.41%
15 Public support percentage from 2022 Schedule A, Part II, line 14	**15**	99.16%

16a **33 1/3% support test—2023.** 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 ☒

b **33 1/3% support test—2022.** 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 ☐

17a **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 ☐

b **10%-facts-and-circumstances test—2022.** 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 ☐

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 ☐

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Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization	**Employer identification number**
MEALS ON WHEELS OF ODESSA, INC.	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).

Electronic Filing Only

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:	$ 290,703	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	City of Odessa - CDBG P.O. Box 4398 Odessa TX 79760 Foreign State or Province: Foreign Country:	$ 72,567	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	Texas Dept. of Agriculture P.O. Box 12847 Austin TX 78711 Foreign State or Province: Foreign Country:	$ 95,712	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	John Herriage 2720 N. Grandview Odessa TX 79762 Foreign State or Province: Foreign Country:	$ 35,000	Person [X] Payroll [ ] Noncash [ ] (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:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	Phillips 66 P.O. Box 421959 Houston TX 77242 Foreign State or Province: Foreign Country:	$ 24,790	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Electronic Filing Only

Name of organization	Employer identification number
MEALS ON WHEELS OF ODESSA, INC.	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
7	NTACT Constructors, Ltd. P.O. Box 13328 Odessa TX 79768 Foreign State or Province: Foreign Country:	$ 80,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Electronic Filing Only

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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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	1c	0
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	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 in 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	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	15,000		15,000
b Buildings	0	778,352	358,428	419,924
c Leasehold improvements	0	69,346	39,012	30,334
d Equipment	0	257,874	233,476	24,398
e Other	0	51,342	28,818	22,524
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				512,180

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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, line 12, col. (B))*	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, line 13, col. (B))*	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, line 15, col. (B))*	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, line 25, col. (B))*	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 ☐

Electronic Filing Only

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

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

1	Total revenue, gains, and other support per audited financial statements			1	1,487,219
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	226,518		
b	Donated services and use of facilities	2b	1,636		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	53,034		
e	Add lines **2a** through **2d**			2e	281,188
3	Subtract line **2e** from line **1**			3	1,206,031
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,206,031

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

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

1	Total expenses and losses per audited financial statements			1	2,194,760
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	1,636		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	53,034		
e	Add lines **2a** through **2d**			2e	54,670
3	Subtract line **2e** from line **1**			3	2,140,090
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2,140,090

Part XIII Supplemental Information.

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

Part XI Line 2d Special event expenses are reported separately on the statement of functional expenses on the audited financial statements and are reported net of gross income on Schedule G.

Part XII Line 2d Special event expenses are reported separately on the statement of functional expenses on the audited financial statements and are reported net of gross income on Schedule G.

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SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

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? Yes	No	**(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
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.

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

		(a) Event #1 Mudbug 24 (event type)	(b) Event #2 End of Year Match (event type)	(c) Other events 5 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	162,440	143,268	27,016	332,724
	2 Less: Contributions	125,970	143,268	27,016	296,254
	3 Gross income (line 1 minus line 2)	36,470	0	0	36,470
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	1,500	0	0	1,500
	7 Food and beverages	11,582	0	0	11,582
	8 Entertainment	550	0	0	550
	9 Other direct expenses	19,893	0	6,283	26,176
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(39,808)
	11 Net income summary. Subtract line 10 from line 3, column (d)				-3,338

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			27,230	27,230
Direct Expenses	2 Cash prizes			0	0
	3 Noncash prizes			13,000	13,000
	4 Rent/facility costs			0	0
	5 Other direct expenses			226	226
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☒ Yes 50.00% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(13,226)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				14,004

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

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:

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11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☒ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	100.00%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name MEALS ON WHEELS OF ODESSA, INC.

Address 1314 E. 5TH ODESSA, TX 79761

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization $ 0 and the amount of gaming revenue retained by the third party $ 0

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ 0

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☒ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . $ 0

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Electronic Filing Only

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

MEALS ON WHEELS OF ODESSA, INC.

