# Form **990**

Department of the Treasury

### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning SEP 1, 2021 and ending AUG 31, 2022 C Name of organization Check if applicable: D Employer identification number Address change MAYS MISSION FOR THE HANDICAPPED, INC. ]Name ]change 71-0445210 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 604 COLONIAL DRIVE 501-362-7526 termin-ated 495,063. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return HEBER SPRINGS, AR 72545-8090 H(a) Is this a group return Applica-F Name and address of principal officer: SHERRY NIEHAUS for subordinates? ..... Yes X No 2208 MISTY LN, HEBER SPRINGS, AR 72543 H(b) Are all subordinates included? Yes No I Tax-exempt status: ■ 501(c)(3) ■ 501(c) ( ) (insert no.) If "No," attach a list. See instructions 4947(a)(1) or J Website: ► WWW.MAYSMISSION.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other > L Year of formation: 1980 M State of legal domicile: AR Part I | Summary Briefly describe the organization's mission or most significant activities: MAYS MISSION IS DEDICATED TO Activities & Governance ASSISTING THE DISABLED AND PROMOTING PUBLIC AWARENESS ON 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 8 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 469,134. 400,206 Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 0 0. 28,301. 24,160. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,445 1,769. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 429,952 495,063. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 3,750. 1,000. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 244,771 215,332. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 5,254 5,499. b Total fundraising expenses (Part IX, column (D), line 25) 
60,534. 188,814 190,124. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 442,589 411,955. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 83,108. -12,63719 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 6,442,269 5,676,504. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 13,592 39,959 ..... 428,677. 636,545 Net assets or fund balances. Subtract line 21 from line 20 .... Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. lherry Signature of officer Sign Here SHERRY NIEHAUS, PRESIDENT/EXECUTIVE DIRECTOR Type or print name and title PTIN Preparer's signature Check Print/Type preparer's name 11/09/22 self-employed P00117666 Paid TODD E. BROWN, CPA Firm's EIN > 71 - 0519090Preparer Firm's name **EGP**, **PLLC** Firm's address 421 SOUTH SEVENTH STREET Use Only HEBER SPRINGS, AR 72543 Phone no. 501 - 362 - 8281

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

	IN CONJUNCTION WITH ITS DIRECT MAIL FUNDRAISING EFFORTS ON THE
	POTENTIAL OF CITIZENS WITH DISABILITIES WHILE CALLING FOR SPECIFIC
	ACTIONS TO IMPROVE THE QUALITY OF LIFE FOR DISABLED PEOPLE. PRODUCTION
	OF THE JOINT ACTIVITES INVOLVES HANDICAPPED INDIVIDUALS DEMONSTRATING
	THAT PEOPLE WITH DISABILITIES CAN BE PRODUCTIVE MEMBERS OF SOCIETY, IF
	ONLY GIVEN A CHANCE. MAYS MISSION OPERATIONS CAN BE USED AS A MODEL
	FOR OTHERS. THE ORGANIZATION ALSO DISTRIBUTES INFORMATIONAL MATERIALS
	ON DISABILITY ISSUES AND PROVIDES DISABILITY INFORMATION THROUGH ITS
	WEB SITE.
ŀď	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
le	Total program service expenses ► 298, 203.
	Form <b>990</b> (2021)

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4b

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

·			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		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2 10		
Ŭ	any tax-exempt bonds?	24c		ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? /f "Yes," complete			ĺ
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	-		
	instructions for applicable filing thresholds, conditions, and exceptions):			
я	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? /f			
-	"Yes, " complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes, " complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ĺ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				,
	Check if Schedule O contains a response or note to any line in this Part V	·····		
	$\mathbf{f} = 1$		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	- 1		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	4 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

021) MAYS MISSION FOR THE HANDICAPPED, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		,	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		77
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	-y_		x
	1	7c		Λ
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
, a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ย h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the	- ' ' '		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		l	
а	Gross income from members or shareholders		-	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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.	1		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
	organization is licensed to issue qualified health plans	I		
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,		v
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	1		

Form 990 (2021) Part VI | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI		,			<u> X</u>
Sec	tion A. Governing Body and Management					γ
		1 1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	any other			
	officer, director, trustee, or key employee?			. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	t supervision 🕟			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		***********	·		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets? ्	****************	5		X
6	Did the organization have members or stockholders?		*********	6	<u> </u>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	one or			
	more members of the governing body?		·····	. 7a	J	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the	following:			
а	The governing body?		************	8a	X	
b	Each committee with authority to act on behalf of the governing body?		******************	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		· · · · · · · · · · · · · · · · · · ·	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		************	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $$ .	*********		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	_	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," des	scribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by inc	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		<u>X</u>
	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 arranger	nent wi	th a			
	taxable entity during the year?			16a		<u> </u>
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	s			
	exempt status with respect to such arrangements?		*********	16b		
sec.	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	Γ (section 501(c)(	3)s only	) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		•			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of	interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records -	~		
	SHERRY NIEHAUS - 501-362-7526					
	604 COLONTAL DRIVE HERER CORINGS AR 72543					

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Form	990	(2021)	

MAYS MISSION FOR THE HANDICAPPED, INC.

71-0445210

Page **7** 

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

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	(da	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SHERRY NIEHAUS	50.00									
PRESIDENT/EXECUTIVE DIRECT		X		X				57,520.	0.	0.
(2) PETE HOWELL	0.50								_	•
TREASURER	0.50	X				-		0.	0.	0.
(3) KATHY WALDRON	0.50	1,						0	0	0
SECRETARY	0.50	X	-		-		<u> </u>	0.	0.	0.
(4) BIRTUS SIMPSON	0.30	x	Ì					0.	0.	0.
MEMBER (5) ANGIE SIMPSON	0.50	^				<del> </del>	-	<b></b>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
MEMBER	0.50	Х						0.	0.	0.
ADADA.										
	-									
		-								
								,		

