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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning **SEP 1, 2009** and ending **AUG 31, 2010**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization MAYS MISSION FOR THE HANDICAPPED, INC.		D Employer identification number 71-0445210
		Doing Business As		E Telephone number 501-362-7526
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 604 COLONIAL DRIVE		G Gross receipts \$ 602,745.
		City or town, state or country, and ZIP + 4 HEBER SPRINGS, AR 72545-8090		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: SHERRY NIEHAUS 2208 MISTY LN, HEBER SPRINGS, AR 72543				
I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW.MAYSMISSION.ORG				
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1980 M State of legal domicile: AR				

Part I Summary

Activities & Governance 1 Briefly describe the organization's mission or most significant activities: MAYS MISSION IS DEDICATED TO 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. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34	3 5 4 4 5 15 6 4 7a 0. 7b 0.																																										
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer: <i>Sherry Niehaus</i>		Date: 11-22-10	
	SHERRY NIEHAUS, PRESIDENT/EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature: <i>Jack Brown, CPA</i>	Date: 11/19/10	Check if self-employed ☐	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4: EGP, PLLC 421 SOUTH SEVENTH STREET HEBER SPRINGS, AR 72543		EIN ▶ Phone no. ▶ 501-362-8281	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

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

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

G110 11

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
MAYS MISSION FOR THE HANDICAPPED OFFERS HOPE TO PEOPLE WHO NO ONE ELSE
MAY CARE ABOUT. THE MISSION PROVIDES WORTHWHILE EMPLOYMENT TO
HANDICAPPED PERSONS FROM ALL WALKS OF LIFE AND TEACHES THE WORD OF GOD
IN ACCORDANCE WITH CHRISTIAN ETHICS AND PRINCIPLES. IN ADDITION, MAYS
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 39,496. including grants of \$) (Revenue \$ 33,126.)
TRAINING - THE ORGANIZATION PROVIDES COMPENSATED HOURS FOR ON-THE-JOB
TRAINING FOR HANDICAPPED INDIVIDUALS WHILE MAINSTREAMING THEM IN AREAS
OF THE PRINTING TRADES, DATA PROCESSING, DIRECT MAIL SERVICES AND
ASSEMBLY.

4b (Code:) (Expenses \$ 242,097. including grants of \$ 1,250.) (Revenue \$)
COMMUNITY SERVICE - THE ORGANIZATION PROVIDES THE FOLLOWING SERVICES TO
COMMUNITIES NATIONWIDE: DISTRIBUTES FREE GIFT PAKS OF STATIONARY ITEMS;
VISITS NURSING, VETERANS AND CARE CENTERS; SPONSORS INTEGRATED
OPPORTUNITIES FOR RECREATION AND LEARNING TO HANDICAPPED CHILDREN AND
ADULTS; PROVIDES SCHOLARSHIPS TO STUDENTS WITH DISABILITIES WHO ARE
ATTENDING COLLEGE; SERVES DISABLED AND/OR FRAIL ELDERLY INDIVIDUALS
THROUGH ITS STAFF AND VOLUNTEER CAREGIVERS; SERVES AS A NATIONAL
REFERRAL SERVICE FOR CAREGIVING ASSISTANCE; AND PROVIDES EMPLOYMENT TO
PEOPLE WITH DISABILITIES.

4c (Code:) (Expenses \$ 158,111. including grants of \$) (Revenue \$)
PUBLIC EDUCATION - THE ORGANIZATION CONDUCTS PUBLIC AWARENESS CAMPAIGNS
IN CONJUNCTION WITH ITS DIRECT MAIL FUND RAISING 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 ACTIVITIES 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 ON ITS WEB
SITE.

