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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 **Open to Public**

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.lrs.gov/form990. Inspection

<u>A</u>	For the	2014 calendar year, or tax year beginning SEP 1, 2014 and c	ending <u>A</u>	UG 31, 2015	<u> </u>			
В	Check if applicable	C Name of organization		D Employer identif	ication number			
	Addre	MAYS MISSION FOR THE HANDICAPPED, INC.	•					
	Name chang		_	71-0	445210			
	Initial return		Room/suite	E Telephone number				
	Final	604 COLONIAL DRIVE			362-7526			
	termin ated			G Gross receipts \$	670,539.			
	Ameno return	HEBER SPRINGS, AR 72545-8090		H(a) Is this a group r	etum			
	Applic	Finame and address of principal officer. SHERRI MILLIAND		for subordinates	s? Yes X No			
	pendir	9 2208 MISTY LN, HEBER SPRINGS, AR 72543	3	H(b) Are all subordinates	included? Yes No			
_	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)			
		e: ► WWW.MAYSMISSION.ORG		H(c) Group exemption				
		organization: X Corporation	L Year	of formation: 1980 i	M State of legal domicile: AR			
P	art I	Summary						
ě	1	Briefly describe the organization's mission or most significant activities: MAYS			ATED TO			
Activities & Governance	1	ASSISTING THE DISABLED AND PROMOTING PUBL						
ern		Check this box if the organization discontinued its operations or dispos	sed of more		1 .			
8		Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	4			
ಷ	1	Number of independent voting members of the governing body (Part VI, line 1b)		<u> 4</u>	3			
iies	,	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	10			
Ę		Total number of volunteers (estimate if necessary)		. 6	6			
Ä	1	Total unrelated business revenue from Part VIII, column (C), line 12	•		144.			
	b	Net unrelated business taxable income from Form 990-T, line 34		7b				
	。	Contributions and grants (Port VIII line 1h)		Prior Year 614,732.	Current Year 635,839.			
Revenue	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	•	13,480.				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,315.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	11,185.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	646,712.	670,539.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·	3,862.	3,300.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
w	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		208,990.	229,521.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		4,966.	5,000.			
ğ	ь	Total fundraising expenses (Part IX, column (D), line 25) 88,03	35.					
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		378,576.	409,033.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		596,394.	646,854.			
	19	Revenue less expenses. Subtract line 18 from line 12		50,318.	23,685.			
Net Assets or Find Ralances	3	1	Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)	g. :	<u>5,486,351.</u>	5,942,341.			
AB	21	Total liabilities (Part X, line 26)		40,731.	64,475.			
캺	22	Net assets or fund balances. Subtract line 21 from line 20	. [<u>5,445,620.</u>	5,877,866.			
_	art II	Signature Block	<u> </u>					
	-	lties of perjury, I declare that I have examined this retur <u>n, including accompanying schedules</u>			y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	· · · · · · · · · · · · · · · · · · ·			
		Signature of officer		Date				
Sig			- D D O B O		0-15			
He	re	SHERRY NIEHAUS, PRESIDENT/EXECUTIVE DI	IRECTO	R 11-1	0-13			
		77.20		Date Check	PTIN			
D - I		Print/Type preparer's name Propp E. BROWN. CPA Preparer's signature		if				
Paid		2022 21 21:01:21	<u> T</u>	1/10/15 self-employ				
	parer Only	Firm's name EGP, PLLC Firm's address 421 SOUTH SEVENTH STREET		Firm's EIN	71-0519090			
USE	Oilly	Firm's address 421 SOUTH SEVENTH STREET HEBER SPRINGS, AR 72543		Phone no E A	1-362-8281			
Mar	v tha II	RS discuss this return with the preparer shown above? (see instructions)		Trilolle ilo.30	X Yes No			
ivid	<u>, uid 11</u>	io diocuso uno returni with the preparer shown abover (see instructions)		· · · · · · · · · · · · · · · · · · ·	<u> </u>			

Form	990 (2014) * MAIS MISSION FOR THE HANDICAPPED, INC. /1-0445210 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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 X 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?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	24 005
	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 \$
	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 AS A NATIONAL REFERRAL SERVICE FOR CAREGIVING ASSISTANCE; AND PROVIDES EMPLOYMENT TO PEOPLE WITH DISABILITIES.
	ASSISTANCE; AND PROVIDES EMPLOIMENT TO PEOPLE WITH DISABILITIES.
4c	(Code) (Expenses \$ 158,899 • 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 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 ON ITS WEB
	SITE.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 469,182.
40	Total program service expenses 469.182.