Employer identification number

75-1553306

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] **Yes** [ ] **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0

3 Enter total number of other organizations listed in the line 1 table 0

Electronic Filing Only

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	Noncash assistance for clients	200	0	28,159	Book	Fans, heaters, blankets, minor home repairs
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I Line 2 Executive management determines need and assistance based on client needs, economic conditions, weather and individual circumstances. The board of directors reviews financial reports as to the overall benevolence assistance granted. Clients level of need is considered in the assistance provided.

Electronic Filing Only

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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 board president, executive director, finance coordinator, to review and 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.

Electronic Filing Only

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172
2023
Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
MEALS ON WHEELS OF ODESSA, INC.	990	75-1553306

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	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	6,563
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
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	1,160,000

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 2022 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 2024. 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 2023	17	31,643
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 ☐		

Section B - Assets Placed in Service During 2023 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						
	c 7-year property		See Stmnt				899
	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 2023 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	7,410
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	39,952
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	

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? [X] Yes [ ] No **24b** If "Yes," is the evidence written? [X] Yes [ ] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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						**25**		
26 Property used more than 50% in a qualified business use:								
2017 Ford Transit Conne	11/13/2017	100.00%	25,093	25,093	5	200DB - HY	2,075	
2019 Ford Transit Conne	8/31/2019	100.00%	29,100	29,100	5	S/L - FM	5,335	
27 Property used 50% or less in a qualified business use:								
		%				S/L –		
		%				S/L –		
		%				S/L –		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**	7,410	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	0

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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
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.

	Yes	**No**
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 2023 tax year (see instructions):					
43 Amortization of costs that began before your 2023 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	0

Form **8868**

(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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

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

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

Part I — Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
MEALS ON WHEELS OF ODESSA, INC.	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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.
  Plan Name
  Plan Number
  Plan Year Ending (MM/DD/YYYY)

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of 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 7/15, 20 25, 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 23, and ending 8/31, 20 24.

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

Part III — Extension of Time To File Form 5330 (see instructions)

1 I request an extension of time until _____, 20 _____, to file Form 5330.

You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax.	**1a**		
b	Enter the payment amount attached.	**1b**	**$**	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	**1c**		

2 State in detail why you need the extension.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature **Date**

Form 4562 Statement - 990

8/31/2024

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	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2023 Deprec.	2023 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	338,471	19,957	358,428
58	CEILING IMPROVEMENTS	10/16/2014	R-7	100.00%	5,325	0	0	0	0	5,325	15.0	SL/GDS	FM	3,165	355	3,520
54	GARAGE DOOR	7/15/2015	R-2	100.00%	4,080	0	0	0	0	4,080	15.0	SL/GDS	FM	2,221	272	2,493
59	METAL FENCE & GATES	7/29/2015	R-7	100.00%	14,868	0	0	0	0	14,868	15.0	SL/GDS	FM	8,093	991	9,084
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	10,252	1,295	11,547
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	679	181	860
68	Copier/printer	10/6/2020	F-6	100.00%	5,975	0	0	0	0	5,975	5.0	SL/GDS	FM	3,485	1,195	4,680
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	2,319	1,113	3,432
70	Dell computers (2)	8/13/2022	F-5	100.00%	1,714	0	0	0	0	1,714	5.0	SL/GDS	FM	372	343	715
71	Desk chair	8/13/2022	F-11	100.00%	796	0	0	0	0	796	7.0	SL/GDS	FM	123	114	237
72	Apple device	9/9/2022	F-5	100.00%	1,499	0	0	0	0	1,499	5.0	SL/GDS	FM	300	300	600
73	Dell computer equipment	9/29/2022	F-5	100.00%	4,198	0	0	0	0	4,198	5.0	SL/GDS	FM	840	840	1,680
74	Aprotex fire and security syster	12/20/2022	F-10	100.00%	10,740	0	0	0	0	10,740	7.0	SL/GDS	FM	1,151	1,534	2,685
75	Dell Inspiron desktop 3910	2/9/2023	F-5	100.00%	450	0	0	0	0	450	5.0	SL/GDS	FM	52	90	142
76	Dell 24 in monitors (2)	2/10/2023	F-5	100.00%	320	0	0	0	0	320	5.0	SL/GDS	FM	37	64	101
77	Dell 24 in monitors (2)	3/31/2023	F-5	100.00%	320	0	0	0	0	320	5.0	SL/GDS	FM	32	64	96
78	Dell Inspiron desktop 3910	3/31/2023	F-5	100.00%	485	0	0	0	0	485	5.0	SL/GDS	FM	49	97	146
79	Office furniture - Officewise	6/15/2023	F-11	100.00%	13,953	0	0	0	0	13,953	7.0	SL/GDS	FM	498	1,993	2,491
80	Office chairs - Wayfair	8/1/2023	F-11	100.00%	2,439	0	0	0	0	2,439	7.0	SL/GDS	FM	29	348	377
81	Office furniture - Wayfair	8/9/2023	F-11	100.00%	2,350	0	0	0	0	2,350	7.0	SL/GDS	FM	28	28	56
82	Office furniture Wayfair	8/9/2023	F-11	100.00%	3,280	0	0	0	0	3,280	7.0	SL/GDS	FM	39	469	508
	Total MACRS deductions for prior years (Line 17)				888,179	0	0	0	0	888,179				372,235	31,643	403,878
GDS 7-year property (Line 19c)																
83	Office furniture Officewise	9/6/2023	F-11	100.00%	3,370	0	0	0	0	3,370	7.0	SL/GDS	FM	0	481	481
84	Volunteer/Client Canvases	10/10/2023	F-11	100.00%	326	0	0	0	0	326	7.0	SL/GDS	FM	0	43	43
85	USA Canvas and Prints (19)	10/24/2023	F-11	100.00%	2,867	0	0	0	0	2,867	7.0	SL/GDS	FM	0	375	375
	Total GDS 7-year property (Line 19c)				6,563	0	0	0	0	6,563				0	899	899
	Subtotal Depreciation				894,742	0	0	0	0	894,742				372,235	32,542	404,777
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	18,305	2,075	20,380
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	22,511	0	22,511
63	2018 BIG TEX LARK TRAILEF	2/21/2018	F-15	100.00%	4,412	0	0	0	0	4,412	5.0	200DB	HY	4,411	0	4,411
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	23,645	5,335	28,980
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				136,499	7,410	143,909