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related	ob) kod	not c , unle cer ar		C) litior more erson lirecto	than is bot or/trus	one th an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	COI	(F) Estimate amount other mpensa from the	of ation ne
	organizations below line)	Individual trus	institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)		- 1	nd relat ganizati	
									navyan-	-	,,,,,,	
										+	<u> </u>	
										+		
1b Subtotal								57,520.	0			0.
c Total from continuation sheets to Part V								0.	0	•		0.
d Total (add lines 1b and 1c)							o re	57,520. eceived more than \$100	,000 of reportable	<u>,  </u>		0.
compensation from the organization							*******				Yes	No.
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s								hest compensated emp		3		х
4 For any individual listed on line 1a, is the s	um of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from t	the organization			
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>										4		Х
rendered to the organization? If "Yes," con Section B. Independent Contractors	plete Scheduk	J fo	or su	ich p	oers	on .			**************************************	5		X
1 Complete this table for your five highest co	•	-							•	sation	from	
the organization. Report compensation for (A)		ear e	nair	ng w	ith c	or wi	tnin	(B)			C)	
Name and business	address	NC	NE	<u>:</u>			+	Description of s	ervices	Compe	ensatio	n
		·····					-					
							+				<del></del>	
2 Total number of independent contractors (	including but no	ot lin	nited	to t	thos	e lis	ted	above) who received m	ore than			
\$100,000 of compensation from the organ	zation 🕨				<u> </u>	)						

