

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning		10-01, 2011, and ending	09-30, 2012
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization METROPORT MEALS ON WHEELS, INC.		D Employer identification no. 75-2298847
	Doing Business As		E Telephone number (817) 491-1141
	Number and street (or P.O. box if mail is not delivered to street address) P O BOX 204		Room/suite
	City or town, state or country, and ZIP + 4 ROANOKE, TX 76262		G Gross receipts \$ 1,046,881
	F Name and address of principal officer: MARY KING SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.METROPORTMOW.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1989 M State of legal domicile: TX

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: PROVIDING SENIOR CITIZEN MEALS.			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		11
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5		18
	6 Total number of volunteers (estimate if necessary)	6		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b		0
Revenue	8 Contributions and grants (Part VIII, line 1h)	522,614	658,115	
	9 Program service revenue (Part VIII, line 2g)	75,620	68,332	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,288	1,058	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,831	19,630	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	627,353	747,135	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	186,789	224,933
14 Benefits paid to or for members (Part IX, column (A), line 4)			0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		231,819	246,418	
16a Professional fundraising fees (Part IX, column (A), line 11e)			0	
b Total fundraising expenses (Part IX, column (D), line 25)		69,455		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		171,531	171,315	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		590,139	642,666	
19 Revenue less expenses. Subtract line 18 from line 12	37,214	104,469		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,023,661	1,116,216	
	21 Total liabilities (Part X, line 26)	216,235	204,321	
	22 Net assets or fund balances. Subtract line 21 from line 20	807,426	911,895	

Part II Signature Block

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

Sign Here	MARY KING Signature of officer	Date
	MARY KING, EXEC. DIR. Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name HAL O'NEIL CPA	Preparer's signature	Date 12-10-2012	Check <input type="checkbox"/> if self-employed	PTIN P00482709
	Firm's name	WOOD STEPHENS & O'NEIL LLP		Firm's EIN	
	Firm's address	6300 RIDGLEA PLACE SUITE 119 FORT WORTH TX 76116		Phone no. 817-377-1700	

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

For Paperwork Reduction Act Notice, see the separate instructions. EEA Form 990 (2011)