			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_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	<u>X</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_5_		
0	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
J	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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u></u>	_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	ļ
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	ļ		1
	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	ļ		1
	Schedule D, Parts XI and XII	12a	X	<u> </u>
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	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	├	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b]	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	444	1	_ v
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	 -	X
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-	X
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	 	<u> </u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	"	 	 ^
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u></u>		
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		† -

			Yes	No_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	}		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	_23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	}		
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		 ^
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."	l		
	complete Schedule L, Part II	000		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_26		X
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	·			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):			٦,
a		28a	<u> </u>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? 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	<u> </u>	<u> </u>
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		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	1		
	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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ĺ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>	†	 <u></u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		<u>, </u>	990	(004.4)

Form 990 (2014) ' MAYS MISSION FOR THE HANDICAPPED, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	.		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	.		
	(gambling) winnings to prize winners?	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10		į	
b	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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in 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)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	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_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ĺ
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u> _
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l
_	were not tax deductible?	<u>6</u> b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
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
C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	L	<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders Gross income from other courses (Do not not amounts due or poid to other courses assists)			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		İ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	L_		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		r	. 000	10044

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.

	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>			X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4			
	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 in Schedule O.		-			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	he direc	t 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 governing documents since the prior Form	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?			_6_		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:			
а	The governing body?			8a	Х	}
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 re	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, 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 bo	dy befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•	J			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to cor	flicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		•••			
	in Schedule O how this was done	•		12c	Х	
13	Did the organization have a written whistleblower policy?	•	•	13	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 appro-	val bv ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•				
а	The organization's CEO, Executive Director, or top management official			15a	х	
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 arrange	ement v	vith a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its i	participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			1.100		' ——-
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA,	СТ Б	L.GA.KS.MT	, MA	MN	MC
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990					, 110
	for public inspection. Indicate how you made these available. Check all that apply.	. ,550	55 ((5)(6)6 6(11))	T GATIGATA		
	Own website Another's website X Upon request Other (explain	in in Sc	hedule (O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c		•	d finan	cial	
	statements available to the public during the tax year		policy, ari	- 1111011	Jidi	
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records:			
	SHERRY NIEHAUS - 501-362-7526	. J				
	604 COLONIAL DRIVE, HEBER SPRINGS, AR 72543					

