** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

<u>A I</u>	For the	2022 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			82-2706195				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	ite E Telephone number				
	Final return/	12400 170TH ST) 170TH ST					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,976,521.				
	Ameno	I LINWOOD, KS 00032		H(a) Is this a group return				
	Applic	F Name and address of principal officer: JUSTIN OBERNDORFER		for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
<u>1 '</u>	Tax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c)() (insert no.) $\overline{}$ 4947(a)(1) $\overline{}$	or 527	If "No," attach a	list. See instructions			
	Websit			H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	of formation: 2017 N	M State of legal domicile: KS			
Pa	art I	Summary						
Ð	1	Briefly describe the organization's mission or most significant activities: ${ t IT} { t IS}$						
anc		TO PROVIDE FAMILIES WITH COMMUNITY SUPPOR						
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos		1	1			
Š	3			3	7			
≪	4	Number of independent voting members of the governing body (Part VI, line 1b)			12			
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			700			
Ĭ	6	Total number of volunteers (estimate if necessary)			_			
Ą	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	l D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year			
		Contributions and grants (Dort VIII line 1b)		1,150,763.	1,971,268.			
ne	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		474.	560.			
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		388.	-3,660.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,151,625.	1,968,168.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		100.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		119,062.	200,159.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		11,000.	0.			
ben	. b	Total fundraising expenses (Part IX, column (D), line 25) 51, 32	27.	,				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		155,500.	233,336.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		285,662.	433,495.			
	19	Revenue less expenses. Subtract line 18 from line 12		865,963.	1,534,673.			
Net Assets or	3		Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		2,372,958.	4,218,472.			
ASS	21	Total liabilities (Part X, line 26)		356,920.	603,733.			
Sel	22	Net assets or fund balances. Subtract line 21 from line 20		2,016,038.	3,614,739.			
Pa	art II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
		O'control of the control of the cont		Data				
Sig		Signature of officer		Date				
Her	e	JUSTIN OBERNDORFER, EXECUTIVE DIRECTOR						
		Type or print name and title	Т	Date Check C	TI PTIN			
D - 1		Print/Type preparer's name Preparer's signature CD ECORY D OWEN C		1 L				
Paid		GREGORY D. OWENS GREGORY D. OWENS	> <u>T</u>	.1/14/23 self-employ	P00048643			
-	parer	Firm's name KELLER & OWENS, LLC		Firm's EIN 4	8-1195228			
use	Only	Firm's address 10955 LOWELL AVE, STE 800 OVERLAND PARK, KS 66210		Dhana / O	13) 338-3500			
N/a:	, tha IF	S discuss this return with the preparer shown above? See instructions		Phone no. (9	X Yes No			
ıvıa\	y une it	IO GISCUSS THIS TETUTH WITH THE PLEDSTEL SHOWN ADOVE! SEE IUSTRUCTIOUS			∟∡⊾⊥ tes			

Form **8868**

(Rev. January 2022)

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.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print JOY MEADOWS, INC. 82-2706195 File by the Number, street, and room or suite no. If a P.O. box, see instructions. 12400 170TH ST filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. LINWOOD, KS 66052 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) THE ORGANIZATION • The books are in the care of \blacktriangleright 12400 170TH ST - LINWOOD, KS 66052 Telephone No. ▶ 913-347-2476 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, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 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 If this application is for Forms 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 using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form 8868 (Rev. 1-2022)

