

**THE MORRISON FIRM, LLC**  
**6115 New Copeland Rd #640**  
**Tyler, TX 75703**  
**903-251-5100**

May 28, 2021

**CONFIDENTIAL**

MEALS ON WHEELS MINISTRY, INC.  
3001 ROBERTSON ROAD  
TYLER, TX 75701

Dear TRUDY WILLIAMS:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your Form 990 for the year ended 9/30/20 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

THE MORRISON FIRM, LLC  
6115 New Copeland Rd #640  
Tyler, TX 75703

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.**

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

THE MORRISON FIRM, LLC

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2019, or fiscal year beginning 10/01, 2019, and ending 9/30, 2020

**u Do not send to the IRS. Keep for your records.  
u Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**MEALS ON WHEELS MINISTRY, INC.**

Employer identification number

**23-7313019**

Name and title of officer

**TRUDY WILLIAMS  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>4,524,724</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **THE MORRISON FIRM, LLC** to enter my PIN **32515** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **05/28/21**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**80418813019**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **JOHN MORRISON**

Date } **05/28/21**

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**For Paperwork Reduction Act Notice, see back of form.**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

**A For the 2019 calendar year, or tax year beginning 10/01/19, and ending 09/30/20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>MEALS ON WHEELS MINISTRY, INC.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3001 ROBERTSON ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>TYLER TX 75701</b>		<b>D</b> Employer identification number <b>23-7313019</b>
	<b>E</b> Telephone number <b>903-593-7385</b>		<b>G</b> Gross receipts\$ <b>4,524,724</b>
	<b>F</b> Name and address of principal officer: <b>TRUDY WILLIAMS</b> <b>3001 ROBERTSON RD</b> <b>TYLER TX 75701</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>u</b>
<b>J</b> Website: <b>u</b> <b>MEALSONWHEELSETX.ORG</b>		<b>L</b> Year of formation: <b>1973</b> <b>M</b> State of legal domicile: <b>TX</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>DELIVERS NUTRITIOUS MEALS, SAFETY CHECKS AND OTHER SERVICES THAT ENABLE SENIORS AND DISABLED CITIZENS TO REMAIN IN THEIR OWN HOMES.</b>				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>		
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>87</b>		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>		
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0</b>		
	<b>Revenue</b>			Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>4,914,809</b>	<b>4,242,540</b>	
<b>9</b> Program service revenue (Part VIII, line 2g)		<b>49,836</b>	<b>27,496</b>		
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>36,031</b>	<b>-4,431</b>		
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			<b>259,119</b>		
<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>5,000,676</b>	<b>4,524,724</b>		
<b>Expenses</b>		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>	
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>	
		<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>1,455,222</b>	<b>1,443,458</b>	
		<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>	
		<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>178,767</b>			
		<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>2,911,728</b>	<b>2,860,428</b>	
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>4,366,950</b>	<b>4,303,886</b>		
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>633,726</b>	<b>220,838</b>		
<b>Net Assets or Fund Balances</b>			Beginning of Current Year	End of Year	
	<b>20</b> Total assets (Part X, line 16)	<b>5,180,131</b>	<b>5,316,350</b>		
	<b>21</b> Total liabilities (Part X, line 26)	<b>223,572</b>	<b>280,305</b>		
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,956,559</b>	<b>5,036,045</b>			

**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.

<b>Sign Here</b>	Signature of officer <b>TRUDY WILLIAMS</b> Type or print name and title	Date <b>EXECUTIVE DIRECTOR</b>	
	Print/Type preparer's name <b>JOHN MORRISON</b>	Preparer's signature <b>JOHN MORRISON</b>	Date <b>05/28/21</b>
<b>Paid Preparer Use Only</b>	Firm's name } <b>THE MORRISON FIRM, LLC</b>	Firm's EIN } <b>82-5075913</b>	
	Firm's address } <b>6115 NEW COPELAND RD #640 TYLER, TX 75703</b>	Phone no. <b>903-251-5100</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

DELIVERS NUTRITIOUS MEALS, SAFETY CHECKS AND OTHER SERVICES THAT ENABLE SENIORS AND DISABLED CITIZENS TO REMAIN IN THEIR OWN HOMES.

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 \$ 3,667,946 including grants of \$ ) (Revenue \$ 27,496 )

MEALS ON WHEELS MINISTRY SERVES OVER 2,700 MEALS DAILY TO HOMEBOUND SENIORS AND DISABLED INDIVIDUALS LIVING IN 6 COUNTIES ACROSS EAST TEXAS INCLUDING GREGG, HENDERSON, SMITH, VAN ZANDT, UPSHUR AND WOOD.

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses u 3,667,946

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	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 <b>2a</b> <b>87</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	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 instructions and file Form 4720, Schedule N.		<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<b>X</b>

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 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 **u**

**TRUDY WILLIAMS**  
**TYLER**

**3001 ROBERTSON RD**

**TX 75701**

**903-593-7385**

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) TRUDY WILLIAMS EXECUTIVE DIRECTOR	40.00 0.00			X			68,854	0	0	
(2) STAN ANDERSON TREASURER	0.25 0.00	X		X			0	0	0	
(3) JEFFERY CHEAVENS MEMBER	0.25 0.00	X					0	0	0	
(4) KENNETH DEAN MEMBER	0.25 0.00	X					0	0	0	
(5) JOE DENSON MEMBER	0.25 0.00	X					0	0	0	
(6) JOHN GENUNG MEMBER	0.25 0.00	X					0	0	0	
(7) CHRIS GREEN BOARD CHAIRMAN	0.25 0.00	X		X			0	0	0	
(8) TARA HAYS MEMBER	0.25 0.00	X					0	0	0	
(9) CHRIS STEWART MEMBER	0.25 0.00	X					0	0	0	
(10) BETTY TURMAN MEMBER	0.25 0.00	X					0	0	0	
(11) LONNY UZZELL MEMBER	0.25 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(12) <b>BRECK WATSON</b>	0.25									
MEMBER	0.00	X						0	0	
(13) <b>CARL WATSON</b>	0.25									
CHAIR-ELECT	0.00	X						0	0	
<b>1b Subtotal</b>							<b>u</b>	<b>68,854</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b>							<b>u</b>	<b>68,854</b>		