								210 Page
Directors, T	rustee	s, F	Кеу	Em	plo	yees, Highest C	ompensated	
nt Contract	ors							
onse or note to	any line	in tl	his P	art \	/11			
Employees, a	nd Highe	est C	Com	pen	sate	d Employees		
to be listed. Rep	ort com	pens	satio	n foi	the	calendar year ending	with or within the orga	nization's tax ye
nsation was paid mployees, if any compensated e	d . See ins mployee:	struc s (ot	ctions ther t	s for than	defi an d	nition of "key employ officer, director, truste	ee." ee, or key employee) wi	no received repoi
s, key employed and any related ors or trustees from the organi	es, and h organiza that rece zation an	ighe ition eive id ar	est cons. ed, in ny re	omp the late	ensa capa d org	ated employees who in a city as a former direct ganizations.	received more than \$10 ctor or trustee of the or	90,000 of ganization,
								ed employees;
	organiza			pen	sate			ı·
Average hours per week (list any hours for related organizations	(do not ch box, unless officer and losses an	OSi neck r is per	ition more the rson is irector/	both truste	an	(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
	Directors, Tent Contractors on the Contractor on the Contractor on the Contractor on the Contractor of Contractors on the Contractor of Contractors on the Contractor of Contractors on the Contractor of Contractor on the Co	Directors, Trustee on Contractors conse or note to any line of Employees, and Higher to be listed. Report compars, directors, trustees (winsation was paid imployees, if any. See inscompensated employees ox 7 of Form 1099-MISC is, key employees, and hand any related organizators or trustees that rectfrom the organization and istees or directors; institution any related organization or organ	Directors, Trustees, Int Contractors conse or note to any line in to Employees, and Highest of the belisted. Report compeners, directors, trustees (whether instance) was paid imployees, if any. See instruction was paid imployees, if any. See instruction was paid imployees, if any. See instruction was paid imployees, and higher and any related organization ors or trustees that receive from the organization and a distees or directors; institution in any related organization i	Directors, Trustees, Key and Contractors conse or note to any line in this Pour Employees, and Highest Come to be listed. Report compensations, directors, trustees (whether in a sation was paid in miles and in mi	Directors, Trustees, Key Enternation Contractors conse or note to any line in this Part of Employees, and Highest Compension be listed. Report compensation for rs, directors, trustees (whether individual indi	Directors, Trustees, Key Employent Contractors conse or note to any line in this Part VII Employees, and Highest Compensate to be listed. Report compensation for the rs, directors, trustees (whether individual resation was paid imployees, if any. See instructions for deficompensated employees (other than an office of the second of the	to be listed. Report compensated Employees to be listed. Report compensation for the calendar year ending rs, directors, trustees (whether individuals or organizations), re resation was paid mployees, if any. See instructions for definition of "key employ compensated employees (other than an officer, director, truste sox 7 of Form 1099-MISC) of more than \$100,000 from the org. rs, key employees, and highest compensated employees who re and any related organizations. rors or trustees that received, in the capacity as a former direct from the organization and any related organizations. restees or directors; institutional trustees; officers; key employee (B) Average hours per week (list any (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (R) Reportable compensation from the	Directors, Trustees, Key Employees, Highest Compensated and Contractors conse or note to any line in this Part VII / Employees, and Highest Compensated Employees to be listed. Report compensation for the calendar year ending with or within the organization was paid imployees, if any. See instructions for definition of "key employee." compensated employees (other than an officer, director, trustee, or key employee) which is any of the property of the prop

	hours per week		, unle	ss pe	rson	is bot	h an	1	compensation	amount of	
	(list any	-			Π		1	from the	from related organizations	other compensation	
	hours for	direct			1			organization	(W-2/1099-MISC)	from the	
	related	5	冀			Sage		(W-2/1099-MISC)	(11-27 1033-141130)	organization	
	organizations	E St	<u>Ĕ</u>		1 2	E E		(** 2) 1000 111100)		and related	
	below	dead	員		퉡	를 많				organizations	
	line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former			9	
(1) SHERRY NIEHAUS	50.00										
PRESIDENT/EXECUTIVE DIRECT		X			L			56,740.	0.	0.	
(2) REV. A KAY MANSELL	0.50										
SECRETARY	<u> </u>	X						0.	0.	0.	
(3) PETE HOWELL	0.50										
TREASURER		X		<u> </u>				0.	0.	0.	
(4) KATHY WALDRON	0.50	1									
MEMBER		X		<u> </u>	_	_	_	0.	0.	0.	
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c To	(A) Name and title	Average hours per week (list any hours for related organizations below line)	tee or director	not c , unle:	(C Position of the control of the co	tion nore the son is rector/	both a trustee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con f org	(F) stimat mount other npens rom th ganiza d rela anizat	of ation ne tion ted
c To		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	employee	Former	organization	_	org an	rom th ganiza d rela	ne tion ted
c To													
c To							+				1		
c To		-			l l	_							
c To			1 1		-							. –	
c To													
c To													
c To							-						
	b-total tal from continuation sheets to Par	t VII, Section A					>	•	56,740. 0.	0			0
	tal (add lines 1b and 1c) tal number of individuals (including bi	ut not limited to th	nose		d ab	ove)	who	re	56,740. ceived more than \$100	0,000 of reportable			0.
	mpensation from the organization											Yes	No
lın	d the organization list any former office 1a? If "Yes," complete Schedule J for	or such ındividual			•						3		x
ar	r any individual listed on line 1a, is the direction of the related organizations greater than \$	150,000? If "Yes,	" coi	mple	ete S	ched	lule .	J fo	or such individual		4		x
	d any person listed on line 1a receive indered to the organization? <i>If</i> "Yes," o	· · · · · · · · · · · · · · · · · · ·				-		late	ed organization or indiv	Idual for services	5		Х
-	n B. Independent Contractors complete this table for your five highest	t compensated in	depe	nde	nt co	ontra	ctors	s th	nat received more than	\$100,000 of compen	sation	from	
th	e organization. Report compensation (A)	for the calendar y	ear e	endi	ng wi	ith o	r with	hin	the organization's tax	year.		C)	
	Name and busin	ess address	NC	NI	<u> </u>		.	+	Description of s	services	Compe		วท
		-						+					
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												_	
2 To		rs (including but r	ot lir	nıte	d to t	thos	e liste	ed :	above) who received n	nore than			