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: IT IS THE MISSION OF JOY MEADOWS TO PROVIDE FAMILIES WITH COMMUNITY
	SUPPORT, HOUSING, AND RESOURCES SO THAT CHILDREN IMPACTED BY FOSTER
	CARE CAN FIND STABILITY, HEALING AND JOY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	JOY MEADOWS HELPED CHURCHES START PROGRAMS TO SUPPORT FOSTER FAMILIES
	AND BROUGHT NEW MODEL OF SUPPORT FOR RETENTION OF FOSTER FAMILIES IN
	KANSAS.
4b	(Code:) (Expenses \$ 228,801. including grants of \$) (Revenue \$ 1,443.)
	TO SUPPORT FOSTER FAMILIES & FOSTER CHILDREN, JOY MEADOWS HAS PROVIDED
	FAMILIES WITH ACCESS TO A CLOTHING CLOSET, SEVERAL TYPES OF THERAPY,
	DAY CAMPS, A COMMUNITY GARDEN AND ITS PRODUCE, ANIMAL SESSIONS, SCHOOL
	SUPPLIES, AND HOSTS OF MONTHLY GATHERINGS FOR FAMILIES TO CONNECT WITH
	AND SUPPORT ONE ANOTHER.
4-	(Code:) (Expenses \$ 72,868 · including grants of \$) (Revenue \$)
4C	(Code:) (Expenses \$/2,868. including grants of \$) (Revenue \$) TO MAINTAIN EXISTING HOMES THAT JOY MEADOWS DESIGNED TO ALLOW FOSTER
	FAMILIES TO ACCEPT LARGE SIBLING GROUPS PREVENTING FURTHER SEPARATION
	TRAUMA FOR THOSE CHILDREN, AS WELL AS PLANNING FOR FUTURE HOME BUILD
	PROJECTS.
	IN ADDITION TO THE PROGRAM SERVICE EXPENSES, THERE WERE CAPITAL
	EXPENDITURES OF
	\$1,007,721 MADE FOR ORGANIZATION FACILITIES THAT WILL HOUSE FOSTER
	FAMILIES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 327,023.
	Form 990 (2022)

15351114 795752 14044

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
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,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		Х
15	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	45		Х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		y
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		-22
18		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	47	
IJ	,	19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u>~ 1</u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	domestic government out ratery, column (-y, interest in test complete scriedule i, Parts rand ii	4 1		

Form 990 (2022)	JOY MEADOWS, INC.	82-2706195	Page 4				
Part IV Checklist of Required Schedules (continued)							

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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	051		Х
00	Schedule L, Part I	25b		
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%	26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		- 21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٦,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			₩.
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O	30	41	l
	Chack if Schoolule O contains a reasonage or note to any line in this Part V			
	Check if Schedule O contains a response of 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 15		. 03	1,13
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
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Form 990 (2022) JOY MEADOWS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 82-2706195 Page **5**

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 12	1						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line $3b$, provide an explanation on Schedule	O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			,,,				
	•		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts							
_	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).				v				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X				
		and the state of	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				x				
	to file Form 8282?	l I	7c						
	d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
e f	Did the organization receive any lunds, directly or indirectly, to pay premiums on a personal benefit contra		7e 7f		X				
f g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		25				
•	If the organization received a contribution of qualified intellectual property, did the organization file ro		79 7h						
_	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
Ŭ			8						
9	Sponsoring organizations maintaining donor advised funds.								
	a Did the sponsoring organization make any taxable distributions under section 4966?								
b									
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	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	1 1							
	organization is licensed to issue qualified health plans	13b	-						
	Enter the amount of reserves on hand	13c			37				
			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b	-	-				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				_~				
	excess parachute payment(s) during the year?		15		X				
If "Yes," see the instructions and file Form 4720, Schedule N.									
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
17	If "Yes," complete Form 4720, Schedule O.	tivition							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action would result in the imposition of an excise tax under section 4951, 4952 or 49532.		47						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	n roo, complete i onii occo.				1				

232005 12-13-22

Form **990** (2022)

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. X 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. 7 **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 X of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 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 on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 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 on 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 - 913-347-2476 12400 170TH ST, LINWOOD, KS 66052

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	Jigu		((C)		our	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	Pos heck ss per	itior more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JUSTIN OBERNDORFER	50.00							100 000		
EXECUTIVE DIRECTOR	1 00			X				100,000.	0.	0.
(2) BUD REYNOLDS	1.00	.,		,,						
CHAIR OF BOARD	1 00	Х		Х				0.	0.	0.
(3) KRYSTAL PIERCE	1.00	37		٦,				_	_	_
VICE-CHAIR OF BOARD (4) SHELBY MCBRIDE	1.00	Х		Х	_			0.	0.	0.
TREASURER OF BOARD	1.00	х		х				0.	0.	0.
(5) ALAN BANWART	1.00	Λ		^				0.	0.	0.
SECRETARY OF BOARD	1.00	Х		Х				0.	0.	0.
(6) MICHAEL STRICK	1.00	25							•	•
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) RICK MOREFIELD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JOHN EMMANUELS	1.00							-	-	-
BOARD MEMBER		Х						0.	0.	0.
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Form 990 (2022)

