AMENDED RETURN

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

ΑF	or the	2020 calendar year, or tax year beginning and	ending				
	Check if applicable	C Name of organization	_	D Employer identific	cation number		
	Addres	JOY MEADOWS, INC.					
	Name change	Doing business as		82-27061	95		
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 182	Room/suite	E Telephone number 913-347-3			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 738,392			
X	Amend return			H(a) Is this a group re			
	Application	F Name and address of principal officer: UOSIIN OBERNDORFER		for subordinates			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
1 7	Гах-ехе	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
		e: ▶ WWW.JOYMEADOWS.ORG		H(c) Group exemptio	n number 🕨		
		organization: X Corporation	L Year	of formation: 2017 $ m bigc big$	∕ State of legal domicile; KS		
Pa	art I	Summary					
Φ	1 1	Briefly describe the organization's mission or most significant activities: $\underline{\sf PROV}$					
Governance]	FOSTER CHILDREN BY MAXIMIZING THE POTENTI	AL OF	SINGLE FAMI	LY HOMES		
r i	2 (Check this box 🕨 🔛 if the organization discontinued its operations or dispos	sed of more	1 1			
ŏ	3 1			3	7		
	1	Number of independent voting members of the governing body (Part VI, line 1b)			7		
Activities &		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			2		
ĭ₹		Total number of volunteers (estimate if necessary)			750		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b l	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		Death'had'ean and annata (Death)(III. Fan 41)		Prior Year 665,975.	Current Year 732,582.		
ne	8 (Contributions and grants (Part VIII, line 1h)		003,973.	1,843.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	117.		
Be	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,820.	-11,963.		
	1			663,155.	722,579.		
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		100.	0.		
	1			0.	0.		
	45 6	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		23,328.	84,340.		
ses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	100 b	Fotal fundraising expenses (Part IX, column (D), line 25) 42,5					
Ĕ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		34,159.	129,054.		
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		57,587.	213,394.		
	1	Revenue less expenses. Subtract line 18 from line 12		605,568.	509,185.		
Or Se		•	Ве	ginning of Current Year	End of Year		
sets	20	Fotal assets (Part X, line 16)		1,109,523.	1,515,570.		
ASS	21	Total liabilities (Part X, line 26)		373,633.	365,495.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		735,890.	1,150,075.		
Pa	art II	Signature Block					
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, 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 wh	nich preparer	has any knowledge.			
		Observator of a Warra		Date			
Sig	n	Signature of officer		Date			
Her	e	JUSTIN OBERNDORFER, EXECUTIVE DIRECTOR	<u> </u>				
		Type or print name and title	Т	Date Check	PTIN		
		Print/Type preparer's name Preparer's signature		:, L			
Paid	F	RHONDA L. CARLSON CPA RHONDA L. CARLSO	DM CF 0	1/04/23 self-employ			
-	oarer	Firm's name KELLER & OWENS, LLC		Firm's EIN ▶	48-1195228		
use	Only	Firm's address 10955 LOWELL AVE, STE 800 OVERLAND PARK, KS 66210		Phone no. (9	13) 338-3500		
N 4 = -	. +b = 10			I Prione no. (9			
ivia	/ tne IH	S discuss this return with the preparer shown above? See instructions			X Yes No		

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 82-2706195 JOY MEADOWS, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO BOX 182 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. BASEHOR, KS 66007 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION • The books are in the care of \blacktriangleright 13901 LEAVENWORTH RD - BASEHOR, KS 66007 Telephone No. ▶ 913.449.4922 Fax No. ● If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2020 or tax year beginning , and ending Initial return | Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

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instructions

LHA

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Total program service expenses

Form 990 (2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_ <u>`</u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		,,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
J		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	5:10	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
D				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		_V
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ 3 7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form	1990 (2020) JOY MEADOWS, INC. 82-270)619 <u>5</u>	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		I	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,,
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	. 36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		. 38	Х	
Pa			•	
	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	1		

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Form **990** (2020)

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(gambling) winnings to prize winners?