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

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

4e Total program service expenses ► \$ 439,704.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• 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.		
• 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.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	4	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	15	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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 in Schedule O. See instructions

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	5	
b Enter the number of voting members that are independent	4	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a 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 reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► AL, AK, AZ, AR, CA, CT, FL, GA, KS, LA, ME, MD

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
SHERRY NIEHAUS - 501-362-7526
604 COLONIAL DRIVE, HEBER SPRINGS, AR 72543

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								42,159.	0.	12,894.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	549,046.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		549,046.			
Program Service Revenue	2 a	PRINTING REVENUE	Business Code 511190	29,157.	29,157.		
	b	LETTERSHOP REVENUE	511190	2,976.	2,976.		
	c	DATA PROCESSING REVENUE	518210	842.	842.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		32,975.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,329.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross Rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less: direct expenses	b				
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a				
b		Less: cost of goods sold	b				
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a	LIST RENTAL REVENUE	533110	15,244.			15,244.	
b	OTHER	900099	151.	151.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		15,395.				
12	Total revenue. See instructions.		602,745.	33,126.	0.	20,573.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,250.	1,250.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	51,850.	15,555.	23,851.	12,444.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	181,271.	126,649.	11,117.	43,505.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	17,423.	10,628.	2,614.	4,181.
10 Payroll taxes	17,362.	10,591.	2,604.	4,167.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	4,339.			4,339.
f Investment management fees				
g Other	39,050.	15,186.	23,864.	
12 Advertising and promotion				
13 Office expenses	158,433.	114,969.	5,264.	38,200.
14 Information technology				
15 Royalties				
16 Occupancy	16,333.	9,040.	5,659.	1,634.
17 Travel	1,728.	909.	743.	76.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	12,337.	7,525.	3,578.	1,234.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,136.	15,007.	2,959.	3,170.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>PURCHASES</u>	89,321.	58,058.	8,932.	22,331.
b <u>REPAIRS AND MAINTENANCE</u>	32,073.	25,337.	3,529.	3,207.
c <u>INSURANCE</u>	19,900.	12,935.	2,985.	3,980.
d <u>LIST RENTAL EXPENSES</u>	7,808.	1,952.	390.	5,466.
e <u>OTHER TAXES</u>	6,185.	3,401.	1,485.	1,299.
f All other expenses	22,029.	10,712.	4,842.	6,475.
25 Total functional expenses. Add lines 1 through 24f	699,828.	439,704.	104,416.	155,708.
26 Joint costs. Check here ☒ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	315,848.	242,361.	10,757.	62,730.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	33,969.	1	21,405.
	2 Savings and temporary cash investments	82,072.	2	87,787.
	3 Pledges and grants receivable, net	1,700.	3	1,700.
	4 Accounts receivable, net	4,082.	4	13,047.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	121,176.	8	106,381.
	9 Prepaid expenses and deferred charges	19,916.	9	18,375.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,737,102.		
	b Less: accumulated depreciation	10b 1,583,282.	10c	153,820.
	11 Investments - publicly traded securities	43,058.	11	49,083.
	12 Investments - other securities. See Part IV, line 11	257,394.	12	216,551.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,760,946.	15	3,695,950.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,492,626.	16	4,364,099.	
Liabilities	17 Accounts payable and accrued expenses	33,097.	17	37,394.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	153,201.	23	92,585.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	48,159.	25	70,883.
	26 Total liabilities. Add lines 17 through 25	234,457.	26	200,862.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	552,292.	27	474,771.
	28 Temporarily restricted net assets	38,167.	28	33,046.
	29 Permanently restricted net assets	3,667,710.	29	3,655,420.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,258,169.	33	4,163,237.
34 Total liabilities and net assets/fund balances	4,492,626.	34	4,364,099.	

Form 990 (2009)

Part XI Financial Statements and Reporting

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 in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MAYS MISSION FOR THE HANDICAPPED, INC.

Employer identification number

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 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	925,560.	793,031.	743,457.	655,053.	549,046.	3,666,147.
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	925,560.	793,031.	743,457.	655,053.	549,046.	3,666,147.
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						3,666,147.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	925,560.	793,031.	743,457.	655,053.	549,046.	3,666,147.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,585.	27,691.	29,206.	9,567.	5,329.	86,378.
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 IV)	33,142.	26,784.	22,572.	15,671.	15,395.	113,564.
11 Total support. Add lines 7 through 10						3,866,089.
12 Gross receipts from related activities, etc. (see instructions)					12	256,452.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	94.83	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	94.78	%
16a 33 1/3% support test - 2009. 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 ☒			
b 33 1/3% support test - 2008. 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 qualifies as a publicly supported organization ☐			
17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐			
b 10% -facts-and-circumstances test - 2008. 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 IV 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 ☐			

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MAYS MISSION FOR THE HANDICAPPED, INC.