**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 **u 0**

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

**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

**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 **u 0**

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	38,619			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	3,320,395			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	883,526			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	4,242,540			
<b>Program Service Revenue</b>	<b>2a</b> OTHER MEAL SERVICE CONTRACTS	Business Code	20,942	20,942		
	<b>b</b> PROGRAM INCOME		6,554	6,554		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	27,496			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	-4,431	-4,431		
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)	<b>u</b>				
	<b>8a</b> Gross income from fundraising events (not including \$ 38,619 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>				
		<b>b</b> Less: direct expenses	<b>8b</b>			
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
<b>Miscellaneous Revenue</b>	<b>11a</b> PPP GRANT	Business Code	259,119	259,119		
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>	259,119			
<b>12 Total revenue.</b> See instructions	<b>u</b>	4,524,724	282,184	0	0	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>51,640</b>		<b>44,755</b>	<b>6,885</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>1,146,772</b>	<b>917,417</b>	<b>172,016</b>	<b>57,339</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>245,046</b>	<b>183,785</b>	<b>49,009</b>	<b>12,252</b>
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>90,411</b>	<b>18,082</b>	<b>67,808</b>	<b>4,521</b>
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>14,624</b>	<b>2,925</b>	<b>2,925</b>	<b>8,774</b>
<b>13</b> Office expenses	<b>39,400</b>	<b>4,621</b>	<b>21,597</b>	<b>13,182</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>114,948</b>	<b>91,456</b>	<b>22,373</b>	<b>1,119</b>
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	<b>21</b>	<b>10</b>	<b>11</b>	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>200,158</b>	<b>200,158</b>		
<b>23</b> Insurance	<b>102,799</b>	<b>96,631</b>	<b>6,168</b>	
<b>24</b> 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.)				
<b>a</b> <b>VALLEY FOOD SERVICES</b>	<b>1,917,217</b>	<b>1,917,217</b>		
<b>b</b> <b>VEHICLE EXPENSES</b>	<b>135,242</b>	<b>135,242</b>		
<b>c</b> <b>UTILITIES</b>	<b>82,744</b>	<b>20,686</b>	<b>41,372</b>	<b>20,686</b>
<b>d</b> <b>BAD DEBT EXPENSE</b>	<b>62,452</b>	<b>62,452</b>		
<b>e</b> All other expenses	<b>100,412</b>	<b>17,264</b>	<b>29,139</b>	<b>54,009</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>4,303,886</b>	<b>3,667,946</b>	<b>457,173</b>	<b>178,767</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	1,162,278	1	598,830
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	541,418	3	750,429
	4 Accounts receivable, net		4	
	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		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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,606,843		
	b Less: accumulated depreciation	10b 2,639,469	2,144,697	10c 1,967,374
	11 Investments—publicly traded securities	1,038,382	11	1,037,505
	12 Investments—other securities. See Part IV, line 11	293,356	12	962,212
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		5,180,131	16	5,316,350
<b>Liabilities</b>	17 Accounts payable and accrued expenses	198,196	17	150,743
	18 Grants payable		18	
	19 Deferred revenue	25,176	19	115,235
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	200	25	14,327
	26 <b>Total liabilities.</b> Add lines 17 through 25	223,572	26	280,305
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>		
27 Net assets without donor restrictions		3,665,529	27	3,806,133
28 Net assets with donor restrictions		1,291,030	28	1,229,912
<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		4,956,559	32	5,036,045
33 Total liabilities and net assets/fund balances	5,180,131	33	5,316,350	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>4,524,724</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>4,303,886</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>220,838</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>4,956,559</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	<b>-141,352</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>5,036,045</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>X</b>	
<b>3b</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	<b>X</b>	

**SCHEDULE A**  
(Form 990 or 990-EZ)

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.

**u Attach to Form 990 or Form 990-EZ.**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization <b>MEALS ON WHEELS MINISTRY, INC.</b>	Employer identification number <b>23-7313019</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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 in 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
  - g Provide the following information about the supported organization(s).

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

**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) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,717,720	4,198,236	4,064,501	4,914,809	4,242,540	21,137,806
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	3,717,720	4,198,236	4,064,501	4,914,809	4,242,540	21,137,806
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						21,137,806

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	3,717,720	4,198,236	4,064,501	4,914,809	4,242,540	21,137,806
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	199,085	141,723	141,103	49,052	-4,431	526,532
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						21,664,338
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	282,184
<b>13 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	97.57 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	15	97.73 %
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

- |   | Yes | No |
|---|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| b A family member of a person described in (a) above?   |     |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   |     |    |

**Section B. Type I Supporting Organizations**

- |   | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

- |  | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. All Type III Supporting Organizations**

- |  | Yes | No |
|--|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.   |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a  The organization satisfied the Activities Test. Complete line 2 below.
- b  The organization is the parent of each of its supported organizations. Complete line 3 below.
- c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

## 2 Activities Test. Answer (a) and (b) below.

- |   | Yes | No |
|---|-----|----|
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |     |    |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |     |    |
| 3 Parent of Supported Organizations. Answer (a) and (b) below.  |     |    |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  |     |    |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 .....			
b From 2015 .....			
c From 2016 .....			
d From 2017 .....			
e From 2018 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 .....			
b Excess from 2016 .....			
c Excess from 2017 .....			
d Excess from 2018 .....			
e Excess from 2019 .....			



Schedule of Contributors

2019

u Attach to Form 990, Form 990-EZ, or Form 990-PF.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**MEALS ON WHEELS MINISTRY, INC.**

**23-7313019**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

Employer identification number

MEALS ON WHEELS MINISTRY, INC.

23-7313019

**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	BOB HERD FOUNDATION PO BOX 9340 TYLER TX 75711	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MOODY FOUNDATION 2302 POST OFFICE ST #704 GALVESTON TX 77550	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SMITH COUNTY TREASURY DEPARTMENT 200 E. FERFUSON STE 402 TYLER TX 75702	\$ 43,512	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SWEP/CO/AEP FOUNDATION 539 N. CARANAHUA, 17TH FLOOR CORPUS CHRISTI TX 78478	\$ 42,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE ROGERS FOUNDATION 2335 OAK VALLEY TYLER TX 75703	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE WOMEN'S FUND OF SMITH COUNTY 909 ESE LOOP 323 SUITE 215 TYLER TX 75701	\$ 36,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

MEALS ON WHEELS MINISTRY, INC.

23-7313019

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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., 1b 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

**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     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,060,431	992,772	970,564	749,612	749,612
b Contributions					
c Net investment earnings, gains, and losses	-4,431	71,095	32,742	230,417	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	13,051	3,436	10,534	9,465	
g End of year balance	1,042,949	1,060,431	992,772	970,564	749,612

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u** %
  - b Permanent endowment **u** %
  - c Term endowment **u** %
- 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 |     | X  |
| (ii) Related organizations  |     | X  |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		176,675		176,675
b Buildings		2,518,380	1,056,132	1,462,248
c Leasehold improvements		193,741	193,741	
d Equipment		1,718,047	1,389,596	328,451
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>u 1,967,374</b>

**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		
(2) Closely held equity interests		
(3) Other <b>MERRILL LYNCH OPERATING RESERV</b>	<b>960,713</b>	<b>MARKET</b>
(A) <b>SSB BANCSHARES</b>	<b>1,499</b>	<b>MARKET</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>962,212</b>	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>OTHER CURRENT LIABILITIES</b>	<b>14,327</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>14,327</b>

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>4,524,724</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>4,524,724</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>4,524,724</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>4,303,886</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>4,303,886</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>4,303,886</b>

**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 XIII - SUPPLEMENTAL FINANCIAL INFORMATION**

**FEDERAL INCOME TAX:**

**THE MINISTRY IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. ALTHOUGH EXEMPT FROM FEDERAL INCOME TAXES, THE MINISTRY IS A SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR A PERIOD OF THREE YEARS AFTER THE DUE DATE OF THE MINISTRY'S FEDERAL INFORMATION RETURN.**

**Part XIII Supplemental Information** *(continued)*

CLIENT COPY

**SCHEDULE G  
(Form 990 or 990-EZ)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**MEALS ON WHEELS MINISTRY, INC.**

Employer identification number

**23-7313019**

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

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

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

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

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

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

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

.....

.....

.....

.....

.....