		Check if Schedule O contains a response	or note to any lic	ne in this Part VIII			
		Office in Octrodule O Contains a response	of flote to any in	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
ats st	1 8	a Federated campaigns					
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	b Membership dues					
A, C		c Fundraising events1c					
a		d Related organizations 1d					
ž,Ë		e Government grants (contributions) 1e					
± So	1	f All other contributions, gifts, grants, and					
호		similar amounts not included above 1f	469,134.				
할	ç	Noncash contributions included in lines 1a-1f					
<u>8 5</u>	ŀ	n Total. Add lines 1a-1f	<u></u>	469,134.			·
			Business Code				
8	2 8	3					
Program Service Revenue	k						
	•						
	•						
	€	<b></b>					
Д.		All other program service revenue					<b>***</b>
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere		04 160			04 160
		other similar amounts)		24,160.			24,160.
	4	Income from investment of tax-exempt bond p		E 4	**************************************		F 4
	5	Royalties(i) Real	(ii) Personal	54.			54.
	_	_  _	(II) Personal				
	6 a		-				
	la	· · · · · · · · · · · · · · · · · · ·	-				
	-	Rental income or (loss) 6c	<b>.</b>				
		Net rental income or (loss)  Gross amount from sales of (i) Securities	(ii) Other				
	/ a	assets other than inventory 7a	(1) (1)				
		Less: cost or other basis					
<u>a</u>	-	and sales expenses					
er Revenue	_	Gain or (loss) 70					
ě		Net gain or (loss)					
e		Gross income from fundraising events (not					
盲		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b						
	c	All All and the second	<b>&gt;</b>				
	9 a	Gross income from gaming activities. See					
ĺ		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
1	С	: Net income or (loss) from gaming activities					
1	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory	1			·	
<u>s</u>			Business Code				
e e	11 a	MISCELLANEOUS	900099	1,134.			1,134.
e a	b	LIST RENTAL REVENUE	900099	581.			581.
Miscellaneous Revenue	c						
Σ	d	All other revenue					
		Total. Add lines 11a-11d		1,715.			05 000
	12	Total revenue. See instructions		495,063.	0.	0.1	25,929.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Total expenses		Check if Schedule O contains a respon			(C) T	D
and domestic governments. Sur 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, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation ont included shows to disqualified persons (see Selfield under section 4558(C)3)(8) Pressors (se Selfield under section 4558(C)3)(8) Pressor (selfield under section 4558(C)3)(8)		not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	Management and	( <b>D)</b> Fundraising expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1	- ·				
Individuals. See Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign powerments, and foreign individuals. See Part IV, line 15 and 16  4 Benefits pad for of remembers  5 Compensation not included above to disqualified persons (as defined under section 4958(IV)) and persons described in section 4958(IV)) and 13 July 259  5 Cher employee benefits  1 19 Payoli takes  1 14, 763; 10, 629; 1, 920; 2, 2  11 Fass for services (nonemployees):  12 Alaxangement  1 Legal  1 Lobbying  2 Professional fund raising services. See Part IV, line 17  1 Investment management fees.  9 Cither, (If line 11g amount excess 10% of line 28, column (IA), amount list line 11g expenses on Sch.O.)  2 Advertising and promotion  1 Office expenses.  5 Coupangly, and promotion  1 Ciffice expenses for any federal, state, or local public officials  1 Cocupancy, 12, 1377, 8, 750, 2, 173, 1, 2  1 Payments to diffillates  1 1,854, 1,335, 334, 1  1 Payments to affillates  1 1,854, 1,335, 334, 1  1 Payments to affillates  1 1,854, 1,335, 334, 1  1 Payments to affillates  1 1,854, 1,335, 334, 1  1 Payments of travel or ontertainment expenses for any federal, state, or local public officials  1 1,854, 1,335, 334, 1  1 Payments to affillates  1 1,854, 1,335, 334, 1  1 Payments to affillates  1 1,854, 1,335, 334, 1  1 Payments to affillates  1 1,854, 1,335, 334, 1  1 Payments to affillates  1 1,854, 1,335, 334, 1  1 Payments to affillates  1 1,854, 1,335, 334, 1  1 Payments to affillates  1 1,854, 1,335, 334, 1  1 1,854, 1,355, 334, 1  1 1,854, 1,375, 3,365, 1,395, 9  1 1,857, 1,375, 1,375, 1,375, 1,375, 1,375, 1,375, 1,375, 1,375, 1,375, 1,375, 1,		• • • • • • • • • • • • • • • • • • • •			****	
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 57,520. 29,214. 19,678. 8,6  6 Compensation of included above to disqualited persons (as defined under section 4958(t)(1)) and persons described in socion 4958(t)(3)(6) 7 Other sateries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11,763. 10,629. 1,920. 2,2 11,920. 2,2 12 Available of the section 401(k) and 403(b) employer contributions) 15 Peas for services (nonemployees): 18 Management 19 Legal 10 Caccounting 10 Lobbying 11 Proses for services (nonemployees): 20 Other, (If ims 11) amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 21 Advertising and promotion 22 Advertising and promotion 23 Office expenses 25 Other, (If ims 11) amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 26 Occupancy 27 Travel 28 Payments of travel or entertainment expenses for any federal, state, or local public officials 29 Depreciation, epiderion, and amortization 21 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Payments to affiliates 22 Depreciation, depletion, and amortization 21 Payments to affiliates 22 Depreciation, depletion, and amortization 21 Payments of travel or entertainment expenses for any federal, state, or local public officials 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 34 Other expenses limitize expenses on line 24s, the line 24s expenses on School (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	2		1 000	1 000		
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4556I(1)1) and persons described in section 456I(1)2) and persons described in section 456I(1)2) and persons described in section 456I(1)2) and 403I(1)2) and 4			1,000.	1,000		
Individuals See Part IV, lines 15 and 16	3	9				
### Senefits paid to or for members						
5 Compensation of current officers, directors, trustees, and key employees trustees, and key employees (Compensation not included above to disqualified persons (as defined under section 4958(x(1)) and persons described in section 4958(x(3))(8) (Compensation and contributions (include section 4958(x(3))(8) (Compensation and contributions (include section 4958(x(3))(8) (Compensation and contributions (include section 4958(x(3))(8) (Compensation and contributions) (Compensation and contributions) (Compensation and compensation and contributions) (Compensation and compensation and						
trustees, and key employees 6 Compensation not included above to disqualified persons (ascilined under social 4958(c)(3)(B) 7 Other salaries and vages 8 Pension plan accruals and contributions (include section 4958(c)(3)(B) 7 Other salaries and vages 8 Pension plan accruals and contributions (include section 49(4)) and (49(4)) employee contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 11 Fees for services (nonemployees): 12 Management 15 Legal 16 Lobbying 17 Investment management fees 18 Other, (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g axpenses on Sch 0.) 19 Advertising and promotion 10 Office expenses 10 Feysment of travel or entertainment expenses for any feddral, state, or local public forbials 19 Conferences, conventions, and meetings 10 Interest 11 Interest 12 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Office expenses 15 (14, 13, 13, 13, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14						