JOY MEADOWS INC. 82-2706195 Page 5 Form 990 (2020) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с **d** If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a

a Initiation fees and capital contributions included on Part VIII, line 12
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10
Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against

... 10b

amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

13a

14b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note: See the instructions for additional information the organization must report on Schedule O.

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
 c Enter the amount of reserves on hand

4a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes " has it filed a Ferm 720 to report these payments? (CINA III and III

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O
 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.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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X

Х

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. X Own website Another's website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 913.449.4922 13901 LEAVENWORTH RD, BASEHOR, KS 66007

Form **990** (2020)

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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 ne	or any related	orga	niza	tion	con	nper	sat	ed any current officer, di	rector, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than (one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		l ai		liecto	Tuus	(66)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099****100)	organization
	organizations	truste	In stit utio nal tru stee		yee	Highest compensated employee		(** 27 1000 111100)		and related
	below	idual	ution	 	Key employee	est co	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) JUSTIN OBERNDORFER	50.00									
EXECUTIVE DIRECTOR				Х				49,651.	0.	22,314.
(2) BUD REYNOLDS	2.00									
CHAIR OF BOARD		Х		Х				0.	0.	0.
(3) KRYSTAL PIERCE	2.00									
VICE-CHAIR OF BOARD		Х		Х				0.	0.	0.
(4) SHELBY MCBRIDE	2.00									
TREASURER OF BOARD		Х		Х				0.	0.	0.
(5) ALAN BANWART	2.00									
SECRETARY OF BOARD		Х		Х				0.	0.	0.
(6) MICHAEL STRICK	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) MATT MABE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) AARON THACKER	1.00									
BOARD MEMBER		Х						0.	0.	0.
		L		L	L	L	L			
		L		L	L	L	L			
				L	L		L			
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ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	High R	ghes	it C	ompensated Employee	s (continued)				
	(A)	(B)			(C Pos	C)	,		(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck	more	than d is both		Reportable compensation	Reportable compensation	n		timate nount	
		week					or/trust		from	from related		an	other	OI .
		(list any	rector						the	organizations			pensa	
		hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	,C)		om th anizat	
		organizations	truste	al trus		yee	u be u		(***2/1099*****100)			•	d relat	
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizati	ons
		line)	in in	lnst	0#!	Key	Hig	Por			\dashv			
											\longrightarrow			
											-+			
											-			
	Subtotal								49,651.		0.	2	2,3	
	Total from continuation sheets to Part VI								0.		0.		2 2	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n							<u> </u>	49,651.	200 of reportable	_		2,3	<u> 14.</u>
2	compensation from the organization	ot ilmited to th	ose	iiste	u ac	ove	e) WII	o re	eceived more than \$100,	Jou of reportable				0
	componential and organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated empl	oyee on	ſ			
	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su	•		•					•	•				v
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			•								4		Х
3	rendered to the organization? If "Yes," com									idal loi services		5		Х
Sec	tion B. Independent Contractors	ipiete ochedate	<i>,</i> 0 /	01 30	<i>i</i> Cii <u>i</u>	<i>J</i> C/3								
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wit	thin T		ear.				
	(A) Name and business	address	NC	ONE	7				(B) Description of s	ervices	C	O) Iagmo	;) nsatio	n
			-11	<i>7</i> 1 1 1								•		
								\Box						
2	Total number of independent contractors (i		ot lin	nited	to t	thos)		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organic	zation 📂										Form	990 (2020)
													- (4	_~~)

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 370,150. c Fundraising events 1c 1d d Related organizations 17,100. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 345,332. similar amounts not included above ... 1f 5,721. g Noncash contributions included in lines 1a-1f 732,582. h Total. Add lines 1a-1f **Business Code** 1,843. 2 a RENTAL TO FOSTER FAMIL 531110 1,843. Program Service f All other program service revenue 1,843. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 117. 117. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$370,150. of contributions reported on line 1c). See 3,850. Part IV, line 18 **b** Less: direct expenses -11,963. -11,963. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 722,579. 1,843. -11,846. **12 Total revenue.** See instructions