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

		(a) Event #1 <b>EAST TEXAS DAY</b> <small>(event type)</small>	(b) Event #2  <small>(event type)</small>	(c) Other events <b>NONE</b> <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	38,619			38,619
	2 Less: Contributions	38,619			38,619
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

**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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

b If "Yes," explain:  
 \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**MEALS ON WHEELS MINISTRY, INC.**

Employer identification number

**23-7313019**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE WHO RECOMMENDS ACCEPTANCE BY  
THE FULL BOARD

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

CEO COMPENSATION IS SET BY A COMMITTEE SELECTED BY THE BOARD

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION OF OFFICERS AND STAFF OTHER THAN THE CEO IS SET BY THE CEO  
SUBJECT TO THE BUDGET WHICH IS ADOPTED BY THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ANNUAL AUDIT REPORT MADE AVAILABLE TO THE PUBLIC

**Depreciation and Amortization**  
**(Including Information on Listed Property)**  
u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

**MEALS ON WHEELS MINISTRY, INC.**

Identifying number

**23-7313019**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**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	<b>1,020,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,550,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
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	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 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	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

**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	<b>200,158</b>

**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 2019	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2019 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
19a 3-year property						
b 5-year property						
c 7-year property						
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 2019 Tax Year Using the Alternative Depreciation System**

20a 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	
22	<b>Total.</b> 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	<b>200,158</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>										
1	Kindful Software	11/30/17	3,600			3,600	3	MO S/L	2,200	1,200
2	Serve tracker	9/04/18	8,156			8,156	3	MO S/L	2,945	2,719
3	Network for Good	9/04/18	4,800			4,800	3	MO S/L	1,733	1,600
4	03 Toyota Tundra #4486	10/01/03	15,972			15,972	5	MO S/L	15,972	0
5	2007 GMC 3/4 Van	10/01/07	20,500			20,500	5	MO S/L	20,500	0
6	Hall Vin 1999	10/01/07	21,530			21,530	5	MO S/L	21,530	0
7	2002 Chevy Blazer #85	10/01/09	4,999			4,999	5	MO S/L	4,999	0
8	2009 GMC Savana Van #86	10/01/09	20,431			20,431	5	MO S/L	20,431	0
9	2009 GMC Savana Van #87	10/01/09	20,431			20,431	5	MO S/L	20,431	0
10	2009 GMC Savana Van #88	10/01/09	20,431			20,431	5	MO S/L	20,431	0
11	2009 GMC Savana Van #89	10/01/09	20,431			20,431	5	MO S/L	20,431	0
12	2009 Pontiac Vibe #77	10/01/09	16,667			16,667	5	MO S/L	16,667	0
13	2009 Pontiac Vibe #82	10/01/09	16,667			16,667	5	MO S/L	16,667	0
14	2011 Jeep Patriot	10/01/10	17,811			17,811	5	MO S/L	17,811	0
15	2013 Chevrolet Sonic #102	4/01/13	16,174			16,174	5	MO S/L	16,174	0
16	2013 Chevrolet Sonic #103	4/01/13	16,174			16,174	5	MO S/L	16,174	0
17	2013 Chevrolet Sonic	4/01/13	16,174			16,174	5	MO S/L	16,174	0
18	2013 GMC Savana Van #105	4/01/13	21,595			21,595	5	MO S/L	21,595	0
19	2013 Chevrolet Sonic #107	5/01/13	16,174			16,174	5	MO S/L	16,174	0
20	2013 Ford Transit 454	4/01/14	24,051			24,051	5	MO S/L	24,051	0
21	2013 Ford Transit 4206	4/01/14	19,047			19,047	5	MO S/L	19,047	0
22	2014 Chevy Sonic 5666	4/01/14	16,752			16,752	5	MO S/L	16,752	0
23	2014 Chevy Sonic 0304	4/01/14	16,752			16,752	5	MO S/L	16,752	0
24	2014 Chevy Sonic 0685	4/01/14	16,752			16,752	5	MO S/L	16,752	0
25	2014 Ford 1/2 Van Donation	4/01/14	3,712			3,712	5	MO S/L	3,712	0
26	2015 GMC Van 2192	4/01/14	25,600			25,600	5	MO S/L	25,600	0
27	2015 Kia Soul 7293	12/01/14	18,050			18,050	5	MO S/L	17,448	602
28	2015 Kia Soul 7183	12/01/14	18,050			18,050	5	MO S/L	17,448	602
29	2015 Kia Soul 8575	12/01/14	18,050			18,050	5	MO S/L	17,448	602
30	2015 Kia Soul 8684	12/01/14	18,050			18,050	5	MO S/L	17,448	602
31	8 Ft Enclosed Cargo Trailer	6/01/15	1,843			1,843	5	MO S/L	1,597	246
32	2016 Kia Soul #120 5851	12/01/15	17,900			17,900	5	MO S/L	13,723	3,580
33	2017 Kia Soul #121 5850	12/01/15	17,900			17,900	5	MO S/L	13,723	3,580
34	2018 Kia Soul #122 4700	3/01/16	18,500			18,500	5	MO S/L	11,408	3,700
35	2019 Kia Soul #123 9382	3/01/16	18,500			18,500	5	MO S/L	11,408	3,700
36	GMC Cargo Van #124 6048	7/01/16	26,436			26,436	5	MO S/L	14,540	5,288
37	Kia	11/15/16	18,500			18,500	5	MO S/L	10,483	3,700
38	Kia	11/16/16	18,500			18,500	5	MO S/L	10,483	3,700
39	Kia	11/16/16	18,500			18,500	5	MO S/L	10,483	3,700
40	Kia	11/16/16	18,500			18,500	5	MO S/L	10,483	3,700
41	Buick	4/25/17	19,856			19,856	5	MO S/L	9,597	3,972
42	4 Kia	7/25/17	74,000			74,000	5	MO S/L	32,067	14,800
43	5 Kia Souls	5/02/18	86,500			86,500	5	MO S/L	24,508	17,300
44	2019 GMC #140	12/14/18	25,370			25,370	5	MO S/L	4,228	5,074
45	2020 GMC #140	12/14/18	24,839			24,839	5	MO S/L	4,140	4,968
46	2021 GMC #140	12/14/18	24,727			24,727	5	MO S/L	4,121	4,946
47	2017 Jeep #143	7/15/19	16,049			16,049	5	MO S/L	802	3,210
48	2014 Prius - VIN 6862	11/01/19	13,891			13,891	5	MO S/L	0	2,547
49	2017 Prius - VIN 8134	11/07/19	18,896			18,896	5	MO S/L	0	3,464
50	Ford Van - Used	4/02/20	1,250			1,250	5	MO S/L	0	125
51	Chevy Van - Used	4/02/20	8,900			8,900	5	MO S/L	0	890
52	2017 Prius - VIN 8020	7/29/20	19,500			19,500	5	MO S/L	0	650
53	2017 Prius - VIN 8020	7/29/20	19,500			19,500	5	MO S/L	0	650
54	Kitchen & Administrative	7/01/04	2,399,898			2,399,898	39	MO S/L	917,907	61,536
55	Cooler & Dry Storage Fenc	8/01/04	5,484			5,484	20	MO S/L	5,484	0
56	Outside Building Sign	8/01/04	1,562			1,562	20	MO S/L	1,562	0
57	Improvements & Signage	10/01/05	51,268			51,268	20	MO S/L	38,451	2,563
58	Volunteer Entry Doorway	1/01/11	6,800			6,800	15	MO S/L	3,515	453
59	A/C	6/01/11	5,000			5,000	15	MO S/L	2,779	333
60	Roger Room Remodel	8/01/11	7,700			7,700	15	MO S/L	4,193	513
61	Volunteer Entry Remodel	10/01/11	3,192			3,192	15	MO S/L	1,703	212
62	Gates & Parking	10/01/14	19,465			19,465	15	MO S/L	7,786	1,298
63	Flooring	2/01/15	12,050			12,050	15	MO S/L	3,750	803
64	Donated AC Unit	9/01/17	5,961			5,961	15	MO S/L	894	397
65	Equipment	10/01/85	28,537			28,537	15	MO S/L	28,537	0
66	Floor Buffer	10/01/88	847			847	15	MO S/L	847	0
67	3 Compartment Sink	10/01/89	681			681	15	MO S/L	681	0
68	12 Pan Carriers	10/01/89	1,602			1,602	15	MO S/L	1,602	0
69	Freezer	10/01/89	3,800			3,800	15	MO S/L	3,800	0
70	Used Steam Table	10/01/90	275			275	15	MO S/L	275	0