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Form 4562 Statement - 990

8/31/2024

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	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2023 Deprec.	2023 Accum. Deprec.
	Subtotal Listed Property				150,279	0	0	0	0	150,279				136,499	7,410	143,909
	Total Depreciation and Amortization				1,045,021	0	0	0	0	1,045,021				508,734	39,952	548,686

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Assets by Classification - 990

8/31/2024

MEALS ON WHEELS OF ODESSA, INC. 75-1553306

Item No.	Description of Property "***" indicates DISPOSED	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	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2023 Deprec.	2023 Accum. Deprec.
5-yr Computers and peripherals (not listed property)																
55	OFFICE COMPUTERS (2) OF	9/10/2014	F-5	100.00%	989	0	0	0	0	989	5.0	SL/GDS	FM	989	0	989
56	OFFICE COMPUTER (1) STAI	11/14/2014	F-5	100.00%	500	0	0	0	0	500	5.0	SL/GDS	FM	500	0	500
62	HP DESKTOP COMPUTER	12/7/2016	F-5	100.00%	670	0	0	0	0	670	5.0	SL/GDS	FM	670	0	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	679	181	860
70	Dell computers (2)	8/13/2022	F-5	100.00%	1,714	0	0	0	0	1,714	5.0	SL/GDS	FM	372	343	715
72	Apple device	9/9/2022	F-5	100.00%	1,499	0	0	0	0	1,499	5.0	SL/GDS	FM	300	300	600
73	Dell computer equipment	9/29/2022	F-5	100.00%	4,198	0	0	0	0	4,198	5.0	SL/GDS	FM	840	840	1,680
75	Dell Inspiron desktop 3910	2/9/2023	F-5	100.00%	450	0	0	0	0	450	5.0	SL/GDS	FM	52	90	142
76	Dell 24 in monitors (2)	2/10/2023	F-5	100.00%	320	0	0	0	0	320	5.0	SL/GDS	FM	37	64	101
77	Dell 24 in monitors (2)	3/31/2023	F-5	100.00%	320	0	0	0	0	320	5.0	SL/GDS	FM	32	64	96
78	Dell Inspiron desktop 3910	3/31/2023	F-5	100.00%	485	0	0	0	0	485	5.0	SL/GDS	FM	49	97	146
	Total: 5-yr Computers (not listed)				12,050	0	0	0	0	12,050				4,520	1,979	6,499
5-yr Office machinery (data-handling equipment, except computers)																
32	SERVE TRACKER	8/26/2003	F-6	100.00%	2,650	0	0	0	0	2,650	3.0	SL/GDS	FM	2,650	0	2,650
36	PHONE EQUIPMENT	11/7/2006	F-6	100.00%	439	0	0	0	0	439	5.0	SL/GDS	FM	439	0	439
68	Copier/printer	10/6/2020	F-6	100.00%	5,975	0	0	0	0	5,975	5.0	SL/GDS	FM	3,485	1,195	4,680