Form 990 (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants illar Amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 635,839 similar amounts not included above | 1f Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 635,839 **Business Code** 18,039. 511190 18,039. 2 a PRINTING REVENUE Program Service Revenue All other program service revenue 18,039. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 9,357. 9,357. other similar amounts) Income from investment of tax-exempt bond proceeds 4 173. 173. Royalties 5 (ii) Personal (i) Real Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) Gross amount from sales of (i) Securities (ii) Other assets other than inventory 200. b Less: cost or other basis 0 and sales expenses 200. c Gain or (loss) 200. 200. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 3,572. 3,572. 11 a LIST RENTAL REVENUE 3,215. **b VARIOUS REFUNDS** 900099 3,215. c VENDING INCOME 900099 144 144 d All other revenue 6,931 e Total. Add lines 11a-11d 670,539 144. 454 13,102. Total revenue. See instructions.

Cheek if Schedule O contains a response or note to any line in this Part X Cheek if Schedule O contains and security in the Schedule O contains and domestic governments. See Part IV, line 21	Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).							
Signate and other assistance to domestic organizations and domestic povernments. See Part IV, line 21		Check if Schedule O contains a response or note to any line in this Part IX										
and domestic governments. See Part IV, line 21 Grants and other assistance to foresetic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign endividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to desqualified parsons (as foreign during section 4958(c)(3)(8) Parson described in section 4958(c)(3)(8) Pother employee benefits Payrol taxes Person plan accrusts and contributions (include section 4914) and 403(b) employer contributions) Payrol taxes Fig. 15, 016 Payrol taxes Fig. 15, 016 Fig. 10, 812 Fig. 11, 952 Fig. 12, 252 Fig. 12, 25		•	(A) Total expenses		(C) Management and general expenses							
2 Grants and other assistance to domestic individuals. See Part IV, line 17 of Investment management flees of Periodic Individuals and properties of Compensation charmology. 1 Profisce speams (a little 19 around the section of Compensation of Compensati	1	Grants and other assistance to domestic organizations										
Individuals See Part IV, line 22 3 , 300 . 300 . 300		and domestic governments. See Part IV, line 21										
3 Gants 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 Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees of seasons (as defined under section 4950(f)) and passons disactived in section 4950(f)) and 495(f) employer contributions) 5 Chird remiproyee benefits Characters and contributions (include section 4016) and 405(f) employee contributions) Characters and contributions (include section 4016) and 405(f) employee contributions) Characters and contributions (include section 4016) and 405(f) employee contributions) Characters and contributions (include section 4016) and 405(f) employee contributions) Characters and contributions (include section 4016) and 405(f) employee contributions) Characters and contributions (include section 4016) and 405(f) employee contributions (include section 4016) and 405(f) employee contributions (include section 4016) and 4016 and 4	2	Grants and other assistance to domestic										
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Individuals See Part IV, lines 15 and 16	3	Grants and other assistance to foreign										