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
71	Cutter Mixers - Robot mixer	10/01/90	6,172				6,172	15	MO S/L	6,172	0
72	5 - Carts	10/01/93	722				722	15	MO S/L	722	0
73	Steam Table - Local	10/01/95	956				956	15	MO S/L	956	0
74	Dishwasher/Dryer TIII	10/01/95	549				549	15	MO S/L	549	0
75	Client Tracking System	10/01/95	2,488				2,488	15	MO S/L	2,488	0
76	Furniture - Manda's Office	1/01/01	3,250				3,250	15	MO S/L	3,250	0
77	Kitchen Equipment - Local	10/01/96	9,862				9,862	15	MO S/L	9,862	0
78	Donated Kitchen - Equipment	10/01/96	10,126				10,126	15	MO S/L	10,126	0
79	Aims Data Mgt Equipment	10/01/96	34,657				34,657	15	MO S/L	34,657	0
80	Ice Machine	10/01/00	3,158				3,158	15	MO S/L	3,158	0
81	Nortel Telephone	10/01/01	4,850				4,850	15	MO S/L	4,850	0
82	Model 240D12 Steamers	10/01/02	10,894				10,894	15	MO S/L	10,894	0
83	HP D135 Fax Scanner	10/01/02	527				527	15	MO S/L	527	0
84	HP 1.3 GHZ PC	10/01/02	600				600	15	MO S/L	600	0
85	Fund Raising S/W	10/01/02	4,170				4,170	15	MO S/L	4,170	0
86	Risograph	10/01/02	3,500				3,500	15	MO S/L	3,500	0
87	Convection Oven	4/01/03	17,355				17,355	15	MO S/L	17,355	0
88	Kitchen Equipment - New B	8/01/03	74,901				74,901	15	MO S/L	74,901	0
89	Floor Machine Scrubber/VA	10/01/03	4,454				4,454	15	MO S/L	4,454	0
90	Mobile Reach In	10/01/03	2,300				2,300	15	MO S/L	2,300	0
91	Can Opener - Tyler	10/01/03	810				810	15	MO S/L	810	0
92	Voice Mail System	10/01/03	3,020				3,020	15	MO S/L	3,020	0
93	Trailer	10/01/03	950				950	15	MO S/L	950	0
94	Cooler & Freezer	7/01/04	8,500				8,500	20	MO S/L	6,469	425
95	Vent Hood - Kirby	7/01/04	42,995				42,995	20	MO S/L	32,725	2,149
96	Shelving	7/01/04	67,659				67,659	20	MO S/L	51,496	3,383
97	Kitchen Equipment	7/01/04	55,001				55,001	20	MO S/L	41,862	2,750
98	Kitchen Equipment	7/01/04	76,050				76,050	20	MO S/L	57,883	3,803
99	Brick Oven	8/04/04	1,989				1,989	15	MO S/L	1,989	0
100	Back Door Ramp	10/01/04	1,076				1,076	15	MO S/L	1,076	0
101	Forklift	10/01/04	8,950				8,950	15	MO S/L	8,950	0
102	Ice Bin	10/01/04	550				550	15	MO S/L	550	0
103	Refrigerator	10/01/04	1,417				1,417	15	MO S/L	1,417	0
104	Donated Office Furniture	10/01/04	10,000				10,000	15	MO S/L	10,000	0
105	Office Furniture - Melanie	10/01/04	1,305				1,305	15	MO S/L	1,305	0
106	Telephone Install	10/01/04	6,152				6,152	15	MO S/L	6,152	0
107	Furnace - Longview	10/01/05	1,450				1,450	15	MO S/L	1,450	0
108	QuickBooks S/W	10/01/05	1,643				1,643	15	MO S/L	1,643	0
109	Mobile Heater - Tyler	10/01/05	1,775				1,775	15	MO S/L	1,775	0
110	Mobile Carts - Tyler	10/01/05	816				816	15	MO S/L	816	0
111	Cooler/Freezer Alarm	10/01/05	690				690	15	MO S/L	690	0
112	Assembly Tray Equipment	10/01/05	3,400				3,400	15	MO S/L	3,400	0
113	Emails S/W	10/01/06	572				572	15	MO S/L	572	0
114	Time Clock S/W	10/01/06	616				616	15	MO S/L	616	0
115	Charity S/W	10/01/06	2,566				2,566	15	MO S/L	2,566	0
116	Heater Proof Oven Unit	10/01/06	700				700	15	MO S/L	700	0
117	Camper Top Pickup	10/01/06	1,115				1,115	15	MO S/L	1,115	0
118	Plantronics	10/01/07	325				325	15	MO S/L	325	0
119	Software	10/01/07	8,588				8,588	15	MO S/L	8,588	0
120	Web Page Design	10/01/07	5,949				5,949	15	MO S/L	5,949	0
121	Office Computer	10/01/07	943				943	15	MO S/L	943	0
122	20' Cargo	10/01/07	3,000				3,000	15	MO S/L	3,000	0
123	4 Computer	10/01/07	1,100				1,100	15	MO S/L	1,100	0
124	Laptop	10/01/07	500				500	15	MO S/L	500	0
125	Laptop for C	10/01/07	300				300	15	MO S/L	300	0
126	2 File Cabinets	10/01/07	220				220	15	MO S/L	220	0
127	Digital Cameras	10/01/07	300				300	15	MO S/L	300	0
128	40' Storage Container	1/01/08	2,800				2,800	15	MO S/L	2,800	0
129	Refrigerator	6/01/08	3,147				3,147	15	MO S/L	3,147	0
130	Refrigerator	9/01/09	4,336				4,336	15	MO S/L	4,336	0
131	Buildup Food Mixer	9/01/09	14,530				14,530	15	MO S/L	14,530	0
132	Tractor #1 Axle Car Carrier	10/01/09	2,000				2,000	15	MO S/L	2,000	0
133	Air Conditioner	4/01/10	4,486				4,486	15	MO S/L	3,140	299
134	Office Computer System	10/01/10	9,999				9,999	15	MO S/L	9,999	0
135	Forklift Battery	10/01/10	4,450				4,450	15	MO S/L	4,450	0
136	Laptop	10/01/11	1,299				1,299	15	MO S/L	1,299	0
137	Software	10/01/11	7,295				7,295	15	MO S/L	7,295	0
138	Air Conditioner	5/01/12	10,081				10,081	15	MO S/L	4,984	672
139	Equipment	10/01/12	1,998				1,998	15	MO S/L	1,998	0
140	Tankless Water Heater	10/01/14	9,825				9,825	10	MO S/L	5,896	983
141	Mixing Bowl Dolly	1/01/15	1,315				1,315	15	MO S/L	1,249	66
142	Software	6/01/15	5,000				5,000	15	MO S/L	5,000	0