6 Compansation not included above to disqualified persons (as defined under section 4958(n)(1) and persons described in section 4958(n)(1) and persons described in section 4958(n)(1) and persons described in section 4958(n)(1)(e)  7 Cither salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 405(b) employer contributions)  9 Other employee benefits  1 Payroll taxes  1 1, 613. 5  1 4, 763. 1 0, 629. 1, 920. 2, 2  11 Fees for services (nonemployees):  a Management  b Legal  c Accounting  d Lobbying  e Professional fundralising services. See Part IV, line 17  f Investment management fees  g Cither, (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  22 Advertising and promotion  3 7, 790. 1 1, 608. 1 1, 613. 5  4 Information technology  For (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  3 11, 158. 20, 162. 10, 996.  4 Accounting  6 Cocupancy  1 2, 137. 8, 750. 2, 173. 1, 2  7 7 Travel  7 705. 614. 91.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials labove, (in this cellaneus) and meetings  10 Interest  1 1, 854. 1, 335. 334. 1  1 Payments of affiliates  2 Depreciation, depletion, and amortization 2 Insurance  1 18, 221. 14, 901. 552. 2, 0  2 10 Insurance  1 18, 221. 14, 901. 587. 2, 7  5 REPATRS AND MAINTENANCE  1 13, 360. 10, 554. 1, 470. 1, 3  2 TATE REGISTRATION FEES  6 All other expenses. And lines 1 through 24e  4 11, 955. 298, 203. 53, 218. 60, 5	5	•	E7 E00	20 214	10 670	0 600
persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B) 7 Cither splane and vages 139,259 1118,370 20,8 8 Pension plan accruals and contributions (include section 401(k) employer contributions) 9 Cither employee benefits 3,790 1,608 1,613 5 10 Payroll taxes 14,763 10,629 1,920 2,2 11 Fees for services (nonemployees):  a Management b Legal	_		57,520.	29,214.	19,6/8.	8,628.
persons described in section 4958(c)(3)(E) 7 Other salaries and wages Pension pha accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 13,790. 1,608. 1,613. 5 Payroll taxes 14,763. 10,629. 1,920. 2,2 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying d Lobbying d Lobbying Trivestment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list in 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 156,854. 42,277. 6,048. 8,5 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal state, or local public officials Conferences, conventions, and meetings 17 Payments to affiliates 18 Payments to affiliates 19 Depreciation, depletion, and amortization 11 Increase 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses not covered above. (List miscellaneous expenses on Sch 0.) 25 REPAIRS AND MAINTENANCE 26 LIST RENTAL EXPENSES 27 Eatl functional expenses. And lines 1 through 24e 27 Total functional expenses. And lines 1 through 24e 28 Interest 15, 109, 3, 678. 919. 5 29 Total functional expenses. And lines 1 through 24e 411, 955. 298, 203. 53, 218. 60, 5	6	· · · · · · · · · · · · · · · · · · ·				
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401k) and 403(b) employer contributions) 9 Other employee benefits 10 Payrolt taxes 114,763. 10,629. 1,920. 2,2 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundralsing services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses not covered for any federal, state, or local public officials. C Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Ing 24a amount exceeds 10% of line 25, column (A), amount, list line 24e spenses on Schedulo (A), amount, list line 24e spenses on Schedulo (A), amount, list line 11g expenses (Base) 11 Payments to affiliates 12 Depreciation, depletion, and meetings 13 Insurance 14 Ing 24a amount exceeds 10% of line 25, column (A), amount, list line 24e spenses on Schedulo (A), amoun						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Cither employee benefits 1,763. 1,790. 1,608. 1,613. 5 10 Payroll taxes 11 Fees for services (nonemployees): 11 Fees for services (nonemployees): 12 Accounting 13 Lobbying 14 Lobbying 15 Professional fundralsing services. See Part IV, line 17 15 Investment management fees 19 Cither (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal state, or local public officials for a	_	, . ,	120 050	110 270		20.000
section 401(k) and 403(b) employer contributions) 9	-		139,439.	110,370.		20,009.
9 Cther employee benefits 3,790. 1,608. 1,613. 5 10 Payroll taxes 14,763. 10,629. 1,920. 2,2 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 31,158. 20,162. 10,996. 40vertising and promotion 30 Office expenses 56,854. 42,277. 6,048. 8,5 14 Information technology 15 Royalties 16 Occupancy 12,137. 8,750. 2,173. 1,2 17 Travel 705. 614. 91. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 1,854. 1,335. 334. 1 1 Payments to affiliates 20 Interest 1,854. 1,335. 334. 1 1 Payments of filates 2 language above, (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, l	8					
10	_	· / · · · · · · · · · · · · · · · · · ·	2 700	1 600	1 612	569.
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundralising services. See Part IV, line 17 f Investment management fees g Cther. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 13 Office expenses	-	· · · · · · · · · · · · · · · · · · ·				2,214.
a Management b Legal c Accounting d Lobbying e Professional fundralising services. See Part IV, line 17 f Investment management fees g Chter, (fill ins 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  2 Advertising and promotion 3 Office expenses 5 6, 854. 42, 277. 6, 048. 8, 5  14 Information technology 15 Royalties 16 Occupancy 12, 137. 8, 750. 2, 173. 1, 2  7 Travel 705. 614. 91.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 10 Interest 1, 854. 1, 335. 334. 1  11 Payments to affiliates 12 Depreciation, depletion, and amortization 13, 791. 11, 170. 552. 2, 0  18 Insurance 18, 221. 14, 901. 587. 2, 7  4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on Schedule 0.)  a PURCHASES 14, 622. 10, 967. 1, 462. 2, 1  b REPAIRS AND MAINTENANCE 13, 360. 10, 554. 1, 470. 1, 3  c LIST RENTAL EXPENSES 6, 353. 3, 495. 1, 905. 9  d STATE REGISTRATION FEES 5, 109. 3, 678. 919. 5  e All other expenses 1 through 24e 411, 955. 298, 203. 53, 218. 60, 5			14,703.	10,029.	1,340.	2,214.
b Legal c Accounting d Lobbying e Professional fundralsing services. See Part IV, line 17 5 , 499 .						
c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  2 Advertising and promotion 3 Office expenses 5 6, 854	_	Į <sup>m</sup>				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion  3 Office expenses						
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 13 Office expenses 15 6, 854. 42, 277. 6, 048. 8, 5  14 Information technology 15 Royalties 16 Cocupancy 17 Travel 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 11 Payments to affiliates 12 Depreciation, depletion, and amortization 18 Insurance 19 Insurance 19 Other expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 19 PURCHASES 10 REPAIRS AND MAINTENANCE 11 STATE REGISTRATION FEES 12 All other expenses. Add lines 1 through 24e. 411, 955. 298, 203. 53, 218. 60, 5		1				
f Investment management fees g Cther. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion  3 Office expenses 56,854. 42,277. 6,048. 8,5  4 Information technology Royalties Royalties  6 Occupancy 705. 614. 91.  705. 614. 91.  705. 614. 91.  705. 614. 91.  705. 614. 91.  705. 18,750. 2,173. 1,2  705. 18,750. 18,750. 18,750.  705. 18,750. 18,750. 18,750. 18,750.  705. 18,750. 18,750. 18,750. 18,750.  705. 18,750. 18,750. 18,750. 18,750.  705. 18,750. 18,750. 18,750. 18,750.  705. 18,750. 18,750. 18,750. 18,750.  705. 18,750. 18,750. 18,750. 18,750.  705. 18,750. 18,750. 18,750. 18,750. 18,750.  705. 18,750. 18,750. 18,750. 18,750. 18,750. 18,750.  705. 18,750. 1		<b>.</b>	5 /00			5,499.
g Cther. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion  3 Office expenses  56,854. 42,277. 6,048. 8,5  Information technology  56,854. 42,277. 6,048. 8,5  Cocupancy  12,137. 8,750. 2,173. 1,2  7 Travel  705. 614. 91.  Payments of travel or entertainment expenses for any federal, state, or local public officials.  Conferences, conventions, and meetings  Interest  1,854. 1,335. 334. 1  Payments to affiliates  Depreciation, depletion, and amortization  13,791. 11,170. 552. 2,0  Insurance  14,901. 587. 2,7  Other expenses. Itemize expenses on it covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule (J), amount ex			3,499.			<u> </u>
Column (A), amount, list line 11g expenses on Sch 0.)   31,158.   20,162.   10,996.		· · · · · · · · · · · · · · · · · · ·			WA-4-110-100-100-100-100-100-100-100-100-1	
12 Advertising and promotion 13 Office expenses	y	,	31 158	20 162	10 996	
13 Office expenses	40		31,130.	20,102.	10,990.	