Employer identification number

71-0445210

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|--|
| ☐ Preservation of land for public use (e.g., recreation or pleasure) | ☐ Preservation of an historically important land area |
| ☐ Protection of natural habitat | ☐ Preservation of a certified historic structure |
| ☐ Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►
- 4 Number of states where property subject to conservation easement is located ►
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ► \$
- (ii) Assets included in Form 990, Part X ► \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.
- a Revenues included in Form 990, Part VIII, line 1 ► \$
- b Assets included in Form 990, Part X ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3703454.	4481214.			
b Contributions					
c Net investment earnings, gains, and losses	-18,063.	-777,760.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3685391.	3703454.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 99.92 %
 c Term endowment ☐ .08 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	14,654.	46,549.		61,203.
b Buildings				
c Leasehold improvements				
d Equipment		1,675,899.	1,583,282.	92,617.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				153,820.

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	602,745.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	699,828.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-97,083.
4	Net unrealized gains (losses) on investments	4	15,531.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-13,380.
9	Total adjustments (net). Add lines 4 through 8	9	2,151.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-94,932.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	604,896.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	15,531.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-13,380.
e	Add lines 2a through 2d	2e	2,151.
3	Subtract line 2e from line 1	3	602,745.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	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	602,745.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	699,828.
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	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	699,828.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	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	699,828.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: ENDOWMENT INCOME IS EXPENDABLE TO SUPPORT GENERAL**OPERATING PURPOSES****PART XI, LINE 8 - OTHER ADJUSTMENTS:**

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: -1090.

CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS: -12290.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS: -12290.

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: -1090.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MAYS MISSION FOR THE HANDICAPPED, INC.

Employer identification number

71-0445210

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 11: BOARD MEMBERS WERE MAILED A COPY OF FORM 990 PRIOR TO FILING. THE FORM 990 WAS ALSO PRESENTED BY THE PREPARING CPA AT A REGULARLY 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.

FORM 990, PART VI, SECTION B, LINE 15A: PROPOSED COMPENSATION IS COMPARED TO SIMILAR NONPROFIT EXECUTIVE DIRECTORS AROUND THE NATION WITH SIMILAR YEARS OF SERVICE AND APPROVED BY THE BOARD OF DIRECTORS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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Name of the organization

MAYS MISSION FOR THE HANDICAPPED, INC.

Employer identification number

71-0445210

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CT, FL, GA, KS, LA, ME, MD, MA, MN, MS, NH, NJ, NY, NC, KY, OH, OK, OR, PA, RI
SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST, GOVERNING DOCUMENTS
ARE PHOTOCOPIED AND MAILED TO REQUESTING PARTIES OR AVAILABLE FOR REVIEW IN
THE OFFICE.

Mth	Life in Yrs	Description	Date Acquired	Total Actual Years of Depreciation	Total Rounded Years of Depreciation	Cost	8/31/09 Accumulated Depreciation	Current Depreciation	Current Disposals	8/31/10 Accumulated Depreciation
SL	25	New Building	12/01/81	28.77	29	268,196	268,196	-	-	268,196
SL	25	New Building	06/30/82	28.19	28	300,526	300,526	-	-	300,526
SL	25	Warehouse Addition-Her Hgts.	11/30/83	26.77	27	27,101	27,101	-	-	27,101
SL	25	Building Improvements-Her Hgts	01/15/84	26.64	27	6,650	6,650	-	-	6,650
SL	10	Guttering & Loading Dock Awning/	09/30/92	17.93	18	2,808	2,808	-	-	2,808
SL	10	Warehouse	04/30/97	13.35	13	43,138	43,138	-	-	43,138
SL	10	Additions to Warehouse	10/24/97	12.86	13	1,325	1,325	-	-	1,325
SL	10	Roof replacement	08/31/00	10.01	10	30,000	27,000	2,984	-	29,984
SL	10	Elevator Improvements	04/30/02	8.34	8	1,445	1,060	144	-	1,204
SL	10	Loading Dock Drive Improvemnts	05/17/02	8.30	8	1,196	872	120	-	992
SL	10	Gas Furnace for Lettershop	12/28/04	5.68	6	843	422	84	-	506
BUILDING Totals						683,228	679,098	3,332	-	682,430