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compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (D) (C) (D) (D) (D) (D	<u>d</u>									•					0.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual nand related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address FORGE CONSTRUCTION HOME BUILDING 13.07 UNION AVE, KANSAS CITY, MO 64101 SERVICE 1,103,996.	2	_	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•			0
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address FORGE CONSTRUCTION 1307 UNION AVE, KANSAS CITY, MO 64101 SERVICE 1,103,996.		compensation from the organization											ī	Voc	
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C	2	Did the organization list any former officer	director truct	00 l	·0\/ 0	mnl	01/0	۰ ۵۲	hia	shoot componented amp	lovos on			163	140
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) (C) Compensation FORGE CONSTRUCTION 1307 UNION AVE, KANSAS CITY, MO 64101 SERVICE 1,103,996.	3	,	*	,	,	•	,	,	·		•		3		X
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address	4	•													
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation FORGE CONSTRUCTION 1307 UNION AVE, KANSAS CITY, MO 64101 SERVICE 1,103,996.	•		•		•					•	•		4		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation FORGE CONSTRUCTION HOME BUILDING 1307 UNION AVE, KANSAS CITY, MO 64101 SERVICE 1,103,996.	5														
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation FORGE CONSTRUCTION 1307 UNION AVE, KANSAS CITY, MO 64101 SERVICE 1,103,996.		rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch ı	oers	on .					5		Х
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services Compensation FORGE CONSTRUCTION 1307 UNION AVE, KANSAS CITY, MO 64101 SERVICE 1,103,996.	Sec	tion B. Independent Contractors	-												
(A) Name and business address FORGE CONSTRUCTION 1307 UNION AVE, KANSAS CITY, MO 64101 Total number of independent contractors (including but not limited to those listed above) who received more than	1		•	•							•	ensa	tion fro	m	
Name and business address FORGE CONSTRUCTION 1307 UNION AVE, KANSAS CITY, MO 64101 SERVICE 1,103,996. 2 Total number of independent contractors (including but not limited to those listed above) who received more than			he calendar ye	ear e	endin	ıg w	ith c	or wi	thin		ear.			_	
FORGE CONSTRUCTION 1307 UNION AVE, KANSAS CITY, MO 64101 2 Total number of independent contractors (including but not limited to those listed above) who received more than			address								ervices				n
1307 UNION AVE, KANSAS CITY, MO 64101 SERVICE 1,103,996. 2 Total number of independent contractors (including but not limited to those listed above) who received more than	FOI		<u>addi 033</u>						_	•			omper	isatioi	<u> </u>
2 Total number of independent contractors (including but not limited to those listed above) who received more than			ту мо	64	10	1			- 1]	1	10	3 9	96.
, , , , , , , , , , , , , , , , , , , ,		o, onion muli mandrid er	11, 110	<u> </u>					_				, _ 0 .	<u> </u>	
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, , , , , , , , , , , , , , , , , , , ,															
	2	·	· ·	ot lir	nitec	to '			ted	above) who received mo	ore than				