	Total: 5-yr Office mach (data handling)				9,064	0	0	0	0	9,064				6,574	1,195	7,769
5-yr Other (listed property)																
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
63	2018 BIG TEX LARK TRAILEF	2/21/2018	F-15	100.00%	4,412	0	0	0	0	4,412	5.0	200DB	HY	4,411	0	4,411
	Total: 5-yr Other (listed)				6,980	0	0	0	0	6,980				6,979	0	6,979
7-yr General purpose tools, machinery, and equipment																
19	REFRIGERATOR	4/9/1997	F-10	100.00%	9,112	0	0	0	0	9,112	5.0	SL/GDS	FM	9,112	0	9,112
20	HEATER	2/5/1998	F-10	100.00%	2,649	0	0	0	0	2,649	7.0	SL/GDS	FM	2,649	0	2,649
21	AIR CONDITIONER	6/10/1998	F-10	100.00%	367	0	0	0	0	367	7.0	SL/GDS	FM	367	0	367
22	DRY BOX FOR VAN	12/24/1999	F-10	100.00%	4,385	0	0	0	0	4,385	5.0	SL/GDS	FM	4,385	0	4,385
24	KITCHEN EQUIPMENT	8/10/2004	F-10	100.00%	15,000	0	0	0	0	15,000	10.0	SL/GDS	FM	11,875	0	11,875
25	NORSTAR PHONE SYSTEM	5/31/2006	F-10	100.00%	5,281	0	0	0	0	5,281	5.0	SL/GDS	FM	5,280	0	5,280
26	FLOORMATE	7/21/2006	F-10	100.00%	135	0	0	0	0	135	5.0	SL/GDS	FM	135	0	135
42	WALK IN FREEZER	12/28/2007	F-10	100.00%	34,935	0	0	0	0	34,935	15.0	SL/GDS	FM	34,935	0	34,935
49	Commercial Ice Machine	5/24/2010	F-10	100.00%	1,775	0	0	0	0	1,775	7.0	SL/GDS	FM	1,775	0	1,775
50	Comm Ice 2 Door Refrgerator	6/24/2011	F-10	100.00%	2,704	0	0	0	0	2,704	7.0	SL/GDS	HY	2,702	0	2,702
57	COMMERCIAL SINK	3/16/2015	F-10	100.00%	774	0	0	0	0	774	7.0	SL/GDS	FM	774	0	774
60	SECURITY CAMERA SYSTEN	10/5/2015	F-10	100.00%	5,604	0	0	0	0	5,604	7.0	SL/GDS	FM	5,604	0	5,604
74	Aprotex fire and security syster	12/20/2022	F-10	100.00%	10,740	0	0	0	0	10,740	7.0	SL/GDS	FM	1,151	1,534	2,685
	Total: 7-yr Genl purp tools, mach, equip				93,461	0	0	0	0	93,461				80,744	1,534	82,278
7-yr Office furniture, fixtures and equipment																
6	FURNITURE	1/1/1988	F-11	100.00%	1,645	0	0	0	0	1,645	7.0	SL/GDS	FM	1,645	0	1,645
18	QUALITY DOCUMENTS	3/1/2006	F-11	100.00%	360	0	0	0	0	360	5.0	SL/GDS	FM	360	0	360
7	TABLES & CHAIRS	6/6/2006	F-11	100.00%	993	0	0	0	0	993	5.0	SL/GDS	FM	993	0	993
8	TABLES	7/27/2006	F-11	100.00%	269	0	0	0	0	269	5.0	SL/GDS	FM	269	0	269
9	4 EXECUTIVE CHAIRS	8/12/2006	F-11	100.00%	519	0	0	0	0	519	5.0	SL/GDS	FM	519	0	519
10	4 - 72" DESKS	8/18/2006	F-11	100.00%	2,154	0	0	0	0	2,154	5.0	SL/GDS	FM	2,154	0	2,154