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5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualited persons (as defined under section 4958(f)(1) and persons described in section 4958(e)(3)(8) 7 Other salanes and wages 8 Penson plan acruals and contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) employer contribution (include section 401(k) employer contribution (include section 401(k) employer contribution (include section 401(k) employer contrib		individuals. See Part IV, lines 15 and 16										
Trustees, and key employees 56,740. 25,756. 20,771. 10,213.	4	Benefits paid to or for members										
6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8) and persons described in section 4958(c)(3)(8) and 20(8) employer contributions (include section 401(6) and 403(8) employer contributions (include section 403(8) employer contribution 403(8) e	5	Compensation of current officers, directors,										
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section 401(s) and 403(b) employer contributions) Other employee benefits 6,796. 5,097. 678. 1,021. 10 Payroll taxes 15,016. 10,812. 1,952. 2,252. 11 Fees for services (non-employees): 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 0.) 245,003. 27,502. 17,501. 30 Office expenses 106,153. 79,001. 11,229. 15,923. 41 Information technology 10 Royaltes 10 Cocupancy 14,805. 10,665. 2,659. 1,481. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 1,311. 944. 235. 132. Payments to affiliates Depreciation, depletion, and amortization 17,231. 12,923. 1,724. 2,584. Other expenses in line 24e. If line 24e. and the expenses in line 24e. If line 24e. and the expenses in line 24e. If line 24e. and the expenses in line 24e. If line 24e. and the expenses in line 24e. If line 24e. and the expenses in line 24e. If line 24e. and the expenses in line 24e. If line 24e. and the expenses in line 24e. If line 24e. and the expenses in line 24e. If line 24e. and the expenses in line 24e. If line 24e. and the expenses in line 24e. If line 24e. and the expenses in line 24e. If line 24e. and the expenses in line 24e. If line 24e. And the expenses in line 24e. If line 24e. And the expenses in line 24e. If line 24e. And the expenses in line 24e. If line 24e. And the expenses in line 24e. If line 24e. And the expenses in line 24e. If line 24e. And the expenses in line 24e. If line 24e. And the expenses in line 24e. If line 24e. If line 24e. And the expenses in line 24e. If line 24e. And the expenses in line 24e. If line 24e. If line 24e. And the expenses in line 24e. If line 24e. And the expenses in line 24e. If line 24e. If line 24e. And the expenses in line 24e. If line 24e.	-			<u>-</u> -								
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10			C 500	F 00F		4 004						
11 Fees for services (non-employees): 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.) 45,003. 27,502. 17,501. 445,003. 27,502. 17,501. 46,003. 27,502. 17,501. 45,003. 27,502. 17,501. 46,003. 27,502. 17,501. 46,003. 27,502. 17,501. 46,003. 27,502. 17,501. 46,003. 27,502. 17,501. 46,003. 27,502. 17,501. 46,003. 27,502. 17,501. 47,003. 27,502. 17,501. 47,003. 27,502. 17,501. 47,003. 27,502. 17,501. 47,003. 27,502. 17,501. 47,003. 27,502. 17,501. 47,003. 27,502. 17,501. 47,003. 27,502. 17,501. 47,003. 27,502. 17,501. 47,003. 27,502. 17,501. 47,003. 27,502. 17,501. 47,003. 27,502. 17,501. 47,003. 27,502. 17,501. 47,003. 27,502. 17,501. 47,003. 27,502. 17,	_	· · · · · · · · · · · · · · · · · · ·										
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Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		·										
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.												
educational campaign and fundraising solicitation.	-	, , ,										
		, , , ,										
Check here \(\bigcup		Check here X if following SOP 98-2 (ASC 958-720)	238,907.	199,513.	3,111.	36,283.						

5,877,866. 5,942,341. Form **990** (2014)

4,948,879.

537.