14 Information technology       15 Royalties       12,137.       8,750.       2,173.       1,2         16 Occupancy       12,137.       8,750.       2,173.       1,2         17 Travel       705.       614.       91.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       614.       91.         19 Conferences, conventions, and meetings       1,854.       1,335.       334.       1         20 Interest       1,854.       1,335.       334.       1         21 Payments to affiliates       2       1,854.       1,170.       552.       2,0         23 Insurance       18,221.       14,901.       587.       2,7         24 Other expenses, Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       14,622.       10,967.       1,462.       2,1         2 PURCHASES       13,360.       10,554.       1,470.       1,3         3 PURCHASES       6,353.       3,495.       1,905.       9         4 Instructional expenses       15,960.       9,479.       3,470.       3,0         5 TATE REGISTRATION FEES       5,109.       3,678.       919.       5			56 854	42 277	6.048	8,529.
15   Royalties     16   Occupancy   12,137.   8,750.   2,173.   1,2     17   Travel   705.   614.   91.     18   Payments of travel or entertainment expenses for any federal, state, or local public officials     19   Conferences, conventions, and meetings     10   Interest   1,854.   1,335.   334.   1     11   Payments to affiliates     2   Depreciation, depletion, and amortization   13,791.   11,170.   552.   2,0     10   Insurance   18,221.   14,901.   587.   2,7     24   Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25c, column (A), amount, list line 24e expenses on Schedule 0.)   a PURCHASES   14,622.   10,967.   1,462.   2,1     b REPAIRS AND MAINTENANCE   13,360.   10,554.   1,470.   1,3     c LIST RENTAL EXPENSES   6,353.   3,495.   1,905.   9     d STATE REGISTRATION FEES   5,109.   3,678.   919.   5     e All other expenses   15,960.   9,479.   3,470.   3,0     25   Total functional expenses. Add lines 1 through 24e   411,955.   298,203.   53,218.   60,5			30,031.	=2,2//•	0,020.	0,525.
16 Occupancy       12,137.       8,750.       2,173.       1,2         17 Travel       705.       614.       91.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       50.       1,854.       1,335.       334.       1         20 Interest       1,854.       1,335.       334.       1         21 Payments to affiliates       2.10.       2.10.       2.10.       2.10.         23 Insurance       13,791.       11,170.       552.       2,0         24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of fine 25, column (A), amount, list line 24e expenses on Schedule 0.)       14,622.       10,967.       1,462.       2,1         a PURCHASES       14,622.       10,967.       1,462.       2,1         b REPAIRS AND MAINTENANCE       13,360.       10,554.       1,470.       1,3         c LIST RENTAL EXPENSES       6,353.       3,495.       1,905.       9         d STATE REGISTRATION FEES       5,109.       3,678.       919.       5         e All other expenses       15,960.       9,479.       3,470.       3,0         25 Total functional expenses. Add lines 1 through 24e       411,955.       298,203.       53,21	-					
17 Travel       705.       614.       91.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials.       20 Interest       1,854.       1,335.       334.       1         20 Interest       1,854.       1,335.       334.       1         21 Payments to affiliates       22 Depreciation, depletion, and amortization       13,791.       11,170.       552.       2,0         23 Insurance       18,221.       14,901.       587.       2,7         24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25e. Column (A), amount, list line 24e expenses on Schedule 0.)       14,622.       10,967.       1,462.       2,1         a PURCHASES       13,360.       10,554.       1,470.       1,3         b REPAIRS AND MAINTENANCE       13,360.       10,554.       1,470.       1,3         c LIST RENTAL EXPENSES       6,353.       3,495.       1,905.       9         d STATE REGISTRATION FEES       5,109.       3,678.       919.       5         e All other expenses       15,960.       9,479.       3,470.       3,0         25 Total functional expenses. Add lines 1 through 24e       411,955.       298,203.       53,218.       60,5	_	1	12 137	8 750	2 173	1,214.
18						<u> </u>
for any federal, state, or local public officials  19			/ / / /	07.4.		
19   Conferences, conventions, and meetings   20   Interest   1,854.   1,335.   334.   1   21   Payments to affiliates   22   Depreciation, depletion, and amortization   13,791.   11,170.   552.   2,0   23   Insurance   18,221.   14,901.   587.   2,7   24   Other expenses. Itemize expenses on tovered 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 0.)  a PURCHASES   14,622.   10,967.   1,462.   2,1   b REPAIRS AND MAINTENANCE   13,360.   10,554.   1,470.   1,3   c LIST RENTAL EXPENSES   6,353.   3,495.   1,905.   9   d STATE REGISTRATION FEES   5,109.   3,678.   919.   5   e All other expenses   15,960.   9,479.   3,470.   3,0   25   Total functional expenses. Add lines 1 through 24e   411,955.   298,203.   53,218.   60,5	10					
1,854.   1,335.   334.   1	10					
Payments to affiliates   Depreciation, depletion, and amortization   13,791.   11,170.   552.   2,0			1.854	1.335.	334	185.
Depreciation, depletion, and amortization   13,791.   11,170.   552.   2,0		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,001.			
18,221.   14,901.   587.   2,7			13.791.	11.170.	552.	2,069.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       14,622. 10,967. 1,462. 2,1         a PURCHASES       14,622. 10,967. 1,462. 2,1         b REPAIRS AND MAINTENANCE       13,360. 10,554. 1,470. 1,3         c LIST RENTAL EXPENSES       6,353. 3,495. 1,905. 9         d STATE REGISTRATION FEES       5,109. 3,678. 919. 5         e All other expenses       15,960. 9,479. 3,470. 3,0         25 Total functional expenses. Add lines 1 through 24e       411,955. 298,203. 53,218. 60,5		•				2,733.
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 0.)  a PURCHASES  b REPAIRS AND MAINTENANCE  c LIST RENTAL EXPENSES  d STATE REGISTRATION FEES  e All other expenses  25 Total functional expenses. Add lines 1 through 24e  11, 4622. 10, 967. 1, 462. 2, 1 10, 967. 1, 462. 2, 1 10, 967. 1, 462. 2, 1 10, 967. 1, 462. 2, 1 10, 967. 1, 462. 2, 1 11, 470. 1, 3 11, 470. 1, 3 11, 470. 1, 3 12, 470. 3, 470. 3, 0 15, 960. 9, 479. 3, 470. 3, 0 15, 960. 9, 479. 3, 470. 3, 0 15, 960. 5				==/-		-/
a PURCHASES b REPAIRS AND MAINTENANCE c LIST RENTAL EXPENSES d STATE REGISTRATION FEES e All other expenses  Total functional expenses. Add lines 1 through 24e  14,622. 10,967. 1,462. 2,1 13,360. 10,554. 1,470. 1,3 1,360. 10,554. 1,470. 1,3 1,462. 2,1 1,470. 1,3 1,462. 2,1 1,462. 2,1 1,470. 1,3 1,470. 3,470. 3,0 25 Total functional expenses. Add lines 1 through 24e 411,955. 298,203. 53,218. 60,5		above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
b REPAIRS AND MAINTENANCE         13,360.         10,554.         1,470.         1,3           c LIST RENTAL EXPENSES         6,353.         3,495.         1,905.         9           d STATE REGISTRATION FEES         5,109.         3,678.         919.         5           e All other expenses         15,960.         9,479.         3,470.         3,0           25 Total functional expenses. Add lines 1 through 24e         411,955.         298,203.         53,218.         60,5	а		14,622.	10,967	1.462.	2,193.
c LIST RENTAL EXPENSES d STATE REGISTRATION FEES e All other expenses Total functional expenses. Add lines 1 through 24e  c LIST RENTAL EXPENSES d STATE REGISTRATION FEES 5,109. 3,678. 919. 5 9,479. 3,470. 3,0 3,0 5 60,5						1,336.
d STATE REGISTRATION FEES         5,109.         3,678.         919.         5           e All other expenses         15,960.         9,479.         3,470.         3,0           25 Total functional expenses. Add lines 1 through 24e         411,955.         298,203.         53,218.         60,5						953.
e All other expenses 15,960. 9,479. 3,470. 3,0 25 Total functional expenses. Add lines 1 through 24e 411,955. 298,203. 53,218. 60,5						512.
25 Total functional expenses. Add lines 1 through 24e 411,955. 298,203. 53,218. 60,5						3,011.
						60,534.
I seempt the seem						
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)						