		Check if Schedule O contains a response or	note to any lin	a in this Part VIII			
		Officer in deficable of contains a response of	note to any iiii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
Ä,		c Fundraising events1c	16,018.				
ar if		d Related organizations 1d					
s, G		e Government grants (contributions) 1e					
Sig		f All other contributions, gifts, grants, and					
uti Je			55,250.				
등			20,634.				
ou		•		1,971,268.			
O a		h Total. Add lines 1a-1f		1,911,200.			
		 	Business Code				
ce	2	a					
e <u>Š</u>		b					
Sag		c					
am		d					
Program Service Revenue		е					
Pro		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3						
	Ü		560.			560.	
				300.			300.
	4						
	5	,					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis					
o		and sales expenses					
Revenue							
eve		(),					
		d Net gain or (loss)					
ther	8	a Gross income from fundraising events (not					
₹		including \$ 16 , 018 of					
		contributions reported on line 1c). See					
		Part IV, line 188a	3,250.				
		b Less: direct expenses 8b	8,353.				
		c Net income or (loss) from fundraising events		-5,103.			-5,103.
	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					
		a Gross sales of inventory, less returns					
	10		1,443.				
		and allowances 10a	0.				
		b Less: cost of goods sold 10b	0.	1 442	1 442		
\longrightarrow		c Net income or (loss) from sales of inventory		1,443.	1,443.		
S		<u> [</u>	Business Code				
o o	11	a					
Miscellaneous Revenue		b					
eve		С					
<u>18</u>		d All other revenue					
2		e Total. Add lines 11a-11d					
	12			1,968,168.	1,443.	0.	-4,543.

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 (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses 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, 100,000. 80,000. 5,000. 15,000. 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) 85,070. 54,974. 17,239. 12,857. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 15,089. 8,564. 2,209. 4,316. 10 Payroll taxes Fees for services (nonemployees): Management 720. 720. Legal 7,550. 7,550. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 10,443. 3,606. 6,837. column (A), amount, list line 11g expenses on Sch O.) 12,040.9,351. 2,689. Advertising and promotion 12 14,737. 659. 13,371. Office expenses 13 9,414. 3,654. 5,760 Information technology 14 15 Royalties 59,898. 60,679. 781. 16 Occupancy 1,505. 1,357. 148. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,250. 7,035. 215. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 32,853. 32,853. Depreciation, depletion, and amortization 22 652. 652. 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.) 75,493. 65,495. 9,998. PROGRAM EVENTS/SUPPLIES All other expenses 433,495. 327,023. 55,145. 51,327. 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)

Form **990** (2022)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,188,907.	1	1,279,950.	
	2	Savings and temporary cash investments			100,591.	2	101,151.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,143,123.			
	b	Less: accumulated depreciation	1,083,460.	10c	2,067,827.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir			13		
	14	Intangible assets		14	760 744		
	15	Other assets. See Part IV, line 11			0.	15	769,544.
	16	Total assets. Add lines 1 through 15 (must e			2,372,958.	16	4,218,472.
	17	Accounts payable and accrued expenses		ı		17	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or fo					
Ħ		trustee, key employee, creator or founder, sul				-00	
Liabilities		controlled entity or family member of any of the			356,920.	22	600,975.
_	23	Secured mortgages and notes payable to unr			330,320.	23	000,973.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir of Schedule D			0.	25	2,758.
	26	Total liabilities. Add lines 17 through 25			356,920.	25 26	603,733.
	20	Organizations that follow FASB ASC 958, c	heck here	X	230,73201	20	30371331
es		and complete lines 27, 28, 32, and 33.					
anc anc	27	• , , ,			1,281,435.	27	3,433,739.
3al	28				734,603.	28	181,000.
둳		Organizations that do not follow FASB ASC			•		•
Ē		and complete lines 29 through 33.	,				
P	29	Capital stock or trust principal, or current fund	ds			29	
;ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				2,016,038.	32	3,614,739.
~	33	Total liabilities and net assets/fund balances			2,372,958.	33	4,218,472.
					•		Form 990 (2022

Pa	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,96				
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,4			
3	Revenue less expenses. Subtract line 2 from line 1	3	1,53	4,6	<u>73.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,01	6,0	<u>38.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6	6	4,0	28.		
7	Investment expenses	7					
8	Prior period adjustments	8					
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	3,61	4,7	39.		
Pa	t 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 on Schedule	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
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				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2022)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

JOY MEADOWS INC. 82-2706195 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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.)