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
143	Time Clock	2/01/16	3,850				3,850	5 MO S/L	2,438	770
144	Dell OptiPlex 780 Computer	5/01/16	850				850	15 MO S/L	827	23
145	Ice Machine	5/01/16	6,174				6,174	5 MO S/L	3,602	1,234
146	Server Remote Desktop	7/01/16	3,260				3,260	5 MO S/L	2,988	272
147	Computers	3/01/17	8,495				8,495	5 MO S/L	4,389	1,699
148	Time Clock	8/29/17	777				777	5 MO S/L	324	155
149	Donation Software	11/25/16	5,745				5,745	5 MO S/L	3,256	1,149
150	3 HP ProBook's 5 Dell Optics	9/20/18	6,230				6,230	5 MO S/L	1,246	1,246
151	Furniture - Kari	10/04/18	1,706				1,706	5 MO S/L	341	341
152	Dell PowerEdge Server	10/17/18	1,299				1,299	3 MO S/L	397	433
153	18 inch Freezer	10/16/19	550				550	5 MO S/L	0	101
154	Top Load Washer	10/16/19	385				385	5 MO S/L	0	71
155	29 inch Electric Dryer	10/16/19	385				385	5 MO S/L	0	71
156	Laptop	10/31/19	2,599				2,599	5 MO S/L	0	476
157	Office Furniture - Ables Land	12/06/18	9,299				9,299	5 MO S/L	1,550	1,860
158	Dell OptiPlex	8/01/19	4,934				4,934	3 MO S/L	274	1,645
159	Zero-turn Mower	9/05/19	2,783				2,783	5 MO S/L	46	557
160	Land	1/01/03	176,675				176,675	0 -- Land	0	0
161	Leasehold Improvements	10/01/85	97,310				97,310	15 MO S/L	97,310	0
162	Siding Steel Door	10/01/88	654				654	15 MO S/L	654	0
163	Pittsburg Renovation	10/01/88	602				602	15 MO S/L	602	0
164	Sinks	10/01/88	532				532	15 MO S/L	532	0
165	Dampers/Thermostats	10/01/88	935				935	15 MO S/L	935	0
166	Remodel	10/01/88	1,100				1,100	15 MO S/L	1,100	0
167	Renovate Tyler Office	10/01/89	4,369				4,369	15 MO S/L	4,369	0
168	Shelving	10/01/89	633				633	15 MO S/L	633	0
169	Shelving	10/01/89	896				896	15 MO S/L	896	0
170	Improvement to Troup BLD	10/01/92	5,000				5,000	15 MO S/L	5,000	0
171	Bullard Improvements	10/01/92	1,000				1,000	15 MO S/L	1,000	0
172	Lindale Improvements	10/01/93	5,600				5,600	15 MO S/L	5,600	0
173	Tyler Expansion	10/01/94	49,965				49,965	15 MO S/L	49,965	0
174	Tyler Expansion - Local	10/01/95	854				854	15 MO S/L	854	0
175	Air Conditioner - Mineola	10/01/97	1,127				1,127	15 MO S/L	1,127	0
176	Building Improvements - E	10/01/97	6,720				6,720	15 MO S/L	6,720	0
177	Building Improvements - F	10/01/97	6,903				6,903	15 MO S/L	6,903	0
178	Building Improvements - F	10/01/97	1,051				1,051	15 MO S/L	1,051	0
179	Building Improvements - W	10/01/97	855				855	15 MO S/L	855	0
180	Building Improvements	10/01/97	1,635				1,635	15 MO S/L	1,635	0
181	Building Improvements - N	10/01/01	6,000				6,000	15 MO S/L	6,000	0
<b>Total Other Depreciation</b>			<u>4,606,843</u>				<u>4,606,843</u>		<u>2,439,312</u>	<u>200,158</u>
<b>Total ACRS and Other Depreciation</b>			<u>4,606,843</u>				<u>4,606,843</u>		<u>2,439,312</u>	<u>200,158</u>
<b>Grand Totals</b>			4,606,843				4,606,843		2,439,312	200,158
<b>Less: Dispositions and Transfers</b>			0				0		0	0
<b>Less: Start-up/Org Expense</b>			0				0		0	0
<b>Net Grand Totals</b>			<u>4,606,843</u>				<u>4,606,843</u>		<u>2,439,312</u>	<u>200,158</u>

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>								
1	Kindful Software	11/30/17	0		0	0 HY	0	0
2	Serve tracker	9/04/18	0		0	0 HY	0	0
3	Network for Good	9/04/18	0		0	0 HY	0	0
4	03 Toyota Tundra #4486	10/01/03	0		0	0 HY	0	0
5	2007 GMC 3/4 Van	10/01/07	0		0	0 HY	0	0
6	Hall Vin 1999	10/01/07	0		0	0 HY	0	0
7	2002 Chevy Blazer #85	10/01/09	0		0	0 HY	0	0
8	2009 GMC Savana Van #86	10/01/09	0		0	0 HY	0	0
9	2009 GMC Savana Van #87	10/01/09	0		0	0 HY	0	0
10	2009 GMC Savana Van #88	10/01/09	0		0	0 HY	0	0
11	2009 GMC Savana Van #89	10/01/09	0		0	0 HY	0	0
12	2009 Pontiac Vibe #77	10/01/09	0		0	0 HY	0	0
13	2009 Pontiac Vibe #82	10/01/09	0		0	0 HY	0	0
14	2011 Jeep Patriot	10/01/10	0		0	0 HY	0	0
15	2013 Chevrolet Sonic #102	4/01/13	0		0	0 HY	0	0
16	2013 Chevrolet Sonic #103	4/01/13	0		0	0 HY	0	0
17	2013 Chevrolet Sonic	4/01/13	0		0	0 HY	0	0
18	2013 GMC Savana Van #105	4/01/13	0		0	0 HY	0	0
19	2013 Chevrolet Sonic #107	5/01/13	0		0	0 HY	0	0
20	2013 Ford Transit 454	4/01/14	0		0	0 HY	0	0
21	2013 Ford Transit 4206	4/01/14	0		0	0 HY	0	0
22	2014 Chevy Sonic 5666	4/01/14	0		0	0 HY	0	0
23	2014 Chevy Sonic 0304	4/01/14	0		0	0 HY	0	0
24	2014 Chevy Sonic 0685	4/01/14	0		0	0 HY	0	0
25	2014 Ford 1/2 Van Donation	4/01/14	0		0	0 HY	0	0
26	2015 GMC Van 2192	4/01/14	0		0	0 HY	0	0
27	2015 Kia Soul 7293	12/01/14	0		0	0 HY	0	0
28	2015 Kia Soul 7183	12/01/14	0		0	0 HY	0	0
29	2015 Kia Soul 8575	12/01/14	0		0	0 HY	0	0
30	2015 Kia Soul 8684	12/01/14	0		0	0 HY	0	0
31	8 Ft Enclosed Cargo Trailer	6/01/15	0		0	0 HY	0	0
32	2016 Kia Soul #120 5851	12/01/15	0		0	0 HY	0	0
33	2017 Kia Soul #121 5850	12/01/15	0		0	0 HY	0	0
34	2018 Kia Soul #122 4700	3/01/16	0		0	0 HY	0	0
35	2019 Kia Soul #123 9382	3/01/16	0		0	0 HY	0	0
36	GMC Cargo Van #124 6048	7/01/16	0		0	0 HY	0	0
37	Kia	11/15/16	0		0	0 HY	0	0
38	Kia	11/16/16	0		0	0 HY	0	0
39	Kia	11/16/16	0		0	0 HY	0	0
40	Kia	11/16/16	0		0	0 HY	0	0
41	Buick	4/25/17	0		0	0 HY	0	0
42	4 Kia	7/25/17	0		0	0 HY	0	0
43	5 Kia Souls	5/02/18	0		0	0 HY	0	0
44	2019 GMC #140	12/14/18	0		0	0 HY	0	0
45	2020 GMC #140	12/14/18	0		0	0 HY	0	0
46	2021 GMC #140	12/14/18	0		0	0 HY	0	0
47	2017 Jeep #143	7/15/19	0		0	0 HY	0	0
48	2014 Prius - VIN 6862	11/01/19	0		0	0 HY	0	0
49	2017 Prius - VIN 8134	11/07/19	0		0	0 HY	0	0
50	Ford Van - Used	4/02/20	0		0	0 HY	0	0
51	Chevy Van - Used	4/02/20	0		0	0 HY	0	0
52	2017 Prius - VIN 8020	7/29/20	0		0	0 HY	0	0
53	2017 Prius - VIN 8020	7/29/20	0		0	0 HY	0	0
54	Kitchen & Administrative	7/01/04	0		0	0 HY	0	0
55	Cooler & Dry Storage Fenc	8/01/04	0		0	0 HY	0	0
56	Outside Building Sign	8/01/04	0		0	0 HY	0	0
57	Improvements & Signage	10/01/05	0		0	0 HY	0	0
58	Volunteer Entry Doorway	1/01/11	0		0	0 HY	0	0
59	A/C	6/01/11	0		0	0 HY	0	0
60	Roger Room Remodel	8/01/11	0		0	0 HY	0	0
61	Volunteer Entry Remodel	10/01/11	0		0	0 HY	0	0
62	Gates & Parking	10/01/14	0		0	0 HY	0	0
63	Flooring	2/01/15	0		0	0 HY	0	0
64	Donated AC Unit	9/01/17	0		0	0 HY	0	0
65	Equipment	10/01/85	0		0	0 HY	0	0
66	Floor Buffer	10/01/88	0		0	0 HY	0	0
67	3 Compartment Sink	10/01/89	0		0	0 HY	0	0
68	12 Pan Carriers	10/01/89	0		0	0 HY	0	0
69	Freezer	10/01/89	0		0	0 HY	0	0
70	Used Steam Table	10/01/90	0		0	0 HY	0	0