1,845.

4,528,615.

5,445,620.

5,486,351

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Temporarily restricted net assets

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here

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		4427TO	Pag	10 12				
Par	t XI Reconciliation of Net Assets	_	_					
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>		X				
1	Total revenue (must equal Part VIII, column (A), line 12)		0,5					
2	Total expenses (must equal Part IX, column (A), line 25)	64	6,8	54.				
3	Revenue less expenses. Subtract line 2 from line 1	2	3,6	85.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	-1	0,3	95.				
6	Donated services and use of facilities							
7	Investment expenses							
8	Prior period adjustments 8							
9	Other changes in net assets or fund balances (explain in Schedule O)	41	8,9	56.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	5,87	7,8	66.				
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			Yes	No				
1	Accounting method used to prepare the Form 990: Cash X 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?	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	1						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
За	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?	За		X				
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	3b						
		Form	990	(2014)				

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

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 11, check only one box.) 1 A church. convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g, 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. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions)) **Total**

Schedule A (Form 990 or 990-EZ) 2014 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.) Section A. Public Support (a) 2010 (b) 2011 (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) (c) 20121 Gifts, grants, contributions, and membership fees received. (Do not 566,372. 905,732. 614,732. 635,839. include any "unusual grants.") 480,944. 3.203.619. 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 480,944. 566,372. 905,732. 614.732. 635,839. 4 Total. Add lines 1 through 3 3 203 619. 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 3 203 619 Section B. Total Support (e) 2014 (c) 2012 (a) 2010 (b) 2011 (d) 2013 (f) Total Calendar year (or fiscal year beginning in) 480,944 566,372. 905,732 614,732 635,839 7 Amounts from line 4 3 203 619. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 1,909. 2,599. 7,315. 7.088. 9,357 28,268. and income from similar sources 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 13,515. 9,196. 10,265. 11,185 7,304. 51,465. assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 3,283,352. 12 Gross receipts from related activities, etc. (see instructions) 12 128,837. 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 97.57 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) ... 14 97.38 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright x$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. 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 - 2014. 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 - 2013. 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 9 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.)

Section A. Public Support				-		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-			•			
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-	1					
iness under section 513	 					
•	 		İ			
ization's benefit and either paid to	 					
or expended on its behalf				<u> </u>		
5 The value of services or facilities			1			
furnished by a governmental unit to						
the organization without charge		<u> </u>		ļ	<u> </u>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						L.
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					1	
8 Public support (Subtract line 7c from line 6)			<u> </u>			
Section B. Total Support		1	<u> </u>	ļ	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	(a) 2010	(6) 2011	(6) 2012	(0) 2013	(e) 2014	(I) I Otal
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			İ			
activities not included in line 10b, whether or not the business is						
regularly carried on			1			
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)				1		
14 First five years. If the Form 990 is for	the organization's	s first second thir	d fourth or fifth t	ax vear as a secti	on 501(c)(3) organiz	ration
check this box and stop here	ino organization	5 m 5t, 5555m 6, mm	a, .oa.a., oa	an your do d door	on 00 1 (0)(0) organia	
Section C. Computation of Publ	ic Support Pe	rcentage	• •	<u></u>	• •	
15 Public support percentage for 2014 (45	
16 Public support percentage from 2013			column (i))	•	15	%
Section D. Computation of Inves			·· · ·		16	%
					11	
17 Investment income percentage for 20			ne 13, column (f))		17	%
18 Investment income percentage from:					18	%
19a 33 1/3% support tests - 2014. If the	•				-	17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qua	ifies as a publicly	supported organia	zation	▶∟]
b 33 1/3% support tests - 2013. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and s	t op here. The orga	anızatıon qualifies	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
	·			0-		000 ET\ 0011

71-0445210 Page 4 Schedule A (Form 990 or 990 EZ) 2014 MAYS MISSION FOR THE HANDICAPPED, INC.