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MEALS ON WHEELS OF ODESSA, INC. 75-1553306

Item No.	Description of Property "***" indicates DISPOSED	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	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2023 Deprec.	2023 Accum. Deprec.
11	RECEPTIONIST COUNTER	8/18/2006	F-11	100.00%	180	0	0	0	0	180	5.0	SL/GDS	FM	180	0	180
12	2-KNEESPACE CREDENZAS	8/18/2006	F-11	100.00%	761	0	0	0	0	761	5.0	SL/GDS	FM	760	0	760
13	2 DRWR LATERAL FILE	8/18/2006	F-11	100.00%	359	0	0	0	0	359	5.0	SL/GDS	FM	359	0	359
14	36" BOOKCASE	8/18/2006	F-11	100.00%	228	0	0	0	0	228	5.0	SL/GDS	FM	228	0	228
15	2-HIGHBACK ORGANIZERS	8/18/2006	F-11	100.00%	855	0	0	0	0	855	5.0	SL/GDS	FM	855	0	855
16	3-4 DRWR LATERAL FILES	8/18/2006	F-11	100.00%	1,634	0	0	0	0	1,634	5.0	SL/GDS	FM	1,634	0	1,634
17	ART	8/31/2006	F-11	100.00%	320	0	0	0	0	320	5.0	SL/GDS	FM	320	0	320
34	FURNITURE & FIXTURES	10/1/2006	F-11	100.00%	1,333	0	0	0	0	1,333	5.0	SL/GDS	FM	1,333	0	1,333
35	FURNITURE & FIXTURES	6/1/2007	F-11	100.00%	1,871	0	0	0	0	1,871	5.0	SL/GDS	FM	1,871	0	1,871
44	8ft coffee bar/cabinet	9/26/2008	F-11	100.00%	3,000	0	0	0	0	3,000	7.0	SL/GDS	FM	3,000	0	3,000
46	3.5k/8k Frigidaire Heat/Cool (2	10/23/2008	F-11	100.00%	850	0	0	0	0	850	7.0	SL/GDS	FM	847	0	847
71	Desk chair	8/13/2022	F-11	100.00%	796	0	0	0	0	796	7.0	SL/GDS	FM	123	114	237
79	Office furniture - Officewise	6/15/2023	F-11	100.00%	13,953	0	0	0	0	13,953	7.0	SL/GDS	FM	498	1,993	2,491
80	Office chairs - Wayfair	8/1/2023	F-11	100.00%	2,439	0	0	0	0	2,439	7.0	SL/GDS	FM	29	348	377
81	**Office furniture - Wayfair	8/9/2023	F-11	100.00%	2,350	0	0	0	0	2,350	7.0	SL/GDS	FM	28	28	56
82	Office furniture Wayfair	8/9/2023	F-11	100.00%	3,280	0	0	0	0	3,280	7.0	SL/GDS	FM	39	469	508
83	Office furniture Officewise	9/6/2023	F-11	100.00%	3,370	0	0	0	0	3,370	7.0	SL/GDS	FM	0	481	481
84	Volunteer/Client Canvases	10/10/2023	F-11	100.00%	326	0	0	0	0	326	7.0	SL/GDS	FM	0	43	43
85	USA Canvas and Prints (19)	10/24/2023	F-11	100.00%	2,867	0	0	0	0	2,867	7.0	SL/GDS	FM	0	375	375
	Total: 7-yr Office furn, fixtures, equip				46,712	0	0	0	0	46,712				18,044	3,851	21,895
Land																
5	LAND - NEW BLDG	12/31/2002	N-1	100.00%	15,000	0	0	0	0	15,000	0			0	0	0
	Total: Land				15,000	0	0	0	0	15,000				0	0	0
15-yr Land improvements																
39	LANDSCAPING	10/31/2006	R-2	100.00%	4,933	0	0	0	0	4,933	10.0	SL/GDS	FM	4,930	0	4,930
40	SPRINKLER SYSTEM	12/15/2006	R-2	100.00%	3,375	0	0	0	0	3,375	10.0	SL/GDS	FM	3,375	0	3,375
41	BLDG IMPR - DOORS	4/10/2007	R-2	100.00%	635	0	0	0	0	635	15.0	SL/GDS	FM	631	0	631
54	GARAGE DOOR	7/15/2015	R-2	100.00%	4,080	0	0	0	0	4,080	15.0	SL/GDS	FM	2,221	272	2,493
	Total: 15-yr Land improvements				13,023	0	0	0	0	13,023				11,157	272	11,429
Qualified leasehold improvement property																
58	CEILING IMPROVEMENTS	10/16/2014	R-7	100.00%	5,325	0	0	0	0	5,325	15.0	SL/GDS	FM	3,165	355	3,520
59	METAL FENCE & GATES	7/29/2015	R-7	100.00%	14,868	0	0	0	0	14,868	15.0	SL/GDS	FM	8,093	991	9,084
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	10,252	1,295	11,547
	Total: Qual LH improve prop				39,623	0	0	0	0	39,623				21,510	2,641	24,151
15-yr Qualified improvement property																
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	2,319	1,113	3,432
	Total: 15-yr Qual improvement prop				16,700	0	0	0	0	16,700				2,319	1,113	3,432
39-yr Nonresidential and commercial real estate																
4	NEW MOW BUILDING	9/1/2006	R-5	100.00%	778,352	0	0	0	0	778,352	39.0	SL/GDS	FM	338,471	19,957	358,428
	Total: 39-yr Nonresidential real estate				778,352	0	0	0	0	778,352				338,471	19,957	358,428
5-yr Light trucks, vans, and autos built on a truck chassis																
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
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	18,305	2,075	20,380