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date	Cost	Bus	Sec	Basis	for	Per	Conv	Meth	Prior	Current
		In Service		%	179							
71	Cutter Mixers - Robot mixer	10/01/90	0				0	0	HY		0	0
72	5 - Carts	10/01/93	0				0	0	HY		0	0
73	Steam Table - Local	10/01/95	0				0	0	HY		0	0
74	Dishwasher/Dryer TIII	10/01/95	0				0	0	HY		0	0
75	Client Tracking System	10/01/95	0				0	0	HY		0	0
76	Furniture - Manda's Office	1/01/01	0				0	0	HY		0	0
77	Kitchen Equipment - Local	10/01/96	0				0	0	HY		0	0
78	Donated Kitchen - Equipment	10/01/96	0				0	0	HY		0	0
79	Aims Data Mgt Equipment	10/01/96	0				0	0	HY		0	0
80	Ice Machine	10/01/00	0				0	0	HY		0	0
81	Nortel Telephone	10/01/01	0				0	0	HY		0	0
82	Model 240D12 Steamers	10/01/02	0				0	0	HY		0	0
83	HP D135 Fax Scanner	10/01/02	0				0	0	HY		0	0
84	HP 1.3 GHZ PC	10/01/02	0				0	0	HY		0	0
85	Fund Raising S/W	10/01/02	0				0	0	HY		0	0
86	Risograph	10/01/02	0				0	0	HY		0	0
87	Convection Oven	4/01/03	0				0	0	HY		0	0
88	Kitchen Equipment - New B	8/01/03	0				0	0	HY		0	0
89	Floor Machine Scrubber/VA	10/01/03	0				0	0	HY		0	0
90	Mobile Reach In	10/01/03	0				0	0	HY		0	0
91	Can Opener - Tyler	10/01/03	0				0	0	HY		0	0
92	Voice Mail System	10/01/03	0				0	0	HY		0	0
93	Trailer	10/01/03	0				0	0	HY		0	0
94	Cooler & Freezer	7/01/04	0				0	0	HY		0	0
95	Vent Hood - Kirby	7/01/04	0				0	0	HY		0	0
96	Shelving	7/01/04	0				0	0	HY		0	0
97	Kitchen Equipment	7/01/04	0				0	0	HY		0	0
98	Kitchen Equipment	7/01/04	0				0	0	HY		0	0
99	Brick Oven	8/04/04	0				0	0	HY		0	0
100	Back Door Ramp	10/01/04	0				0	0	HY		0	0
101	Forklift	10/01/04	0				0	0	HY		0	0
102	Ice Bin	10/01/04	0				0	0	HY		0	0
103	Refrigerator	10/01/04	0				0	0	HY		0	0
104	Donated Office Furniture	10/01/04	0				0	0	HY		0	0
105	Office Furniture - Melanie	10/01/04	0				0	0	HY		0	0
106	Telephone Install	10/01/04	0				0	0	HY		0	0
107	Furnace - Longview	10/01/05	0				0	0	HY		0	0
108	QuickBooks S/W	10/01/05	0				0	0	HY		0	0
109	Mobile Heater - Tyler	10/01/05	0				0	0	HY		0	0
110	Mobile Carts - Tyler	10/01/05	0				0	0	HY		0	0
111	Cooler/Freezer Alarm	10/01/05	0				0	0	HY		0	0
112	Assembly Tray Equipment	10/01/05	0				0	0	HY		0	0
113	Emails S/W	10/01/06	0				0	0	HY		0	0
114	Time Clock S/W	10/01/06	0				0	0	HY		0	0
115	Charity S/W	10/01/06	0				0	0	HY		0	0
116	Heater Proof Oven Unit	10/01/06	0				0	0	HY		0	0
117	Camper Top Pickup	10/01/06	0				0	0	HY		0	0
118	Plantronics	10/01/07	0				0	0	HY		0	0
119	Software	10/01/07	0				0	0	HY		0	0
120	Web Page Design	10/01/07	0				0	0	HY		0	0
121	Office Computer	10/01/07	0				0	0	HY		0	0
122	20' Cargo	10/01/07	0				0	0	HY		0	0
123	4 Computer	10/01/07	0				0	0	HY		0	0
124	Laptop	10/01/07	0				0	0	HY		0	0
125	Laptop for C	10/01/07	0				0	0	HY		0	0
126	2 File Cabinets	10/01/07	0				0	0	HY		0	0
127	Digital Cameras	10/01/07	0				0	0	HY		0	0
128	40' Storage Container	1/01/08	0				0	0	HY		0	0
129	Refrigerator	6/01/08	0				0	0	HY		0	0
130	Refrigerator	9/01/09	0				0	0	HY		0	0
131	Buildup Food Mixer	9/01/09	0				0	0	HY		0	0
132	Tractor #1 Axle Car Carrier	10/01/09	0				0	0	HY		0	0
133	Air Conditioner	4/01/10	0				0	0	HY		0	0
134	Office Computer System	10/01/10	0				0	0	HY		0	0
135	Forklift Battery	10/01/10	0				0	0	HY		0	0
136	Laptop	10/01/11	0				0	0	HY		0	0
137	Software	10/01/11	0				0	0	HY		0	0
138	Air Conditioner	5/01/12	0				0	0	HY		0	0
139	Equipment	10/01/12	0				0	0	HY		0	0
140	Tankless Water Heater	10/01/14	0				0	0	HY		0	0
141	Mixing Bowl Dolly	1/01/15	0				0	0	HY		0	0
142	Software	6/01/15	0				0	0	HY		0	0