SL	10	Equipment per MMH List	01/01/77	33.68	34	9,201	9,201	-	-	9,201
SL	5	Insert Mailing Machine	03/23/82	28.46	28	16,800	16,800	-	-	16,800
SL	5	Nu Arc Met Plate Burner	06/03/82	28.26	28	900	900	-	-	900
SL	5	Platemaker	12/13/82	27.73	28	4,046	4,046	-	-	4,046
SL	5	Reconditioned Burstter	03/17/83	27.48	27	3,750	3,750	-	-	3,750
SL	5	Phone System Modification	09/23/83	26.96	27	835	835	-	-	835
SL	5	Phone System Modification	02/02/84	26.59	27	1,375	1,375	-	-	1,375
SL	5	Shrink Package System	02/01/84	26.60	27	3,360	3,360	-	-	3,360
SL	7	Webcom Press	01/15/84	26.64	27	2,725	2,725	-	-	2,725
SL	5	Arkay Junior Punch	03/31/84	26.44	26	573	573	-	-	573
SL	7	W225FHKNU Webcom 700 PRS	01/15/84	26.64	27	301,997	301,997	-	-	301,997
SL	5	Security System	08/09/86	24.08	24	997	997	-	-	997
SL	7	6 Model 17 5 Heaters	05/31/88	22.27	22	18,709	18,709	-	-	18,709
SL	7	Hot Bar - Didde Press	05/13/88	22.32	22	1,165	1,165	-	-	1,165
SL	5	Epson LQ2550 Printer	11/18/89	20.80	21	1,106	1,106	-	-	1,106

SL	5 Decision Scale	05/31/89	21 27	21	775	775	-	775
SL	10 Metal Building - Air Compressor	02/28/89	21 52	22	1,503	1,503	-	1,503
SL	5 PolyChrome Plate Processor	01/31/90	20 59	21	967	967	-	967
SL	5 Video Printer and Print Kit	12/23/90	19 70	20	1,088	1,088	-	1,088
SL	5 Pitney Bowes Printer	04/30/90	20 35	20	1,232	1,232	-	1,232
SL	5 Pen Drop Machine	05/14/90	20 31	20	1,313	1,313	-	1,313
SL	5 Lineup Table	06/22/90	20 21	20	1,000	1,000	-	1,000
	Retired/Disposed	08/31/10	0 00	0	(1,000)	(1,000)	-	(1,000)
SL	5 24" Log-E Film Processor	03/22/90	20 46	20	3,500	3,500	-	3,500
	Retired/Disposed/Replaced	08/31/10			(3,500)	(3,500)	-	(3,500)
SL	10 42"24" Fans-Prntng Prss/Shpng V	10/11/90	19 90	20	1,756	1,756	-	1,756
SL	10 Ceiling Fan-Employee Break Room	01/31/91	19 59	20	517	517	-	517
SL	10 Air Conditioning Units/Furnaces	01/31/91	19 59	20	18,910	18,910	-	18,910
SL	7 Bell & Howell 6 Station Insert	12/31/90	19 68	20	35,824	35,824	-	35,824
SL	5 Bell&Howell Philipsbrg 4 Stn Instr	07/31/91	19 10	19	9,850	9,850	-	9,850
SL	5 Pitney Bowes Mailing Machine 612	12/18/91	18 72	19	1,417	1,417	-	1,417
SL	5 Printronix-P62802 Grphcs Line Prr	01/23/92	18 62	19	8,575	8,575	-	8,575
SL	5 Okidata printer-Pacemark 3410	04/30/92	18 35	18	1,427	1,427	-	1,427
SL	5 Norstar Telephone System	01/23/92	18 62	19	8,525	8,525	-	8,525
SL	5 Destroyit Paper Shredder Model 38	09/10/92	17 98	18	1,788	1,788	-	1,788
SL	5 Friden Letter Opener Model 5001	09/10/92	17 98	18	1,679	1,679	-	1,679
SL	5 Unisys Uninterruptible Power Supp	03/23/93	17 45	17	11,027	11,027	-	11,027
SL	5 Rack Enclosure for Mag Tape Driv	06/23/93	17 20	17	768	768	-	768
SL	5 Laser Printer	08/31/94	16 01	16	1,677	1,677	-	1,677
SL	5 Printronix L5031 HP PCL 5 Emulat	09/07/95	14 99	15	35,418	35,418	-	35,418
SL	5 Mark, Insight Direct Printer	10/11/95	14 90	15	1,508	1,508	-	1,508
SL	5 Gibson Refrigerator	12/19/95	14 71	15	611	611	-	611
SL	5 Power Door Opener	12/26/95	14 69	15	1,639	1,639	-	1,639
SL	5 Digi DC130L Paper Count Scale	01/01/96	14 67	15	1,217	1,217	-	1,217
SL	5 Alarm System for H Hts Bldg	04/16/96	14 38	14	3,463	3,463	-	3,463
SL	5 Security System	05/02/96	14 34	14	7,297	7,297	-	7,297
SL	5 Umax Scanner	05/31/96	14 26	14	2,529	2,529	-	2,529
SL	5 B/W Densitometer	06/26/96	14 19	14	1,828	1,828	-	1,828
SL	5 EA Ultra Semiauto Strap Machine	10/07/96	13 91	14	1,895	1,895	-	1,895
SL	5 28" Film Processor	07/01/97	13 18	13	9,949	9,949	-	9,949
SL	5 Baum 2020 Folder	07/28/97	13 10	13	31,000	31,000	-	31,000
SL	5 Shipping Door Equipment	07/31/97	13 09	13	925	925	-	925
SL	5 Printronix P5215 Line Printer	10/15/98	11 88	12	8,490	8,490	-	8,490
SL	10 Imagesetter	12/17/98	11 71	12	31,910	31,910	-	31,910