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MEALS ON WHEELS OF ODESSA, INC. 75-1553306

Item No.	Description of Property "**" indicates DISPOSED	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	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2023 Deprec.	2023 Accum. Deprec.
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	22,511	0	22,511
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	23,645	5,335	28,980
	Total: 5-yr Truck, van, auto on trk chassis				96,171	0	0	0	0	96,171				83,927	7,410	91,337
5-yr Other Vehicle (listed)																
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
	Total: 5-yr Other Vehicle (listed)				47,128	0	0	0	0	47,128				45,593	0	45,593
	SubTotals				1,174,264	0	0	0	0	1,174,264				619,838	39,952	659,790
	Less: Disposed Assets				(2,350)	(0)	(0)	(0)	(0)	(2,350)				(28)	(28)	(56)
	Ending Totals				1,171,914	0	0	0	0	1,171,914				619,810	39,924	659,734

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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	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2023 Current Deprec.	2023 Accum. Deprec.	2024 Next Year Deprec.
2	CHEVROLET TRUCK	4/12/2000	100.00%	19,466	5.0	SL/GDS	FM	19,466	0	19,466	0
4	NEW MOW BUILDING	9/1/2006	100.00%	778,352	39.0	SL/GDS	FM	338,471	19,957	358,428	19,957
5	LAND - NEW BLDG	12/31/2002	100.00%	15,000	0			0	0	0	0
6	FURNITURE	1/1/1988	100.00%	1,645	7.0	SL/GDS	FM	1,645	0	1,645	0
7	TABLES & CHAIRS	6/6/2006	100.00%	993	5.0	SL/GDS	FM	993	0	993	0
8	TABLES	7/27/2006	100.00%	269	5.0	SL/GDS	FM	269	0	269	0
9	4 EXECUTIVE CHAIRS	8/12/2006	100.00%	519	5.0	SL/GDS	FM	519	0	519	0
10	4 - 72" DESKS	8/18/2006	100.00%	2,154	5.0	SL/GDS	FM	2,154	0	2,154	0
11	RECEPTIONIST COUNTER	8/18/2006	100.00%	180	5.0	SL/GDS	FM	180	0	180	0
12	2-KNEESPACE CREDENZAS	8/18/2006	100.00%	761	5.0	SL/GDS	FM	760	0	760	0
13	2 DRWR LATERAL FILE	8/18/2006	100.00%	359	5.0	SL/GDS	FM	359	0	359	0
14	36" BOOKCASE	8/18/2006	100.00%	228	5.0	SL/GDS	FM	228	0	228	0
15	2-HIGHBACK ORGANIZERS	8/18/2006	100.00%	855	5.0	SL/GDS	FM	855	0	855	0
16	3-4 DRWR LATERAL FILES	8/18/2006	100.00%	1,634	5.0	SL/GDS	FM	1,634	0	1,634	0
17	ART	8/31/2006	100.00%	320	5.0	SL/GDS	FM	320	0	320	0
18	QUALITY DOCUMENTS	3/1/2006	100.00%	360	5.0	SL/GDS	FM	360	0	360	0
19	REFRIGERATOR	4/9/1997	100.00%	9,112	5.0	SL/GDS	FM	9,112	0	9,112	0
20	HEATER	2/5/1998	100.00%	2,649	7.0	SL/GDS	FM	2,649	0	2,649	0
21	AIR CONDITIONER	6/10/1998	100.00%	367	7.0	SL/GDS	FM	367	0	367	0