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

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Q,	action	Α.	ΔII	Suni	nortina	Organi	zations
J	700011	~ . ,	_,,,	JUP	<i>-</i>	Vigain	Lauviis

- 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
415		
4b	<u>-</u> -	
4c_		
5a		
5b		
5c		
6		
7		
8		
<u>9a</u>		
9b_		
9c		
10a		
10b 990 or 99	N 53	2014

	dule A (Form 990 or 990 EZ) 2014 MAYS MISSION FOR THE HANDICAPPED, INC. 71-04	<u>4521</u>	0 Pa	ige 5
Par	t IV Supporting Organizations (continued)		γ	
			Yes	No_
11	Has the organization accepted a gift or contribution from any of the following persons?	:	1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	
Sec	tion B. Type I Supporting Organizations		I	
_	District the first of an arrangement of a second or a second of a second or a	r	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2	L	
Sec	tion C. Type if Supporting Organizations		V	
_	More a majority of the argenization's dispetars or trustees during the tay year also a majority of the directors		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			
Sec	the supported organization(s). tion D. Type III Supporting Organizations	1	L	
000	tion b. Type in Supporting Organizations		Yes	NI-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Γ	res	No
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	'	 	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	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 year(see Instructions):			
a	The organization satisfied the Activities Test. Complete Ilne 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins.	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	<u>g Orga</u>	<u>nizations</u>	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. See instr i	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	· · · · · · · · · · · · · · · · · · ·
Secti	on A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
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 1-1/2% 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 .035	6	<u> </u>	
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 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-functional	ly-integra	ated Type III supporting org	janization (see

instructions).

Sche	dule A (Form 990 or 990 EZ) 2014 MAYS MISSION t V Type III Non-Functionally Integrated 509			1-0445210 Page 7
Secti	on D - Distributions	<u> </u>	, , , , , , , , , , , , , , , , , , ,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		- Carrone Tour
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive)	
	(provide details in Part VI). See instructions.	,		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		<u> </u>	
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
c				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2014 from Section D,			
	line 7.			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3)			
•	and 4c.			
8	Breakdown of line 7:			
a		·		
b				
	Excess from 2013			
	Excess from 2014			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.							
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

2014
Open to Public Inspection

Name of the organization **Employer identification number** MAYS MISSION FOR THE HANDICAPPED 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 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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 conferning impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 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)? In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		SSION FOR T				INC.			<u>45210</u>	
Par										
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):									
а	Public exhibition d Loan or exchange programs									
b	Scholarly research	е		Other						
С	Preservation for future generations				•					
4	Provide a description of the organization's co	llections and explain	how th	ey further th	ne organizatio	on's exen	npt purpose	in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, his	storical treas	sures, or othe	er simılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne orgar	nization's co	llection?				Yes	☐ No
Par						'Yes" to I	orm 990, P	art IV,	line 9, or	
	reported an amount on Form 990, Par			•						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for	contribution	s or other as	sets not	included			
	on Form 990, Part X?		•						Yes	X No
ь	If "Yes," explain the arrangement in Part XIII		 Iowina t	able:		•				
_	rest explain the Linear general areas and								Amount	
С	Beginning balance						1c			
	Additions during the year			•		•	1d			
e	Distributions during the year		-		• • •	• •	1e			
f	Ending balance						1f	-		
-	Did the organization include an amount on Fo	orm 000 Part V line :	21 for 6	SCORONN OF CI	istadial acco	unt liabili			Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						ty i		7 162	
Par							<u> </u>			<u> </u>
<u> </u>	Endownent and compete	(a) Current year		rior year	(c) Two year	· · · · · · · · · · · · · · · · · · ·	(d) Three yea	re back	(a) Four V	ears back
4	Paginning of year balance			•					T	
1a	Beginning of year balance	4,530,460.	4	<u>,135,515.</u>	4,07	297.	4,011	_304.	3,0	85,391,
b	Contributions	410.056		204 045		- 010			<u> </u>	25 242
C	Net investment earnings, gains, and losses	418,956.		394,945,		5,218.	58	993.	3	<u> 25,913.</u>
d	Grants or scholarships					-			 	
е	Other expenditures for facilities									
	and programs						•			
f	Administrative expenses									
g	End of year balance .	4,949,416.		530,460,		5,515.	4_070	297.	. 4,0	11,304.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 99.99	%								
С	Temporarily restricted endowment ▶	<u>.01</u> %								
	The percentages in lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the posse	ssion of the organiza	tion tha	it are held a	nd administe	red for th	ne organizat	ion	_	
	by:									'es No
	(i) unrelated organizations		-						3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Sched	lule R?					3b	
4	Describe in Part XIII the intended uses of the		wment 1	funds						
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" to Form 990,	Part IV	, line 11a. S	ee Form 990	, Part X, I	line 10			
	Description of property	(a) Cost or of			or other		cumulated		(d) Book	value
		basis (investm			(other)	dep	reciation			
1a	Land	14,	654.		6,549.					,203.
b	Buildings			69	0,169.	6	85,31).[4	,859.
	Leasehold improvements									
d	Equipment			89	7,768.	8	328,37	€.	69	,389.
	Other									
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	(Oc.)			>	135	,451.