	Retired/Disposed	08/31/10	0 00		(31,910)		(31,910)	(31,910)
SL	5 Accufast Tabber	05/31/99	11 26		4,743	4,743	-	4,743
SL	5 NetExpress 3 0	03/31/99	11 43		1,326	1,326	-	1,326
SL	5 BCC Software	12/21/98	11.70		3,500	3,500	-	3,500
SL	5 NOVA Software	05/25/99	11.28		595	595	-	595
SL	10 Heidelberg Paper Cutter	12/08/99	10 74		50,155	48,808	1,319	50,127
SL	5 2 Dell Dimension P115	12/23/99	10 70		4,745	4,745	-	4,745
SL	5 Dell Dimension Computer	01/12/00	10 64		2,064	2,064	-	2,064
SL	5 PowerMac G4 Macintosh Compute	04/26/00	10 35		3,374	3,374	-	3,374
	Retired/Disposed	08/31/10	0 00		(3,374)			(3,374)
SL	5 RiPit Computer	04/30/00	10 34		4,050	4,050	-	4,050
SL	2 Epson 3000 Color Proofer Printer	05/25/00	10.27		846	846	-	846
SL	2 Baumfolder Improvements	08/31/00	10 01		2,547	2,547	-	2,547
SL	5 ResultsPlus Software	05/31/00	10 26		3,649	3,649	-	3,649
SL	5 PC Monitor 19"	06/20/00	10 20		491	491	-	491
SL	5 Speedaire Air Compressor	11/21/00	9 78		1,360	1,360	-	1,360
	Retired/Disconnected	08/31/10			(1,360)			(1,360)
SL	5 Heidelberg/Linoscan Scanner	01/23/01	9 61		1,362	1,362	-	1,362
SL	5 BOS 30K/Datatech Inkjet Printer	02/25/01	9 52		14,400	14,400	-	14,400
SL	5 Dell Computer	03/20/01	9 45		1,370	1,370	-	1,370
SL	5 Gateway Computer-Donated	06/19/01	9 21		800	800	-	800
SL	5 Dell Computer	09/21/01	8 95		1,059	1,059	-	1,059
SL	5 Consolidated Stitcher	10/31/01	8 84		37,500	37,500	-	37,500
	BKD adj loss on Macy disposition				(5,000)		(5,000)	(5,000)
SL	5 BCC Software Upgrade	11/14/01	8 80		1,750	1,750	-	1,750
SL	2 Dell Computer/Softw-Donated	02/19/02	8 53		1,000	1,000	-	1,000
SL	5 Toshiba Copier	03/29/02	8 43		4,819	4,819	-	4,819
SL	2 ResultsPlus Software Upgrad	04/30/02	8 34		1,295	1,295	-	1,295
SL	2 Dynamics Software Upgrade	06/04/02	8 25		1,154	1,154	-	1,154
SL	2 Dynamics Software Upgrade	06/25/02	8 19		1,058	1,058	-	1,058
SL	5 Samuel Strapping Machine	10/01/02	7 92		964	964	-	964
SL	5 BCC Maint Software	11/04/02	7 83		1,750	1,750	-	1,750
SL	5 Pallet/Rack/Beams	12/04/02	7 75		557	557	-	557
SL	5 Oreck Vacuum from NAIER (\$500)	06/01/03	7 25		500	500	-	500
SL	5 Daewoo Lift Truck w/paper lift	09/29/03	6 93		6,515	6,515	-	6,515
SL	5 Accounting Dell P4	12/04/03	6 75		805	805	-	805
SL	2 Maintenance for Great Plains	12/09/03	6 73		2,151	2,151	-	2,151
SL	2 Upgrade to SQL/Great Plains	12/09/03	6 73		1,007	1,007	-	1,007
SL	5 Pitney Bowes Digital Mailing Sys	02/10/04	6 56		6,458	6,458	-	6,458