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 164,541. 125,372 1 Cash - non-interest-bearing 1 102,338. 126,395. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 44. 322. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ...... 6 558. 558. 7 Notes and loans receivable, net 7 38,561 55,948. 8 8 Inventories for sale or use Prepaid expenses and deferred charges 17,946. 17,946. 9 10a Land, buildings, and equipment: cost or other basis, Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 1,623,335. b Less: accumulated depreciation 10b 1,500,826. 93,406. 122,509. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 464,074. 555,371. 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 5,508,395. 4,724,489. 15 15 Other assets. See Part IV, line 11 6,442,269. 5,676,504. Total assets, Add lines 1 through 15 (must equal line 33) 16 16 13,592. 12,488. Accounts payable and accrued expenses \_\_\_\_\_\_ 17 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties ..... 23 23 27,471. 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 13,592. 39,959. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here 

X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 920,282. 912,056. 27 Net assets without donor restrictions 27 5,508,395. 4,724,489. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances \_\_\_\_\_ 6,428,677. 5,636,545. 32 32 6,442,269. 5,676,504. Total liabilities and net assets/fund balances

Form 990 (2021)

	n 990 (2021) MAYS MISSION FOR THE HANDICAPPED, INC.	<u>71-0</u>	)445210	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	********			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 163.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>55.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	8	3,1	108.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,42	8,6	<u> 77.</u>
5	Net unrealized gains (losses) on investments	5	-9	1,3	34.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-78	3,9	06.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,63	6,5	45.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	******	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	***************************************		
	consolidated basis, or both:		-		
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		Ì	l
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or guides, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

#### **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.

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

2021

Open to Public Inspection

Employer identification number

MAYS MISSION FOR THE HANDICAPPED. 71-0445210 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

### (Form 990) 2021 MAYS MISSION FOR THE HANDICAPPED, INC. 71-0445210 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 411,609. 383,681. 394,692. 400,206. 469,134. 2,059,32 Tax revenues levied for the organization'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 3 411,609. 383,681. 394,692. 400,206. 469,134. 2,059,32 The portion of total contributions by each person (other than a governmental unit or publicly supports organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Subtract line 5 from line 4. 2,059,32 Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 411,609. 383,681. 394,692. 400,206. 469,134. 2,059,32 Gross income from interest, dividends, payments received on	
membership fees received. (Do not include any "unusual grants.")  2	
include any "unusual grants.")  2	
2 Tax revenues levied for the organization'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	
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 3 411,609. 383,681. 394,692. 400,206. 469,134. 2,059,32  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 411,609. 383,681. 394,692. 400,206. 469,134. 2,059,32 (d) 2059,32 (d) 205	322.
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	
The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3	
furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3 411,609. 383,681. 394,692. 400,206. 469,134. 2,059,32  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 411,609. 383,681. 394,692. 400,206. 469,134. 2,059,32 8 Gross income from interest, dividends, payments received on	
the organization without charge  4 Total. Add lines 1 through 3	
4 Total. Add lines 1 through 3 411,609. 383,681. 394,692. 400,206. 469,134. 2,059,32  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 411,609. 383,681. 394,692. 400,206. 469,134. 2,059,32  8 Gross income from interest, dividends, payments received on	
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year begianing in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 (411,609. 383,681. 394,692. 400,206. 469,134. 2,059,32 8 Gross income from interest, dividends, payments received on	
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on	122.
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from interest, dividends, payments received on	
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4	
on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 411,609 383,681 394,692 400,206 469,134 2,059,32 8 Gross income from interest, dividends, payments received on	
amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total  7 Amounts from line 4	
column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total  7 Amounts from line 4 411,609 383,681 394,692 400,206 469,134 2,059,32  8 Gross income from interest, dividends, payments received on	
6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total  7 Amounts from line 4 411,609 383,681 394,692 400,206 469,134 2,059,32  8 Gross income from interest, dividends, payments received on	
6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total  7 Amounts from line 4	
Section B. Total Support         Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total         7 Amounts from line 4       411,609. 383,681. 394,692. 400,206. 469,134. 2,059,32         8 Gross income from interest, dividends, payments received on       411,609. 383,681. 394,692. 400,206. 469,134. 2,059,32	22.
7 Amounts from line 4 411,609. 383,681. 394,692. 400,206. 469,134. 2,059,32 8 Gross income from interest, dividends, payments received on	
8 Gross income from interest, dividends, payments received on	
dividends, payments received on	22.
securities loans, rents, royalties,	
and income from similar sources 10,061. 16,275. 11,851. 28,301. 24,160. 90,648	8.
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.) 10,278. 5,057. 773. 1,445. 1,769. 19,322	2.
<b>11 Total support.</b> Add lines 7 through 10 2,169, 29	92.
12 Gross receipts from related activities, etc. (see instructions) 12 10, 458	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 94.93	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	X
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifles as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation, If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

#### 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	0.0 m p.0 0.0 0 0 m					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		1		
	ndar year (or fiscal year beginning in) ►	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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						
12	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.)			******			
14	First 5 years. If the Form 990 is for th	=			<del>-</del>	· · · · · -	
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					1	
	Public support percentage for 2021 (li					15	<u>%</u>
	Public support percentage from 2020					16	<u>%</u>
	tion D. Computation of Inves			40 ) (0)		I I	0.4
	Investment income percentage for 20					17	
	Investment income percentage from 2					18	7 is not
19a	33 1/3% support tests - 2021. If the	-					
L	more than 33 1/3%, check this box ar	-					
D	<b>33 1/3% support tests - 2020.</b> If the line 18 is not more than 33 1/3%, check	=					. —
20	Private foundation. If the organization		=	•			

#### Part IV **Supporting Organizations**

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

#### Section A. All Supporting Organizations

- 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.
- 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?
- 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
- 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).
- 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.)