Sec	ction A. Public Support						-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	` ,	` ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	150,726.	665,975.	732,582.	1150763.	1971268.	4671314.
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	150,726.	665,975.	732,582.	1150763.	1971268.	4671314.
	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)						619,122.
6	Public support. Subtract line 5 from line 4.						4052192.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	150,726.	665,975.	732,582.	1150763.	1971268.	4671314.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			117.	474.	560.	1,151.
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		·				4679808.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	5,981.
	First 5 years. If the Form 990 is for the	•	,				<u> </u>
	organization, check this box and stor	-					
Sed	tion C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	86.59 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	76.13 %
	33 1/3% support test - 2022. If the o					ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·
							(Form 990) 2022

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	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
ŀ	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.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4,) = 0.10	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	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 on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the		-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 10h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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		
- Gu		
3b		
36		
20		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
9c		
10a		
10b		

Par	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Sect	tion B. Type I Supporting Organizations			
	_		Yes	No
	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.	1		
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.	2		
Sect	tion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	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			
	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?	1		
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).	2		
3	By reason of the relationship described on 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			
C1	supported organizations played in this regard.	3		
Sect	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 instructions)	uctions		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on 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	2h		
	these activities but for the organization's involvement. Perent of Supported Organizations. Answer lines 3a and 3h below.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: If Test Descript III i with the file fold Diaved by the organization in this redain	-N		

Pa	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	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion 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	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	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	ion 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) 2022

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Schedule of Contributors

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

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

JO	Y MEADOWS, INC.	82-2706195
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{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 For an organization	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule in filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling 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) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F, line 1. Complete Parts I and II.	that received from any one
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, science on all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er instead of the contributor name and address), II, and III.	entific,
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled monere the total contributions that were received during the year for an exclusively religious mplete any of the parts unless the General Rule applies to this organization because it refer etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box , charitable, etc., eceived <i>nonexclusively</i>
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	

Schedule B (Form 990) (2022) Page

Name of organization Employer identification number

JOY MEADOWS, INC.

82-2706195

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 255,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 240,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$162,986.	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
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

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) Total contributions	(d) Type of contribution
7		\$\$	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
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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	* 49,402.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

JOY MEADOWS, INC.

82-2706195

(a) No. The property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions.) INVAC EQUIPMENT*	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
10	No. from		FMV (or estimate)	
(a) No. (b) Description of noncash property given (c) FMV (or estimate) (see instructions.) (a) No. (b) Description of noncash property given (c) FMV (or estimate) (see instructions.) (b) Description of noncash property given (c) FMV (or estimate) (see instructions.) (c) FMV (or estimate) (see instructions.) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (e) Date	1.0	HVAC EQUIPMENT	-	
No. from Description of noncash property given (a)			\$\$\$	12/30/22
(a) No. from Part I Description of noncash property given See instructions.) (a) No. (b) (c) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) CFMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) FMV (or estimate) (See instructions.) (d) Date received (a) No. (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	
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(a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (see instructions.) (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (see instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received	No. from		FMV (or estimate)	I .
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No. from Part I (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (C) FMV (or est			- - - - - - - - - -	
(a) No. from Description of noncash property given (c) FMV (or estimate) (See instructions) Date received	No. from		FMV (or estimate)	II .
No. (b) FMV (or estimate) (d) (d) Form Description of noncash property given Date received			- - - - - - - - - -	
	No. from		FMV (or estimate)	II .
			- - - - - - - - -	Schadula R (Form 990) (2022)

Page 4

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 Inspection

Name of the organization

JOY MEADOWS, INC.

Employer identification number 82-2706195

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X					;	φ

Schedule D (Form 990) 2022

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

Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land		185,000.		185,000.			
b Buildings		1,876,650.	67,150.	1,809,500.			
c Leasehold improvements							
d Equipment		71,973.	7,229.	64,744.			
e Other		9,500.	917.	8,583.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022 JOY MEADOWS	TNC	82-2706195 Page
Part VII Investments - Other Securities.	, 1110.	02 2700193 Fage
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(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" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

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

(a) Description	(b) Book value
(1) KS SUTA REFUND DUE	479.
(2) RIGHT-OF-USE ASSET - SUNSET PALACE LEASE	253,972.
(3) CONSTRUCTION WORK-IN-PROGRESS	515,093.
(4)	
<u>(5)</u>	
<u>(6)</u>	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	769,544.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CREDIT CARD PAYABLE	2,758.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	· (Column (b) must equal Form 990. Part X. col. (B) line 25.)	2,758.