SL	5 Dell Dimension P4-CPU 300 GHz	04/28/04	6.35	6	1,391	1,391	-	1,391
SL	5 Dell 3000	09/28/04	5.93	6	838	838	-	838
SL	10 Pallet Trucks (2)	02/23/05	5.52	6	860	430	86	516
SL	5 Dell 3000 P4 w/40GB HD	02/17/05	5.54	6	776	776	0	776
SL	5 HP Pavilion dv1000 series laptop	05/06/05	5.32	5	1,525	1,525	-	1,525
SL	5 MAC G5	06/16/05	5.21	5	2,531	2,531	-	2,531
SL	5 Epson 4000 Printer/Proofer	05/27/05	5.27	5	1,595	1,595	-	1,595
SL	5 RIPit Computer Upgrade	06/24/05	5.19	5	2,575	2,575	-	2,575
SL	5 Secap 30K Inkjet Printer	09/01/05	5.00	5	13,755	11,004	2,751	13,755
SL	3 Adobe Creative Suite 2	11/10/05	4.81	5	549	549	-	549
SL	3 Pitstop Professional Software	11/10/05	4.81	5	606	606	-	606
SL	10 Stahl 1984 Folder T-66	01/04/06	4.66	5	6,500	2,600	650	3,250
	traded Rosback, O&M, Stahl KC66 for a \$5500 value						-	
SL	10 Wiring for Stahl 1984 Retired/Disconnected	02/14/06	4.55	5	486	194	49	243
		08/31/10			(486)			(243)
SL	5 Agfa Imagesetter w/MAC G4 & Rip	03/23/06	4.44	4	3,500	2,800	700	3,500
	1998 Agfa, 2001 G4, 2000 RIP						-	
SL	5 1998 Imation 3M color proofer	03/23/06	4.44	4	300	240	60	300
SL	5 1998 Omnivac plate burner	03/23/06	4.44	4	1,200	960	240	1,200
SL	10 Heidelberg 1996 GTO	04/13/06	4.39	4	159,500	63,800	15,950	79,750
SL	10 Wiring for GTO	05/02/06	4.33	4	1,141	456	114	570
SL	10 Wiring for plate burner, proofer	07/05/06	4.16	4	584	234	58	292
SL	10 Honeywell Barcode Reader	08/18/08	0.00	2	966	193	97	290
SL	10 Air Compressor Speedair	08/25/10	10.00	0	2,387	-	239	239
SL	10 Air unit for breakroom	05/13/10	0.30	0	4,499	-	450	450
EQUIPMENT Totals					955,487	888,004	17,762	(41,387)
								864,379

SL	4 Omni Credit Card Machine	12/06/01	8.74	4	1,440	-	-	-
	Paid off lease 4/30/06				(1,440)	-	-	-

LEASED EQUIPMENT Totals

SL	10 Office Furniture	01/01/77	33.68	34	8,480	8,480	-	8,480
SL	10 Chapel Drapes/Parament	10/29/87	22.85	23	675	675	-	675
SL	10 Altar & Kneeling Bench	10/29/87	22.85	23	1,245	1,245	-	1,245