	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
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	4c		
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	9c		
	10a		·····
	10b		
ule	A (Forn	n 990)	2021

Yes No

_	edule A (Form 990) 2021 MAYS MISSION FOR THE HANDICAPPED, INC. 71-04 art IV Supporting Organizations (continued)	4521	LO P	age
Fa	rt IV   Supporting Organizations (continued)		Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?		103	† · · ·
а				
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			Γ
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	**/**	<b></b>	·
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		<del> </del>	-
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	l		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	etion C. Type II Supporting Organizations	<del></del>	- <del></del>	L
			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	<u> </u>	
Sec	tion D. All Type III Supporting Organizations		<del>,                                     </del>	Γ
		r	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	İ		
	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	<del> </del>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	_		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	l		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<u> 2a</u>		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	ı		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b	<b> </b>	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0~		
h	trustees of each of the supported organizations? If "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	3a		
b	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

$\overline{}$	edule A (Form 990) 2021 MAYS MISSION FOR THE H			71-0445210 Page 6
L	rt V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify	=		Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	e Sections A through E.	T
Sec	tion 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		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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 integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990) 2021

instructions).

MAYS MISSION FOR THE HANDICAPPED, INC. 71-0445210 Page 7 Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2021 Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D. line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990) 2021

a Excess from 2017
b Excess from 2018
c Excess from 2019
d Excess from 2020
e Excess from 2021

Schedule A	(Form 990) 2021					PPED, INC.		Page 8
Part VI	Supplemental Part IV, Section A, line 1: Part IV, Section	Information. lines 1, 2, 3b, 3c, tion D. lines 2 and	Provide the expl 4b, 4c, 5a, 6, 9a 3: Part IV. Sect	lanations requ a, 9b, 9c, 11a, ion E. lines 1c	uired by Part II, line 11b, and 11c; Par 1, 2a, 2b, 3a, and 3b	10; Part II, line 17a t IV. Section B. lines	or 17b; Part III, line 12; 1 and 2; Part IV, Sectior t V. Section B, line 1e; Pa	ı C.
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#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Pa		ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	rring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) 🔲 Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	nization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	tholds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	ion easements during the year
	• ·		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements th	nat describes the
D	organization's accounting for conservation easements.	A. Historical Tonoroma Other	Oi will a
Pai	t III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	· ·	ince of public
	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 furtherance	e <b>o</b> f public 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 trea	-	provide
	the following amounts required to be reported under FASB AS	_	
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		. ▶ \$

	edule D (Form 990) 2021 MAYS MI	SSION FOR Collections of A							445210	
3	Using the organization's acquisition, accessi									
	collection items (check all that apply):		•		_		•			
а	Public exhibition	c	I Loan o	or exch	ange progi	ram				
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they fur	ther th	e organizat	ion's exe	empt pu	rpose in P	art XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, historica	al treas	ures, or oth	ner simila	ar assets	3 _		
	to be sold to raise funds rather than to be ma								Yes	No_
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the orgar	nization	answered	"Yes" or	n Form 9	990, Part I\	/, line 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contrib	outions	or other a	ssets no	t include	ed		
	on Form 990, Part X?							_	Yes	X No
b	If "Yes," explain the arrangement in Part XIII									
	, , , , , , , , , , , , , , , , , , , ,		<b>.</b>						Amount	
С	Beginning balance						10	;		
	Additions during the year							ı		
	Distributions during the year							,		
f	Ending balance									
2a	Did the organization include an amount on Fo							E	Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has	been p	orovided on	Part XII	Ι			
Pa	t V Endowment Funds. Complete it		swered "Yes"							
		(a) Current year	<b>(b)</b> Prior ye	ar	(c) Two yea	rs back	(d) Thre	e years bac	( <b>(e)</b> Four y	ears back
1a	Beginning of year balance	5,508,395.	4,577,	911.	4,31	5,031.	4	<u>,516,083</u>	. 4,:	297,125.
b	Contributions									
C	Net investment earnings, gains, and losses	-783,906.	930,	484.	26	2,880.		-201,052		218,958.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs							·····	-	···-
f	Administrative expenses									
g	End of year balance	4,724,489.	5,508,			7,911.	4	,315,031	. 4,5	16,083.
2	Provide the estimated percentage of the curr			mn (a))	held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		6								
_	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are n	ield and	a administe	ered for t	ne orga	nization	T.	es No
	by:									'es No X
	(i) Unrelated organizations									X
h	(ii) Related organizations	tione lietad ae roquir	ad on Schodul		••••••				3a(ii)	
4	Describe in Part XIII the intended uses of the			ю n:		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		30	
Par			William Tallag.							
	Complete if the organization answered		, Part IV, line 1	1a. Se	e Form 990	), Part X,	line 10.			
	Description of property	(a) Cost or ot			r other		ccumula		(d) Book	value
	2 compliant of property	basis (investm		asis (o			preciatio		(4) 200.	- 4.4.0
1a	Land	1 4 4			,549.				61	,203.
	Buildings				,169.		693,	319.		,850.
	Leasehold improvements									
	Equipment			853	,963.		807,	507.	46	,456.
	Other									
Total	Add lines 1a through 1e. (Column (d) must ed		X, column (B),	line 10	c.)				122	,509.

Schedule D (Form 990) 2021

(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) MUTUAL FUNDS	379,802.	END-OF-YEAR MARKET VALUE
(B) LIFE ANNUITIES	84,272.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	464.074.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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) BENEFICIAL INTEREST IN TRUSTS	4,714,489.
(2) CERTIFICATES OF DEPOSIT	10,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>▶</b> 4,724,489.