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) 2022

Par	t XI	Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Totalı	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	nrealized gains (losses) on investments	2a		
b		ed services and use of facilities			
С		eries of prior year grants			
d		(Describe in Part XIII.)			
		nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Totalı	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>,) </u>	5	
Par	t XII	Reconciliation of Expenses per Audited Financial St		es per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1				1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ed services and use of facilities	I I		
b	Prior y	rear adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
		ment expenses not included on Form 990, Part VIII, line 7b			
		(Describe in Part XIII.)	4b		
		nes 4a and 4b			
5 Dar	lotal (expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information.	<u> (8.)</u>	5	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: Dort IV lines 1b and 2b: Do	ut V line 4: Port V line 9: Port V	
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		iit v, iiile 4, i ait //, iiile 2, i ait /	XI,
11103	zu anu	45, and 1 art Air, lines 2d and 45. Also complete this part to provide a	ny additional information.		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

JOY MEA	DOWS, INC.					82-2706	ntification number
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	line 1		
required to complete this par 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individuals.	eed funds through any of the followin e Solicitate f Solicitate g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (incluc	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	stees,	Yes	
compensated at least \$5,000 by the							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No					
Total							
List all states in which the organization or licensing.	n is registered or licensed to solicit o			or has been notified	l it is	exempt from re	gistration

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

Schedule G (Form 990) 2022

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

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.										
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through					
			JOY RUN			col. (c))					
Φ			(event type)	(event type)	(total number)	(-"					
Revenue	1	Gross receipts	19,268.			19,268.					
	2	Less: Contributions	16,018.			16,018.					
	3	Gross income (line 1 minus line 2)	3,250.			3,250.					
	4	Cash prizes									
S	5	Noncash prizes	547.			547.					
beuse	6	Rent/facility costs	3,200.			3,200.					
Direct Expenses	7	Food and beverages	42.			42.					
_	8	Entertainment									
	9	Other direct expenses				4,564.					
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			8,353.					
		Net income summary. Subtract line 10 from li				-5,103.					
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than						
		\$15,000 on Form 990-EZ, line 6a.	I	() D. II taka (a stant		 					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Re	1	Gross revenue									
ses	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
Direct	4	Rent/facility costs									
	5	Other direct expenses									
		,	Yes %	Yes %	Yes %						
	6	Volunteer labor	No No	No No	No No						
	7	Direct expense summary. Add lines 2 through	5 in column (d)								
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)								
	0	Net garning income summary. Subtract line r	from line 1, column (a)								
		ter the state(s) in which the organization condu	_								
		he organization licensed to conduct gaming ac No," explain:				Yes No					
	_										
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No					
	_										

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G (Form 990) 2022 JOY MEADOWS, INC.	82-2706195 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	13a %
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords:
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	amount
of gaming revenue retained by the third party \$	arrount
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Garning manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
vetain the etate gaming licenses	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	
·	it iii tile
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	() and Dark III. France O. Ob. 40b
	(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)	JOY	MEADOWS,	INC.	82-2706195	Page 4
Part IV	(Form 990) Supplemental I	nformation	(continued)			
			(00000000)			
-						
		<u> </u>				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