22	DRY BOX FOR VAN	12/24/1999	100.00%	4,385	5.0	SL/GDS	FM	4,385	0	4,385	0
24	KITCHEN EQUIPMENT	8/10/2004	100.00%	15,000	10.0	SL/GDS	FM	11,875	0	11,875	0
25	NORSTAR PHONE SYSTEM	5/31/2006	100.00%	5,281	5.0	SL/GDS	FM	5,280	0	5,280	0
26	FLOORMATE	7/21/2006	100.00%	135	5.0	SL/GDS	FM	135	0	135	0
32	SERVE TRACKER	8/26/2003	100.00%	2,650	3.0	SL/GDS	FM	2,650	0	2,650	0
34	FURNITURE & FIXTURES	10/1/2006	100.00%	1,333	5.0	SL/GDS	FM	1,333	0	1,333	0
35	FURNITURE & FIXTURES	6/1/2007	100.00%	1,871	5.0	SL/GDS	FM	1,871	0	1,871	0
36	PHONE EQUIPMENT	11/7/2006	100.00%	439	5.0	SL/GDS	FM	439	0	439	0
39	LANDSCAPING	10/31/2006	100.00%	4,933	10.0	SL/GDS	FM	4,930	0	4,930	0
40	SPRINKLER SYSTEM	12/15/2006	100.00%	3,375	10.0	SL/GDS	FM	3,375	0	3,375	0
41	BLDG IMPR - DOORS	4/10/2007	100.00%	635	15.0	SL/GDS	FM	631	0	631	0
42	WALK IN FREEZER	12/28/2007	100.00%	34,935	15.0	SL/GDS	FM	34,935	0	34,935	0
44	8ft coffee bar/cabinet	9/26/2008	100.00%	3,000	7.0	SL/GDS	FM	3,000	0	3,000	0
45	computer	2/17/2009	100.00%	818	5.0	SL/GDS	FM	818	0	818	0
46	3.5k/8k Frigidaire Heat/Cool (2	10/23/2008	100.00%	850	7.0	SL/GDS	FM	847	0	847	0
49	Commercial Ice Machine	5/24/2010	100.00%	1,775	7.0	SL/GDS	FM	1,775	0	1,775	0
50	Comm Ice 2 Door Refrgerator	6/24/2011	100.00%	2,704	7.0	SL/GDS	HY	2,702	0	2,702	0
51	2010 Dodge Grand Caravan	11/9/2011	100.00%	23,048	5.0	SL/GDS	FM	21,513	0	21,513	0
52	2013 Ford Transit	11/9/2012	100.00%	24,080	5.0	SL/GDS	FM	24,080	0	24,080	0
53	Fence	9/18/2012	100.00%	1,750	5.0	SL/GDS	FM	1,750	0	1,750	0
54	GARAGE DOOR	7/15/2015	100.00%	4,080	15.0	SL/GDS	FM	2,221	272	2,493	272
55	OFFICE COMPUTERS (2) OF	9/10/2014	100.00%	989	5.0	SL/GDS	FM	989	0	989	0
56	OFFICE COMPUTER (1) STAI	11/14/2014	100.00%	500	5.0	SL/GDS	FM	500	0	500	0
57	COMMERCIAL SINK	3/16/2015	100.00%	774	7.0	SL/GDS	FM	774	0	774	0
58	CEILING IMPROVEMENTS	10/16/2014	100.00%	5,325	15.0	SL/GDS	FM	3,165	355	3,520	355
59	METAL FENCE & GATES	7/29/2015	100.00%	14,868	15.0	SL/GDS	FM	8,093	991	9,084	991
60	SECURITY CAMERA SYSTEM	10/5/2015	100.00%	5,604	7.0	SL/GDS	FM	5,604	0	5,604	0
61	BLDG IMPR - CONCRETE WC	10/5/2015	100.00%	19,430	15.0	SL/GDS	FM	10,252	1,295	11,547	1,295
62	HP DESKTOP COMPUTER	12/7/2016	100.00%	670	5.0	SL/GDS	FM	670	0	670	0
63	2018 BIG TEX LARK TRAILER	2/21/2018	100.00%	4,412	5.0	200DB	HY	4,411	0	4,411	0
64	2017 Ford Transit Connect Vai	11/13/2017	100.00%	25,093	5.0	200DB	HY	18,305	2,075	20,380	2,075
65	2017 Ford Transit Van (#3)	2/21/2018	100.00%	22,512	5.0	200DB	HY	22,511	0	22,511	0