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 (**D**) Fundraising (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 71,966. 35,983. 7,197. 28,786. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7,968. 3,984. 3,984. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 4,406. 1,763. 880. 1,763. 10 Payroll taxes Fees for services (nonemployees): Management 5,050. 5,050. Legal 3,435. 3,435. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 9,677. 9,043. 634 column (A) amount, list line 11g expenses on Sch O.) 1,167. 292. Advertising and promotion 12 37,609. 31,764. 571. Office expenses 13 7,791. 1,948. Information technology 14 15 Royalties 23,618. 22,437. 1,181. Occupancy 16 904. 697. 207. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 71. 71. Conferences, conventions, and meetings 19 17,301. 865. 16,436. 20 Payments to affiliates 21 17,300. 16,435. 865. Depreciation, depletion, and amortization 22 5,131. 4,874. 257. 23 Other expenses. Itemize expenses not covered 24 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.) All other expenses 213,394. 145,727. 25,126. 42,541. Total functional expenses. Add lines 1 through 24e 25 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 X if following SOP 98-2 (ASC 958-720)

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Pai	rt 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
	1	Cash - non-interest-bearing			297,349.	1	429,179.
	2	Savings and temporary cash investments				2	200,217.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial co	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ns		5	
	6	Loans and other receivables from other disqu	ualified pers	ons (as defined			
		under section 4958(f)(1)), and persons descri		6			
ι	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	Donner of the control of the former of the control				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	907,418.			
	b	Less: accumulated depreciation	812,174.	10c	886,174.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e		l l	1,109,523.	16	1,515,570.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV o	f Schedule D		21	
98	22	Loans and other payables to any current or f	ormer office	r, director,			
Liabilities		trustee, key employee, creator or founder, su					
jab		controlled entity or family member of any of t				22	265 425
_	23	Secured mortgages and notes payable to un			373,633.	23	365,495.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X			
		of Schedule D			272 (22	25	265 405
	26	Total liabilities. Add lines 17 through 25		V	373,633.	26	365,495.
S		Organizations that follow FASB ASC 958,	check here				
)Ce		and complete lines 27, 28, 32, and 33.					772 020
alar	27			·····	735,890.	27	773,029.
Ä	28			<u> </u>	733,090.	28	377,046.
Ĕ		Organizations that do not follow FASB AS	C 958, ched	ck here L			
Net Assets or Fund Balances		and complete lines 29 through 33.	.1.			00	
şţş	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
³t A	31	Retained earnings, endowment, accumulated			735 900	31	1 150 075
ž	32				735,890.	32	1,150,075. 1,515,570.
	33	Total liabilities and net assets/fund balances			1,103,343.	33	Form 990 (2020

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	72	2,5	79.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		9,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	73	5,8	<u>90.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-9	5,0	00.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,15	0,0	<u>75.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

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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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization **Employer identification number**

		JOY	MEADOWS, II	NC.					2-2706195					
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	S.						
he o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)								
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).							
2		A school described in sect												
3		A hospital or a cooperative					i).							
4	Ħ	A medical research organiz					•	'iii). Enter	the hospital's name.					
		city, and state:		,			(.)(.)(,,	,					
5		• • • • • • • • • • • • • • • • • • • •	or the benefit of a col	lege or university owner	l or operat	ed by a go	vernmental un	it describe						
5			n organization operated for the benefit of a college or university owned or operated by a governmental unit described in ection 170(b)(1)(A)(iv). (Complete Part II.)											
6														
6	X		eral, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ganization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
′	Λ	-	-	ntial part of its support if	om a gove	ernmentai	unit or from the	e generai į	oublic described in					
_		section 170(b)(1)(A)(vi). (C	•											
8		A community trust describe			-									
9		An agricultural research org				-		-	-					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of t	he college	eor					
		university:												
10		An organization that norma												
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment					
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	ifter June 30, 1975.					
		See section 509(a)(2). (Co												
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).							
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or					
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 5	09(a)(3). (Check the box in					
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.						
а			anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving					
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	upporting					
		organization. You must o	complete Part IV, Se	ections A and B.										
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization	(s), by hav	ving					
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.										
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally	y integrate	ed with,					
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.							
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	ith its support	ed organiz	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness					
		requirement (see instructi	-	•	•		-							
е		Check this box if the orga	•	•	•			. Type III						
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	, ,,						
f	Ente	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,	0 0									
		vide the following information	•	d organization(s).										
		i) Name of supported	(ii) EIN	(iii) Type of organization		nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)					
				, , , , , , , , , , , , , , , , , , ,										