		JOY MEADOWS,	INC.				82-2	<u>70</u> 61	<u> 19</u> 5	
Par	t I Ty	pes of Property				•				
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d) Method of de ncash contribu			s
1	Art - Works	of art								
2	Art - Histor	ical treasures								
3	Art - Fraction	onal interests								
4	Books and	publications								
5	Clothing ar	nd household goods	X		14,206.	FAII	R MARKET	VAI	LUE	
6	Cars and o	ther vehicles								
7	Boats and	planes								
8		property								
9	Securities	- Publicly traded								
10	Securities	- Closely held stock								
11	Securities	- Partnership, LLC, or								
	trust intere	sts								
12	Securities	- Miscellaneous								
13	Qualified c	onservation contribution -								
	Historic str	ructures								
14		onservation contribution - Other								
15		e - Residential								
16	6 Real estate - Commercial									
17	Real estate	e - Other								
18	Collectible	s								
19		ntory								
20	Drugs and	medical supplies								
21	Taxidermy									
22		artifacts								
23	Scientific s	pecimens								
24		cal artifacts				<u> </u>				
25	Other (HOUSING AND CON	X	1			R MARKET			
26	Other (SUPPLIES)	X	35			R MARKET			
27	Other (MEALS)	X	5			R MARKET			
28	Other (ANIMALS	X	1		FAII	R MARKET	VAI	LUE	
29		Forms 8283 received by the organization								
	for which t	he organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			Г	1	
							ı		Yes	No
30a	· ·	year, did the organization receive by	•		,	•	nat it			
		for at least 3 years from the date of		ntribution, and whi	ich isn't required to be used	for				
		rposes for the entire holding period'	?					30a		_X_
b	,	escribe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							31		_X_
32a		rganization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributio							32a		_X_
		escribe in Part II.								
33		nization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in									
LHA	For Pape	erwork Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedule M	(Form	า 990)	2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

JOY MEADOWS, INC.

Employer identification number 82-2706195

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SO THAT CHILDREN IMPACTED BY FOSTER CARE CAN FIND STABILITY, HEALING

AND JOY.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION'S BYLAWS WERE AMENDED TO UPDATE THE ORGANIZATION'S MISSION
STATEMENT AND STIPULATE THE MINIMUM AND MAXIMUM NUMBER OF BOARD MEMBERS
REQUIRED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE THE DIRECTOR OF FINANCE, EXECUTIVE

DIRECTOR, AND CHIEF OPERATING OFFICER. 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. THE BOARD USES COMPARABILITY DATA IN

DETERMINING COMPENSATION OR SETS COMPENSATION AT BELOW MARKET VALUE.

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

Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022			Pag	je 2
Name of the organization JOY MEADOWS, INC.		Employe 82-	er identification numb -2706195	
FORM 990, PART VI, SECTION C, LINE 19:				
THE GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST F	OLIC	ARE	AVAILABLE	
UPON REQUEST.				

THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

, 2022, and ending

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN 82-2706195 JOY MEADOWS, INC. JUSTIN OBERNDORFER Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 8a Form 5227 check here **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) Form 8038-CP check here 10b 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name _ , (EIN)_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize KELLER & OWENS, LLC 12345 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 48465377777 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. KELLER & OWENS, LLC 11/14/23 ERO's signature Date

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

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

Form **8879-TE** (2022)

Form 8879-TF

Form **8868**

(Rev. January 2022)

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.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print JOY MEADOWS, INC. 82-2706195 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 12400 170TH ST return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. LINWOOD, KS 66052 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) THE ORGANIZATION • The books are in the care of \blacktriangleright 12400 170TH ST - LINWOOD, KS 66052 Telephone No. ▶ 913-347-2476 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, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 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 If this application is for Forms 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 using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2023 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization (Check box if name changed and see instructions.) Check hox if address changed. **B** Exempt under section Print JOY MEADOWS, INC. 82-2706195 EGroup exemption numbe (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) 12400 170TH ST 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [LINWOOD, KS 66052 529A Check box if 4,218,472. C Book value of all assets at end of year an amended return. X 501(c) corporation 501(c) trust 401(a) trust State college/university Other trust Check organization type \square Claim a refund shown on Form 2439 Check if filing only to Claim credit from Form 8941 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. THE ORGANIZATION 913-347-2476 The books are in care of Telephone number **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 2 Reserved 2 3 3 Add lines 1 and 2 0. 4 Charitable contributions (see instructions for limitation rules) 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 **Trusts.** Section 199A deduction. See instructions 9 10 1,000. Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11

Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)

Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on

Alternative minimum tax (trusts only)

Tax rate schedule or

LHA For Paperwork Reduction Act Notice, see instructions.