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
143	Time Clock	2/01/16	0				0	0	HY	0	0
144	Dell OptiPlex 780 Computer	5/01/16	0				0	0	HY	0	0
145	Ice Machine	5/01/16	0				0	0	HY	0	0
146	Server Remote Desktop	7/01/16	0				0	0	HY	0	0
147	Computers	3/01/17	0				0	0	HY	0	0
148	Time Clock	8/29/17	0				0	0	HY	0	0
149	Donation Software	11/25/16	0				0	0	HY	0	0
150	3 HP ProBook's 5 Dell Optics	9/20/18	0				0	0	HY	0	0
151	Furniture - Kari	10/04/18	0				0	0	HY	0	0
152	Dell PowerEdge Server	10/17/18	0				0	0	HY	0	0
153	18 inch Freezer	10/16/19	0				0	0	HY	0	0
154	Top Load Washer	10/16/19	0				0	0	HY	0	0
155	29 inch Electric Dryer	10/16/19	0				0	0	HY	0	0
156	Laptop	10/31/19	0				0	0	HY	0	0
157	Office Furniture - Ables Land	12/06/18	0				0	0	HY	0	0
158	Dell OptiPlex	8/01/19	0				0	0	HY	0	0
159	Zero-turn Mower	9/05/19	0				0	0	HY	0	0
160	Land	1/01/03	0				0	0	HY	0	0
161	Leasehold Improvements	10/01/85	0				0	0	HY	0	0
162	Siding Steel Door	10/01/88	0				0	0	HY	0	0
163	Pittsburg Renovation	10/01/88	0				0	0	HY	0	0
164	Sinks	10/01/88	0				0	0	HY	0	0
165	Dampers/Thermostats	10/01/88	0				0	0	HY	0	0
166	Remodel	10/01/88	0				0	0	HY	0	0
167	Renovate Tyler Office	10/01/89	0				0	0	HY	0	0
168	Shelving	10/01/89	0				0	0	HY	0	0
169	Shelving	10/01/89	0				0	0	HY	0	0
170	Improvement to Troup BLD	10/01/92	0				0	0	HY	0	0
171	Bullard Improvements	10/01/92	0				0	0	HY	0	0
172	Lindale Improvements	10/01/93	0				0	0	HY	0	0
173	Tyler Expansion	10/01/94	0				0	0	HY	0	0
174	Tyler Expansion - Local	10/01/95	0				0	0	HY	0	0
175	Air Conditioner - Mineola	10/01/97	0				0	0	HY	0	0
176	Building Improvements - E	10/01/97	0				0	0	HY	0	0
177	Building Improvements - F	10/01/97	0				0	0	HY	0	0
178	Building Improvements - F	10/01/97	0				0	0	HY	0	0
179	Building Improvements - W	10/01/97	0				0	0	HY	0	0
180	Building Improvements	10/01/97	0				0	0	HY	0	0
181	Building Improvements - N	10/01/01	0				0	0	HY	0	0
<b>Total Other Depreciation</b>			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
<b>Grand Totals</b>			0				0			0	0
<b>Less: Dispositions and Transfers</b>			0				0			0	0
<b>Net Grand Totals</b>			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

23-7313019

## Depreciation Adjustment Report All Business Activities

Form   Unit   Asset

Description

Tax

AMT

AMT  
Adjustments/  
Preferences

There are no assets that meet the criteria of this report

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# Future Depreciation Report    FYE: 9/30/21