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		883.	150,726.	665,975.	732,582.	1550166.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		883.	150,726.	665,975.	732,582.	1550166.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						357,694.
6	Public support. Subtract line 5 from line 4.						1192472.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4		883.	150,726.	665,975.	732,582.	1550166.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					117.	117.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				7,343.		7,343.
11	Total support. Add lines 7 through 10						1557626.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	4,327.
	First 5 years. If the Form 990 is for th	•				D1(c)(3)	
	organization, check this box and stop	-					> X
Se	ction C. Computation of Public						
14	Public support percentage for 2020 (li	ne 6, column (f), d	ivided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2020. If the o					ore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali	fies as a publicly s	supported organiza	tion			>
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te			-			▶ □
k	10% -facts-and-circumstances test	-	•	• • •	-		
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						• • • • • • • • • • • • • • • • • • •
			,	, ,,		dule A (Form 990	

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.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T		T	T	T
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
K	Unrelated business taxable income (less section 511 taxes) from businesses						
	, , , , , , , , , , , , , , , , , , ,						
	acquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst second third	fourth or fifth tax	vear as a section 5	i01(c)(3) organizatio	on .
•	check this box and stop here	•			-		
Se	ction C. Computation of Publi						
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2020. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	>
k	33 1/3% support tests - 2019. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
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0-		
9a		
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9b		
00		
9c		
10-		
10a		
106		
10b	N E71	L

Par	Tiv Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
	11c below, the governing body of a supported organization?		
	A family member of a person described in line 11a above?		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
0	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		т —
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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.		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
	and or type it eapperting enganizations	Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	162	NO
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	, and the second		
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
Sec	the supported organization(s). 1 tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	103	110
•	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 line 2, above, 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.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	on <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	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 line 2a, above, 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.		oxdot
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	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? If "Yes" or "No" 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.		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)			
Sect	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	stributions to attentive supported organizations to which the organization is responsive royide details in Part VI). See instructions.				
	(provide details in Part VI). See instructions.	8				
9	Distributable amount for 2020 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount		10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2016					

Schedule A (Form 990 or 990-EZ) 2020

b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

J	OY MEADOWS, INC.	82-2706195
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(c) General Rule X For an organization	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, of tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou Z, line 1. Complete Parts I and II.	or 16b, and that received from
contributor, durir literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any the year, total contributions of more than \$1,000 exclusively for religious, charitable, scitional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) (b) instead of the contributor name and address), II, and III.	entific,
year, contributior is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it is only, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Foot the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

JOY MEADOWS, INC.

82-2706195

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 8,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		\$ 272,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$ 152,600. Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

JOY MEADOWS, INC.

Employer identification number

82-2706195

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	Iditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$ 15,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
8		\$ 19,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 10	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11	INAING, AUGI 655, AND ZIF + 4	\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12	Tallog additions, and all TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

JOY MEADOWS, INC.

82-2706195

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		\$ 17,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		\$ 25,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
16		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		\$ 6,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

JOY MEADOWS, INC.

82-2706195

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$17,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	* 6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$ <u>5,328.</u>	Person X Payroll

Name of organization Employer identification number

JOY MEADOWS, INC.