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

Tax Computation

Other tax amounts. See instructions

Part I, line 11 from:

Proxy tax. See instructions

3

4

5

6

Form **990-T** (2022)

1

<u>2</u> 3

4

5

6

Schedule D (Form 1041)

Form 9								P	age 2
Part		Tax and Payments		1					
1a	Fore	eign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<u>1a</u>						
b		er credits (see instructions)							
С		eral business credit. Attach Form 3800 (see instructions)							
d	Cred	dit for prior year minimum tax (attach Form 8801 or 8827)	. 1d						
е	Tota	al credits. Add lines 1a through 1d				1e			
2		tract line 1e from Part II, line 7				2			0.
3		er amounts due. Check if from: Form 4255 Form 8611 Form							
		Other (attach statement)				3			
4	Tota	al tax. Add lines 2 and 3 (see instructions).							
-		ion 1294. Enter tax amount here	,			4			0.
5		rent net 965 tax liability paid from Form 965-A, Part II, column (k)				5			0.
6a		ments: A 2021 overpayment credited to 2022							
_		2 estimated tax payments. Check if section 643(g) election applies							
b									
С		deposited with Form 8868							
d		eign organizations: Tax paid or withheld at source (see instructions)							
е		kup withholding (see instructions)							
f		dit for small employer health insurance premiums (attach Form 8941)							
g	Othe	er credits, adjustments, and payments: Form 2439							
			al 6g						
7	Tota	al payments. Add lines 6a through 6g				7			
8		mated tax penalty (see instructions). Check if Form 2220 is attached				8			
9	Tax	due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				9			
10	Ove	rpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overp	oaid			10			
11	Ente	er the amount of line 10 you want: Credited to 2023 estimated tax			Refunded	11			
Part	IV	Statements Regarding Certain Activities and Other Informat	ion (se	ee instru	ctions)				
1	At a	ny time during the 2022 calendar year, did the organization have an interest in or	r a signat	ture or o	ther authority		Y	'es	No
	over	a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organiza	ation may	y have to file				
		EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter th							
	here				,				Х
2		ng the tax year, did the organization receive a distribution from, or was it the gra	ntor of c	or transfe	eror to a				
_		ign trust?	,		,				Х
		es," see instructions for other forms the organization may have to file.							
3		er the amount of tax-exempt interest received or accrued during the tax year			\$				
		er available pre-2018 NOL carryovers here \$ Do not				r (O) (Or			
4									
_		wn on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by				i, line 6			
5		t-2017 NOL carryovers. Enter the Business Activity Code and available post-2017		-					
	the a	amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo							
		Business Activity Code		ilable po	st-2017 NOL c	arryover			
			\$						
			\$						
6a		the organization change its method of accounting? (see instructions)						_	<u>X</u>
b	If 6a	is "Yes," has the organization described the change on Form 990, 990-EZ, 990-	PF, or Fo	orm 1128	3? If "No,"				
		ain in Part V							
Part	V	Supplemental Information							
Provide	e the	explanation required by Part IV, line 6b. Also, provide any other additional inform	ation. Se	ee instru	ctions.				
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.				ge and be	lief, it is true,		
Sign	- [correct, and complete. Declaration of preparer (other than taxpayer) is based on an information of which prepare	arei iias aiiy	y Kilowieuge		w the IDC	discuss this ret	turn wi	+h
Here		EXECUT	IVE	DIRE	aman I	-	shown below (s		uı
	- [Signature of officer Date Title			ins	tructions)?	X Yes		No
		Print/Type preparer's name Preparer's signature	Date		Check it	PTIN		•	
De:-I		Tropulor o dignaturo	_ 410		self- employed	' ' ' '			
Paid		GREGORY D. OWENS GREGORY D. OWENS 1	1/14		oon omproyed	PΛ	00486	4 3	
Prepa			/	., 45	Eirm'e EIM		-1195		·
Use (Only	Firm's name KELLER & OWENS, LLC 10955 LOWELL AVE, STE 800			Firm's EIN	40	<u> </u>	<u> </u>	
					Dhora - /	0121	220	3 = 7	١.
		Firm's address OVERLAND PARK, KS 66210			Phone no. (ソエ ろ)	338-	<u> </u>	<i>,</i> 0