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) Fe	deral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Coll	umn (b) must equal Form 990, Part X, col. (B) line 25.)	

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

	t XI Reconciliation of Revenue per Audited Financial Stateme				445210 Page 4
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		i nevende per i	ictai ii.	
1	Total revenue, gains, and other support per audited financial statements			1	-380,177.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	**************	******************************		300,117
a	Net unrealized gains (losses) on investments	2a	-91,334.		
b	Donated services and use of facilities			1	
c	Recoveries of prior year grants			1	
d	Other (Describe in Part XIII.)		-783,906.	1	
e	Add lines 2a through 2d			2e	-875,240.
3	Subtract line 2e from line 1			3	495,063.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	495,063.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wil	th Expenses per	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		>******************************	1	411,955.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1		1.4	3	411,955.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		***************************************	5	411,955.
Par	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines 1b	and 2b; Part V, line	4; Part X,	line 2; Part XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional infor	mation.		
PAR	T V, LINE 4:	·/			
END	OWMENT INCOME IS EXPENDABLE TO SUPPORT GEN	IERAL	OPERATING	PURPO	OSES.
PAR	T X, LINE 2:				
THE	ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT	STATU	JS AS PROVI	DED E	BY THE
UNI	TED STATES GOVERNMENT UNDER SECTION 501(C)	(3)	OF THE INTE	RNAL	REVENUE
COL	E.		*****		anna at a 1016 a a ruggy
			····		
	D AGG FAG. TUGOVE WANTE DEGUTERS GERMANN D	T 0 0 T 0			
FAS	B ASC 740, INCOME TAXES REQUIRES CERTAIN D	ISCLO	SURES ABOU	T UNC	ERTAIN
T 370	ONE MAY DOCTOROUG WITH MAY DESCRIBE TO THE	TTEE	TM TA 5550	D 3 D 7 T	, milan
TNC	OME TAX POSITIONS. WHEN TAX RETURNS ARE F	TURD,	TT TS PRO	RABLE	THAT
MOG	m may nogratong would be didmathen inon by	' እ እ <i>ለ</i> ፕ እን ኦ	יים זים זורדתו.	VTNO	
MOS	T TAX POSITIONS WOULD BE SUSTAINED UPON EX	WITNE	ATTON BY TA.	VTING	And a second sec
חוזע	HORITIES. HOWEVER, IT IS ALSO POSSIBLE TH	איי פר	MR POSTATO	NS MT	СНТ ВЕ

Schedule D (Form 990) 2021

132054 10-28-21

Schedule D (Form 990) 2021 MAYS MISSION FOR THE HANDICAPPED, INC. 71-0445210 Page 5 Part XIII Supplemental Information (continued)
SUBJECT TO UNCERTAINTY AND RESULT IN A LOSS CONTINGENCY IF THE AMOUNT CAN
BE REASONABLY ESTIMATED. THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATION
AND THE AMOUNT ULTIMATELY SUSTAINED FOR AN INDIVIDUAL UNCERTAIN TAX
POSITION OR FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE COULD DIFFER
FROM THE AMOUNT RECOGNIZED. CURRENTLY, MANAGEMENT DOES NOT BELIEVE THAT
ANY UNCERTAIN TAX POSITIONS EXIST UNDER THE PROVISIONS OF FASB ASC 740 OR
ASC 450, CONTINGENCIES. NO PENALTIES OR INTEREST BY THE INTERNAL REVENUE
SERVICE ("IRS") OR A STATE TAXING AUTHORITY WERE INCURRED AND RECORDED IN
THESE FINANCIAL STATEMENTS. THE ORGANIZATION HAS FILED OR WILL FILE ALL
APPLICABLE FEDERAL AND STATE INCOME TAX RETURNS. FEDERAL AND STATE INCOME
TAX STATUTES DICTATE THAT TAX RETURNS FILED IN ANY OF THE PREVIOUS THREE
REPORTING PERIODS REMAIN OPEN TO EXAMINATION. CURRENTLY, THE ORGANIZATION
HAS NO OPEN EXAMINATIONS WITH THE INTERNAL REVENUE SERVICE.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS -783,906.

#### **SCHEDULE 0** (Form 990)

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.

OMB No. 1545-0047 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

71-0445210 MAYS MISSION FOR THE HANDICAPPED, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DISABILITIES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MISSION SPONSORS ACTIVITIES FOR HANDICAPPED CHILDREN; ASSISTS DISABLED ADULTS TO FIND PROPER HOUSING, TRANSPORTATION, OR MEDICAL ATTENTION; AND MAKES GRANTS TO OTHER INSTITUTIONS OR ORGANIZATIONS TO BENEFIT THE HANDICAPPED, SUCH AS HOSPITALS. WHILE MAYS MISSION WILL ASSIST ANY HANDICAPPED INDIVIDUAL TO THE MAXIMUM EXTENT POSSIBLE, THE MISSION IS FOCUSED ON SERVING THOSE IN RURAL ARKANSAS AND THE OZARK MOUNTAINS REGION, AN AREA THAT IS GENERALLY ECONOMICALLY DEPRESSED AND SUFFERS FROM A RELATIVELY HIGH UNEMPLOYMENT RATE -- HENCE FEW JOB OPPORTUNITIES FOR THE DISABLED. A PRIMARY PURPOSE IS TO HELP HANDICAPPED PERSONS IMPROVE THEIR JOB SKILLS THROUGH ON-THE-JOB TRAINING AND, IN ADDITION, TO CREATE JOBS FOR THEM. FORM 990, PART VI, SECTION B, LINE 11B: BOARD MEMBERS WERE MAILED A COPY OF FORM 990 PRIOR TO FILING. THE FORM 990 WAS ALSO PRESENTED BY THE PREPARING CPA AT A REGULARY SCHEDULED BOARD MEETING PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CONFLICT OF INTEREST FORMS ARE SUBMITTED BY EACH BOARD MEMBER AND FILED IN THE POLICY BOOK.