82-2706195

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	20		990 990-F7 or 990-PF) (2020)

Name of organization **Employer identification number** JOY MEADOWS, 82-2706195 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JOY MEADOWS, INC.

Employer identification number 82-2706195

Pai	rt I	Organizations Maintaining Donor Advised	Funds or Other S	imilar Funds or A	Accounts. Complete if the
		organization answered "Yes" on Form 990, Part IV, line			
			(a) Donor advise	d funds	(b) Funds and other accounts
1	Total	number at end of year			
2		egate value of contributions to (during year)			
3	Aggre	egate value of grants from (during year)			
4		egate value at end of year			
5	Did th	ne organization inform all donors and donor advisors in wi	riting that the assets he	eld in donor advised fu	nds
	are th	ne organization's property, subject to the organization's ex	xclusive legal control?		Yes No
6	Did th	ne organization inform all grantees, donors, and donor adv	visors in writing that gra	ant funds can be used	only
	for ch	naritable purposes and not for the benefit of the donor or	donor advisor, or for ar	y other purpose confe	erring
		missible private benefit?			
Pai	rt II	Conservation Easements. Complete if the organic	anization answered "Ye	s" on Form 990, Part I	V, line 7.
1	Purpo	ose(s) of conservation easements held by the organization	n (check all that apply).		
		Preservation of land for public use (for example, recreation	on or education)	Preservation of a his	storically important land area
		Protection of natural habitat		Preservation of a ce	rtified historic structure
		Preservation of open space			
2	Comp	olete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a	conservation easement on the last
	day o	f the tax year.			Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b	Total	acreage restricted by conservation easements			2b
С	Numb	per of conservation easements on a certified historic struc	cture included in (a)		2c
d	Numb	per of conservation easements included in (c) acquired aff	ter 7/25/06, and not on	a historic structure	
	listed	in the National Register			2d
3		per of conservation easements modified, transferred, release			nization during the tax
	year				
4	Numb	per of states where property subject to conservation ease	ment is located		
5	Does	the organization have a written policy regarding the period	odic monitoring, inspect	tion, handling of	
	violat	ions, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, ar	nd enforcing conservat	ion easements during the year
	▶ _				
7	Amou	unt of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conservation e	easements during the year
	▶\$				
8	Does	each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(B)(i)
	and s	ection 170(h)(4)(B)(ii)?			Yes No
9	In Pa	rt XIII, describe how the organization reports conservation	n easements in its rever	nue and expense state	ment and
	balan	ce sheet, and include, if applicable, the text of the footno	te to the organization's	financial statements t	hat describes the
		nization's accounting for conservation easements.			
Pai	rt III	Organizations Maintaining Collections of A		asures, or Other	Similar Assets.
		Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the	organization elected, as permitted under FASB ASC 958,	, not to report in its rev	enue statement and ba	alance sheet works
	of art	, historical treasures, or other similar assets held for publi	c exhibition, education	, or research in further	ance of public
	servi	ce, provide in Part XIII the text of the footnote to its finance	ial statements that des	cribes these items.	
b	If the	organization elected, as permitted under FASB ASC 958,	, to report in its revenue	e statement and balan	ce sheet works of
	art, h	istorical treasures, or other similar assets held for public e	exhibition, education, o	r research in furtheran	ce of public service,
	provi	de the following amounts relating to these items:			
	(i) R	evenue included on Form 990, Part VIII, line 1			
	(ii) A	ssets included in Form 990, Part X			• \$
2	If the	organization received or held works of art, historical treas	sures, or other similar a	ssets for financial gain	, provide
	the fo	ollowing amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Reve	nue included on Form 990, Part VIII, line 1			• \$
b	Asset	s included in Form 990, Part X			> \$
LHA	For P	aperwork Reduction Act Notice, see the Instructions f	for Form 990.		Schedule D (Form 990) 2020