<u>1. </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SPLIT INTEREST OBLIGATIONS	1,068.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	<u> </u>	
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,068.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2014 MAYS MISSION FOR THE HANDIC				0445210 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts Wi	th Revenue per R	eturn	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		 		
1	Total revenue, gains, and other support per audited financial statements			1	1,079,100.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	
а	Net unrealized gains (losses) on investments	2a	<u>-10,395.</u>		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c_			
d	Other (Describe in Part XIII.)	2d	<u>418,956</u> .		
е	Add lines 2a through 2d		•	2e	408,561.
3	Subtract line 2e from line 1		•	3	<u>670,539.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII.)	4b		1 1	
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	670,539.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	646,854.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c]	
d	Other (Describe in Part XIII.)	2d		1	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	646,854.
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		1 1	
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	646,854.
	rt XIII Supplemental Information.			<u>-</u>	
Prov	ide 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,
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additi				
PAI	RT V, LINE 4:				
EN	DOWMENT INCOME IS EXPENDABLE TO SUPPORT GEN	ERAI	OPERATING	PUR	POSES
PA	RT X, LINE 2:				
TH	E ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT	STAT	US AS PROVI	DED	BY THE
UN	ITED STATES GOVERNMENT UNDER SECTION 501(C)	(3)	OF THE INTE	RNA	L REVENUE
CO	DE.				
FA	SB ASC 740, INCOME TAXES REQUIRES CERTAIN D	ISCI	LOSURES ABOU	T U	NCERTAIN
IN	COME TAX POSITIONS. WHEN TAX RETURNS ARE F	ILEI	O, IT IS PRO	BAB	LE THAT
MO	ST TAX POSITIONS WOULD BE SUSTAINED UPON EX	IMA	NATION BY TA	XIN	3
	THORITIES. HOWEVER, IT IS ALSO POSSIBLE TH	AT S	SOME POSITIO	NS 1	MIGHT BE
43205	4			Sched	lule D (Form 990) 2014

Schedule D (Form 990) 2014 MAYS MISSION FOR THE HANDICAPPED, INC. Part XIII Supplemental Information (continued)	71-0445210 Page 5
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 UNCE	RTAIN TAX
POSITION OR FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGA	TE COULD DIFFER
FROM THE AMOUNT RECOGNIZED. CURRENTLY, MANAGEMENT DOES NO	T BELIEVE THAT
ANY UNCERTAIN TAX POSITIONS EXIST UNDER THE PROVISIONS OF	FASB ASC 740 OR
ASC 450, CONTINGENCIES. NO PENALTIES OR INTEREST BY THE I	
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 EITHER THE INTERNAL REVENUE	SERVICE OR STATE
TAXING AUTHORITIES	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-1,308.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	420,264.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	418,956.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2014
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Name of the organization Employer identification number MAYS MISSION FOR THE HANDICAPPED. INC 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 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.