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Kindful Software	11/30/17	3,600	200	0
2	Serve tracker	9/04/18	8,156	2,492	0
3	Network for Good	9/04/18	4,800	1,467	0
4	03 Toyota Tundra #4486	10/01/03	15,972	0	0
5	2007 GMC 3/4 Van	10/01/07	20,500	0	0
6	Hall Vin 1999	10/01/07	21,530	0	0
7	2002 Chevy Blazer #85	10/01/09	4,999	0	0
8	2009 GMC Savana Van #86	10/01/09	20,431	0	0
9	2009 GMC Savana Van #87	10/01/09	20,431	0	0
10	2009 GMC Savana Van #88	10/01/09	20,431	0	0
11	2009 GMC Savana Van #89	10/01/09	20,431	0	0
12	2009 Pontiac Vibe #77	10/01/09	16,667	0	0
13	2009 Pontiac Vibe #82	10/01/09	16,667	0	0
14	2011 Jeep Patriot	10/01/10	17,811	0	0
15	2013 Chevrolet Sonic #102	4/01/13	16,174	0	0
16	2013 Chevrolet Sonic #103	4/01/13	16,174	0	0
17	2013 Chevrolet Sonic	4/01/13	16,174	0	0
18	2013 GMC Savana Van #105	4/01/13	21,595	0	0
19	2013 Chevrolet Sonic #107	5/01/13	16,174	0	0
20	2013 Ford Transit 454	4/01/14	24,051	0	0
21	2013 Ford Transit 4206	4/01/14	19,047	0	0
22	2014 Chevy Sonic 5666	4/01/14	16,752	0	0
23	2014 Chevy Sonic 0304	4/01/14	16,752	0	0
24	2014 Chevy Sonic 0685	4/01/14	16,752	0	0
25	2014 Ford 1/2 Van Donation	4/01/14	3,712	0	0
26	2015 GMC Van 2192	4/01/14	25,600	0	0
27	2015 Kia Soul 7293	12/01/14	18,050	0	0
28	2015 Kia Soul 7183	12/01/14	18,050	0	0
29	2015 Kia Soul 8575	12/01/14	18,050	0	0
30	2015 Kia Soul 8684	12/01/14	18,050	0	0
31	8 Ft Enclosed Cargo Trailer	6/01/15	1,843	0	0
32	2016 Kia Soul #120 5851	12/01/15	17,900	597	0
33	2017 Kia Soul #121 5850	12/01/15	17,900	597	0
34	2018 Kia Soul #122 4700	3/01/16	18,500	3,392	0
35	2019 Kia Soul #123 9382	3/01/16	18,500	3,392	0
36	GMC Cargo Van #124 6048	7/01/16	26,436	5,287	0
37	Kia	11/15/16	18,500	3,700	0
38	Kia	11/16/16	18,500	3,700	0
39	Kia	11/16/16	18,500	3,700	0
40	Kia	11/16/16	18,500	3,700	0
41	Buick	4/25/17	19,856	3,971	0
42	4 Kia	7/25/17	74,000	14,800	0
43	5 Kia Souls	5/02/18	86,500	17,300	0
44	2019 GMC #140	12/14/18	25,370	5,074	0
45	2020 GMC #140	12/14/18	24,839	4,967	0
46	2021 GMC #140	12/14/18	24,727	4,945	0
47	2017 Jeep #143	7/15/19	16,049	3,210	0
48	2014 Prius - VIN 8020	11/01/19	13,891	2,778	0
49	2017 Prius - VIN 8134	11/07/19	18,896	3,779	0
50	Ford Van - Used	4/02/20	1,250	250	0
51	Chevy Van - Used	4/02/20	8,900	1,780	0
52	2017 Prius - VIN 8020	7/29/20	19,500	3,900	0
53	2017 Prius - VIN 8020	7/29/20	19,500	3,900	0
54	Kitchen & Administrative	7/01/04	2,399,898	61,535	0
55	Cooler & Dry Storage Fenc	8/01/04	5,484	0	0
56	Outside Building Sign	8/01/04	1,562	0	0
57	Improvements & Signage	10/01/05	51,268	2,564	0
58	Volunteer Entry Doorway	1/01/11	6,800	453	0
59	A/C	6/01/11	5,000	333	0
60	Roger Room Remodel	8/01/11	7,700	513	0
61	Volunteer Entry Remodel	10/01/11	3,192	213	0
62	Gates & Parking	10/01/14	19,465	1,298	0
63	Flooring	2/01/15	12,050	803	0
64	Donated AC Unit	9/01/17	5,961	398	0
65	Equipment	10/01/85	28,537	0	0
66	Floor Buffer	10/01/88	847	0	0
67	3 Compartment Sink	10/01/89	681	0	0
68	12 Pan Carriers	10/01/89	1,602	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
69	Freezer	10/01/89	3,800	0	0
70	Used Steam Table	10/01/90	275	0	0
71	Cutter Mixers - Robot mixer	10/01/90	6,172	0	0
72	5 - Carts	10/01/93	722	0	0
73	Steam Table - Local	10/01/95	956	0	0
74	Dishwasher/Dryer TIII	10/01/95	549	0	0
75	Client Tracking System	10/01/95	2,488	0	0
76	Furniture - Manda's Office	1/01/01	3,250	0	0
77	Kitchen Equipment - Local	10/01/96	9,862	0	0
78	Donated Kitchen - Equipment	10/01/96	10,126	0	0
79	Aims Data Mgt Equipment	10/01/96	34,657	0	0
80	Ice Machine	10/01/00	3,158	0	0
81	Nortel Telephone	10/01/01	4,850	0	0
82	Model 240D12 Steamers	10/01/02	10,894	0	0
83	HP D135 Fax Scanner	10/01/02	527	0	0
84	HP 1.3 GHZ PC	10/01/02	600	0	0
85	Fund Raising S/W	10/01/02	4,170	0	0
86	Risograph	10/01/02	3,500	0	0
87	Convection Oven	4/01/03	17,355	0	0
88	Kitchen Equipment - New B	8/01/03	74,901	0	0
89	Floor Machine Scrubber/VA	10/01/03	4,454	0	0
90	Mobile Reach In	10/01/03	2,300	0	0
91	Can Opener - Tyler	10/01/03	810	0	0
92	Voice Mail System	10/01/03	3,020	0	0
93	Trailer	10/01/03	950	0	0
94	Cooler & Freezer	7/01/04	8,500	425	0
95	Vent Hood - Kirby	7/01/04	42,995	2,150	0
96	Shelving	7/01/04	67,659	3,383	0
97	Kitchen Equipment	7/01/04	55,001	2,750	0
98	Kitchen Equipment	7/01/04	76,050	3,802	0
99	Brick Oven	8/04/04	1,989	0	0
100	Back Door Ramp	10/01/04	1,076	0	0
101	Forklift	10/01/04	8,950	0	0
102	Ice Bin	10/01/04	550	0	0
103	Refrigerator	10/01/04	1,417	0	0
104	Donated Office Furniture	10/01/04	10,000	0	0
105	Office Furniture - Melanie	10/01/04	1,305	0	0
106	Telephone Install	10/01/04	6,152	0	0
107	Furnace - Longview	10/01/05	1,450	0	0
108	QuickBooks S/W	10/01/05	1,643	0	0
109	Mobile Heater - Tyler	10/01/05	1,775	0	0
110	Mobile Carts - Tyler	10/01/05	816	0	0
111	Cooler/Freezer Alarm	10/01/05	690	0	0
112	Assembly Tray Equipment	10/01/05	3,400	0	0
113	Emails S/W	10/01/06	572	0	0
114	Time Clock S/W	10/01/06	616	0	0
115	Charity S/W	10/01/06	2,566	0	0
116	Heater Proof Oven Unit	10/01/06	700	0	0
117	Camper Top Pickup	10/01/06	1,115	0	0
118	Plantronics	10/01/07	325	0	0
119	Software	10/01/07	8,588	0	0
120	Web Page Design	10/01/07	5,949	0	0
121	Office Computer	10/01/07	943	0	0
122	20' Cargo	10/01/07	3,000	0	0
123	4 Computer	10/01/07	1,100	0	0
124	Laptop	10/01/07	500	0	0
125	Laptop for C	10/01/07	300	0	0
126	2 File Cabinets	10/01/07	220	0	0
127	Digital Cameras	10/01/07	300	0	0
128	40' Storage Container	1/01/08	2,800	0	0
129	Refrigerator	6/01/08	3,147	0	0
130	Refrigerator	9/01/09	4,336	0	0
131	Buildup Food Mixer	9/01/09	14,530	0	0
132	Tractor #1 Axle Car Carrier	10/01/09	2,000	0	0
133	Air Conditioner	4/01/10	4,486	299	0
134	Office Computer System	10/01/10	9,999	0	0
135	Forklift Battery	10/01/10	4,450	0	0
136	Laptop	10/01/11	1,299	0	0
137	Software	10/01/11	7,295	0	0
138	Air Conditioner	5/01/12	10,081	672	0
139	Equipment	10/01/12	1,998	0	0
140	Tankless Water Heater	10/01/14	9,825	982	0

# Future Depreciation Report    FYE: 9/30/21

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
141	Mixing Bowl Dolly	1/01/15	1,315	0	0
142	Software	6/01/15	5,000	0	0
143	Time Clock	2/01/16	3,850	642	0
144	Dell OptiPlex 780 Computer	5/01/16	850	0	0
145	Ice Machine	5/01/16	6,174	1,235	0
146	Server Remote Desktop	7/01/16	3,260	0	0
147	Computers	3/01/17	8,495	1,699	0
148	Time Clock	8/29/17	777	156	0
149	Donation Software	11/25/16	5,745	1,149	0
150	3 HP ProBook's 5 Dell Optics	9/20/18	6,230	1,246	0
151	Furniture - Kari	10/04/18	1,706	342	0
152	Dell PowerEdge Server	10/17/18	1,299	433	0
153	18 inch Freezer	10/16/19	550	110	0
154	Top Load Washer	10/16/19	385	77	0
155	29 inch Electric Dryer	10/16/19	385	77	0
156	Laptop	10/31/19	2,599	520	0
157	Office Furniture - Ables Land	12/06/18	9,299	1,859	0
158	Dell OptiPlex	8/01/19	4,934	1,644	0
159	Zero-turn Mower	9/05/19	2,783	557	0
160	Land	1/01/03	176,675	0	0
161	Leasehold Improvements	10/01/85	97,310	0	0
162	Siding Steel Door	10/01/88	654	0	0
163	Pittsburg Renovation	10/01/88	602	0	0
164	Sinks	10/01/88	532	0	0
165	Dampers/Thermostats	10/01/88	935	0	0
166	Remodel	10/01/88	1,100	0	0
167	Renovate Tyler Office	10/01/89	4,369	0	0
168	Shelving	10/01/89	633	0	0
169	Shelving	10/01/89	896	0	0
170	Improvement to Troup BLD	10/01/92	5,000	0	0
171	Bullard Improvements	10/01/92	1,000	0	0
172	Lindale Improvements	10/01/93	5,600	0	0
173	Tyler Expansion	10/01/94	49,965	0	0
174	Tyler Expansion - Local	10/01/95	854	0	0
175	Air Conditioner - Mineola	10/01/97	1,127	0	0
176	Building Improvements - E	10/01/97	6,720	0	0
177	Building Improvements - F	10/01/97	6,903	0	0
178	Building Improvements - F	10/01/97	1,051	0	0
179	Building Improvements - W	10/01/97	855	0	0
180	Building Improvements	10/01/97	1,635	0	0
181	Building Improvements - N	10/01/01	6,000	0	0
<b>Total Other Depreciation</b>			<u>4,606,843</u>	<u>197,197</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>4,606,843</u>	<u>197,197</u>	<u>0</u>
<b>Grand Totals</b>			<u>4,606,843</u>	<u>197,197</u>	<u>0</u>