032051 12-01-20

	t III Organizations Maintaining C	Collections of Ar	t Hieto	rical Tre	ascures or	Other		r Accets			age ∠
									(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	is, cneck	any of the	tollowing that n	nake sig	nificant i	use of its			
	collection items (check all that apply):										
a											
b											
c											
4	Provide a description of the organization's c							se in Part	XIII.		
5	During the year, did the organization solicit		•		*				٦.,		٦
Dai	to be sold to raise funds rather than to be m								Yes		<u>No</u>
Fai	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered "Y	es" on i	-orm 990	i, Part IV, I	ine 9, or		
			liam, far a	ontribution		to not in	aludad				
ıa	Is the organization an agent, trustee, custod								7 V		No
L	on Form 990, Part X?							∟	」Yes		」 NO
D	ir "Yes," explain the arrangement in Part XIII	and complete the to	llowing ta	ible:					A may und		
_	Deginning belongs						40		Amount		
	Beginning balance										
a	Additions during the year										
e	Distributions during the year										
20	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII		•						_	H	_
Par											
	Complete	(a) Current year		ior vear	(c) Two years			ears back	(e) Four	vears	hack
1a	Beginning of year balance	(a) Current year	(5) 1	ioi yeai	(C) Two years	Dack (a, mico	rodi's bdok	(C) i oui	yours	buck
b	Contributions										
c	Net investment earnings, gains, and losses										
4	Grants or scholarships										
u _	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	e (line 1a	column (a)) held as:	I					
a	Board designated or quasi-endowment	•	%	, coluitiit (a	ij) ricia as.						
b	Permanent endowment										
	Term endowment										
Ū	The percentages on lines 2a, 2b, and 2c sho	-									
За	Are there endowment funds not in the posse	•	ation that	are held a	nd administered	d for the	organiza	ation			
	by:								ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn										
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV,	line 11a. S	See Form 990, F	Part X, li	ne 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Bool	k valu	<u>е</u>
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land			18	35,000.						00.
	Buildings	l l		72	22,418.		21,2	44.			74.
	Leasehold improvements										
	Equipment										
	Other	I									
Total	I. Add lines 1a through 1e. (Column (d) must e	egual Form 990 Part	X colum	n (R) line 1	(OC.)				886	5,1	74.

Schedule D (Form 990) 2020

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020 JOY MEADOWS	, INC.	82	-2706195	Page 3
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	l-of-year market v	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book va	alue
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.		
1. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	(b) Book va	alue
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020

(9)

Sche	dule D (Form 990) 2020 JOY MEADOWS, INC.			82-	2706195	Page
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	its Wi	th Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	732,	,671
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	15,813.			
е	Add lines 2a through 2d			2e		,813
3	Subtract line 2e from line 1			3	716,	, 858
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				

Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements	1	223,486.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	15,813.		
е	Add lines 2a through 2d			2e	15,813.
3	Subtract line 2e from line 1			3	207,673.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	5,721.		
С	Add lines 4a and 4b			4c	5,721.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	5	213,394.		
Pa	t 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 X, LINE 2:

b Other (Describe in Part XIII.) c Add lines 4a and 4b

THE ORGANIZATION IS A NON-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES, EXCEPT ON UNRELATED INCOME, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"). CONTRIBUTIONS TO THE ORGANIZATION ARE DEDUCTIBLE WITHIN THE LIMITATIONS OF THE CODE. THE ORGANIZATION HAS BEEN CLASSIFIED AS A PUBLICLY-SUPPORTED ENTITY, WHICH IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE.

THE ORGANIZATION'S POLICY WITH REGARD TO FASB ASC 740-10 IS TO DISCLOSE THE IMPACT OF ANY TAX POSITION THAT IS BENEFICIAL TO THE ORGANIZATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO THE TRANSACTION OR Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization						Employer ide	ntification number
JOY MEADOWS, INC.						82-2706195	
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais a	eed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			•				
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from req	gistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2020