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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	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2023 Current Deprec.	2023 Accum. Deprec.	2024 Next Year Deprec.
66	2019 Ford Transit Connect Vai	8/31/2019	100.00%	29,100	5.0	SL/GDS	FM	23,645	5,335	28,980	120
67	Intel special desktop for E.D.	12/20/2019	100.00%	905	5.0	SL/GDS	FM	679	181	860	45
68	Copier/printer	10/6/2020	100.00%	5,975	5.0	SL/GDS	FM	3,485	1,195	4,680	1,195
69	Parking lot paying improvemer	8/10/2021	100.00%	16,700	15.0	SL/GDS	FM	2,319	1,113	3,432	1,113
70	Dell computers (2)	8/13/2022	100.00%	1,714	5.0	SL/GDS	FM	372	343	715	343
71	Desk chair	8/13/2022	100.00%	796	7.0	SL/GDS	FM	123	114	237	114
72	Apple device	9/9/2022	100.00%	1,499	5.0	SL/GDS	FM	300	300	600	300
73	Dell computer equipment	9/29/2022	100.00%	4,198	5.0	SL/GDS	FM	840	840	1,680	840
74	Aprotex fire and security syste	12/20/2022	100.00%	10,740	7.0	SL/GDS	FM	1,151	1,534	2,685	1,534
75	Dell Inspiron desktop 3910	2/9/2023	100.00%	450	5.0	SL/GDS	FM	52	90	142	90
76	Dell 24 in monitors (2)	2/10/2023	100.00%	320	5.0	SL/GDS	FM	37	64	101	64
77	Dell 24 in monitors (2)	3/31/2023	100.00%	320	5.0	SL/GDS	FM	32	64	96	64
78	Dell Inspiron desktop 3910	3/31/2023	100.00%	485	5.0	SL/GDS	FM	49	97	146	97
79	Office furniture - Officewise	6/15/2023	100.00%	13,953	7.0	SL/GDS	FM	498	1,993	2,491	1,993
80	Office chairs - Wayfair	8/1/2023	100.00%	2,439	7.0	SL/GDS	FM	29	348	377	348
81	**Office furniture - Wayfair	8/9/2023	100.00%	2,350	7.0	SL/GDS	FM	28	28	56	0
82	Office furniture Wayfair	8/9/2023	100.00%	3,280	7.0	SL/GDS	FM	39	469	508	469
83	Office furniture Officewise	9/6/2023	100.00%	3,370	7.0	SL/GDS	FM	0	481	481	481
84	Volunteer/Client Canvases	10/10/2023	100.00%	326	7.0	SL/GDS	FM	0	43	43	47
85	USA Canvas and Prints (19)	10/24/2023	100.00%	2,867	7.0	SL/GDS	FM	0	375	375	410
	SubTotals			1,174,264				619,838	39,952	659,790	
	Less: Disposed Assets			(2,350)				(28)	(28)	(56)	
	Ending Totals			1,171,914				619,810	39,924	659,734	34,612