Pa		Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered		IV, line 18, or reported	
Revenue			(a) Event #1 JOY GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	374,000.			374,000.
	2	Less: Contributions	370,150.			370,150.
	3	Gross income (line 1 minus line 2)	3,850.			3,850.
	4	Cash prizes	0.			
	5	Noncash prizes	0.			
enses	6	Rent/facility costs	4,078.			4,078.
Direct Expenses	7	Food and beverages	4,135.			4,135.
⊡	8	Entertainment	2,600.			2,600.
	9	Other direct expenses				5,000.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	15,813.
Pa		Net income summary. Subtract line 10 from I		. 000 Dest IV line 10 and		-11,963.
1 6		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or r	eported more than	
ne		\$10,000 diff diff doc EE, line da.	(a) Dinas	(b) Pull tabs/instant		(d) Total gaming (add
,en			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Reven			(a) Bingo		(c) Other gaming	
		Gross revenue Cash prizes	(a) Bingo		(c) Other gaming	
	2		(a) Bingo		(c) Other gaming	
rect Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
	2	Cash prizes Noncash prizes	(a) Bingo		(c) Other gaming	
rect Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%		Yes %	
rect Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes %	bingo/progressive bingo Yes% No		
rect Expenses	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No 1 5 in column (d)	bingo/progressive bingo Yes% No	Yes%No	
rect Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No 1 5 in column (d)	bingo/progressive bingo Yes% No	Yes%No	
ω Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes % No n 5 in column (d) from line 1, column (d) ucts gaming activities:	bingo/progressive bingo Yes% No	Yes% No	col. (a) through col. (c)
b 6 Direct Expenses	2 3 4 5 6 7 8 En ls t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No 15 in column (d) 7 from line 1, column (d) 1 cucts gaming activities: 1 ctivities in each of these s	bingo/progressive bingo Yes% No	Yes% No	col. (a) through col. (c)
b 6 Direct Expenses	2 3 4 5 6 7 8 En ls t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming and	Yes% No 15 in column (d) 7 from line 1, column (d) 1 cucts gaming activities: 1 ctivities in each of these s	bingo/progressive bingo Yes% No	Yes% No	col. (a) through col. (c)
a d a g Direct Expenses	2 3 4 5 6 7 8 En s t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming and	Yes % No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these selections.	bingo/progressive bingo Yes % No states?	☐ Yes % ☐ No ▶	Col. (a) through col. (c)

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 JOY MEADOWS, INC.	82-2706195 P	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		140-	07
	The organization's facility		%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	5 :	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	ınt	
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
47	Mandalan diabila diaga.		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	П., г	٦
	retain the state gaming license?	Yes L	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b,	10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	JOY ME	ADOWS,	INC.		82-2706195	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation _{(cor.}	ntinued)				
_					 		

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

JOY MEADOWS, INC.

Employer identification number 82-2706195

001 111111001107 11100
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH HOUSING, COMMUNITY SUPPORT & CENTRALIZED ACCESS TO RESOURCES
AMENDED RETURN
THE ORGANIZATION IS AMENDING ITS FORM 990 TO CORRECT THE FUNCTIONAL
EXPENSE SCHEDULE ON PART IX. PART III, LINES 4A, B, & C WERE ALSO
UPDATED.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
& MAINTAIN SIBLINGS WITHIN ONE FAMILY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR. A COPY OF THE FORM 990
IS PROVIDED TO ALL BOARD MEMBERS. THEY HAVE THE OPPORTUNITY TO REVIEW THE
FORM AND RESOLVE ANY QUESTIONS OR COMMENTS RELATED TO THE FORM 990 PRIOR TO
IT BEING SUBMITTED TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD REQUIRES THAT ANYONE WITH A CONFLICT OF INTEREST RECUSE
THEMSELVES FROM DISCUSSION AND DECISION MAKING RELATIVE TO THE CONFLICT OF
INTEREST.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD APPROVES THE EMPLOYMENT CONTRACT FOR THE TOP MANAGEMENT OFFICIAL

AND DOCUMENTS THE PROCESS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

THE BOARD USES COMPARABILITY DATA IN

Schedule O (Form 990 or 990-EZ) 2020