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 private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.lrs.gov/Form990 for instructions and the latest information.

2023 Open to Public Inspection

<u>A</u>	For the 2	023 calendar year, or tax year beginning , and ending			
B	Check if applic	able; C Name of organization		D Employe	r Identification number
	Address chang	Joy Ranch Inc.			
П	Name change	Doing business as		54-0	655617
\exists	•	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	
님	initial return Final return/	PO Box 727 City or town, state or province, country, and ZIP or foreign postel code		2/6-	236-5578
· 📙	feunțualed				
П	Amended retu	Hillsville VA 24343 F Name and address of principal officer:		G Gross red	zipis\$ 1,215,270
\Box	Application pe		H(a) is this a gr	oup return for :	subordinales? Yes X No
	whiteoner he	Elizabeth E. Krimminger		· · · · · · · · · · · · · · · · · · ·	
			H(b) Are all suf		
			II "No,	attaon a list	See Instructions
<u> </u>	Tax-exempt :		4		
j	Website:	www.joyranch.org	H(c) Group axa		
	Form of organ		ear of formation; 1	957	M State of legal domicile; VA
77.4	art 🔯	Summary			<u> </u>
	1 Brie	offy describe the organization's mission or most significant activities: O provide housing and services to children who are una	· · · · · · · · · · · · · · · · · · ·		
8	T	o provide housing and services to children who are una	ble to 1	ive wi	th
ğ	, t	heir parents or guardians.			
Governance			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Š	2 Che	eck this box I if the organization discontinued its operations or disposed of more than 25%	of its net asse	ts.	
ಶ	3 Nun	nber of voting members of the governing body (Part VI, line 1a)		١ ـ ا	9
		mber of independent voting members of the governing body (Part VI, line 1b)		. 4	9
Activities	5 Tota	al number of individuals employed in calendar year 2023 (Part V, line 2a)	• • • • • • • • • • • • • • • • • • • •	5	20
. ઇન્દ્ર		of purposes of voluntoors (noticents if passages)			120
∢					0
	to 10to	al unrelated business revenue from Part VIII, column (C), line 12	· • · · · · · · · · · · · · · · · · · ·	7a	0
_	D IAGE	unrelated business taxable income from Form 990-T, Part I, line 11	Prior Ye		Current Year
	8 Con	ntributions and grants (Part VIII, line 1h)		9,948	713,006
Revenue	9 Pm	gram service revenue (Part VIII, line 2g)		,,,,,,,	715,000
Ven	40 inves	print service revertue (rait visi, into 29)	2	9,176	214,660
Ď.	44 045	estment income (Part VIII, column (A), lines 3, 4, and 7d)	7	5,592	
		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			35,004
-		al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,344	4,716	962,670
		nts and similar amounts pald (Part IX, column (A), lines 1-3)			<u> </u>
		nefits paid to or for members (Part IX, column (A), line 4)			<u> </u>
S	15 Sala	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	46:	2,542	472,362
STS	16a Prof	eries, other compensation, employee benefits (Part IX, column (A), lines 5–10) fessional fundraising fees (Part IX, column (A), line 11e) al fundraising expenses (Part IX, column (D), line 25) 46,654			0
Expenses	b Tota	al fundraising expenses (Part IX, column (D), line 25) 46,654			
ш	17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37	8,308	619,475
	18 Tota	al expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	84	0,850	1,091,837
	19 Rev	venue less expenses. Subtract line 18 from line 12	50:	3,866	-129,167
sets or	2		Beginning of Cu	rrent Year	End of Year
sets		al assets (Part X, line 16)	3,42	5,573	3,244,282
2,2	21 Tota	al liabilities (Part X, line 26)	2	7,336	60,283
2	22 Net	assets or fund balances. Subtract line 21 from line 20	3,39	3,237	3,183,999
Á.	art II	Signature Block			
U	Inder penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the be	est of my kr	nowledge and belief, it is
tr	ue, correct,	and camplete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledg	je.	
		Elisabeth Co. Arimmes			
Sig	an si	gnature of officer		Date	
He	re E	Elizabeth E. Krimminger Treasurer			03/28/2024
		rpa or print name and title			- 4010/000/
	Pri	In/Type preparer's name Preparer's signature	Date	Check	If PTIN
Pai		ally Viers Emily Viers	i		□"
Pre	narer	m's name Robinson Farmer Cox Associates	1	/24 self-en	
Use	e Only	108 Southpark Drive	F	im's EIN	54-1896113
	- 1	73 - 1 - 3	1		E40 EE0 7200
Men		mts address BLACKSDURG, VA 24060 discuss this return with the preparer shown above? See instructions	F	hane no,	540-552-7322
		discuss this return with the preparer shown above? See instructions			Yes No
DAA	· abal MOLK	reaction Act notice, see the separate instructions.			Form 990 (2023)

Check if Schedule O contains a response or note to any line in this Part III To provide housing and services to children who are unable to live with their parents or quardians. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form \$0 of \$80 \text{E27} \qquare \qquare \text{if The Gram \$0 of \$80 \text{E27}} \qquare \qquare \text{Vei} \text{\$\overline{X}} \qquare \qquare \qquare \qquare \qquare \qquare \qquare \qquare \qqqqq \qqqqqq	Check If Schedule O contains a response or note to any line in this Part III Check If Schedule O contains a response or note to any line in this Part III Parents Or guardians. Did the organization undertake any significant program services during the year which were not listed on the prior Form 190 or 190-227	Part III Statement of Pro	gram Service Accomplishmen	54-0655617 ts	Pag
Britisy describe the organization's mission: To provide housing and services to children who are unable to live with their parents or quardians.	Bitely describe the organization's mission: To provide housing and services to children who are unable to live with their parents or quardians. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 909-E2? If "Yes," describe these new services on Schedule O. If "Yes," describe these cases conducting, or make significant changes in how it conducts, any program services, as measured by services? If "Yes," describe these changes on Schedule O. Describe the organization folicity on groups service accomplishments for each of its three targest program services, as measured by sepaness. Schiol 501(c)(s) and 5				
Did the organization undertake any significant program services during the year which were not lated on the prior Form 900 of 900-E27	Did the organization undertake any significant program services during the year which were not listed on the prior Form 1990 or 990-E27:	Briefly describe the organization's	s mission:		
Did the organization undertake any significant program services during the year which were not listed on the prior Form 390 or 390-EZ? If Yea, describe these new services on Schedule O. Did the organization ceases conducting, or make significant changes in how it conducts, any program services conservices? If Yea, describe these changes on Schedule O. Peesable three organization congenizations on Schedule O. Describe the organization of Schedule O. Peesable three organization and softic(k) organizations are required to report the amount of grants and allocations to others, the total expenses, and rorennue, if any, for each program service reported. In (Code:	Did the organization undertake any significant program services during the year which were not listed on the plot Form 1990 of 930-E27. Yes	To provide housing	g and services to ch	ildren who are unable to l	ive with
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	at Co	ILENA CHECKIST OF REQUIES			
		to the second of the standard to section POSCOVO) or 40477-VS) to the standard to the total Country to the standard to		Yes	No
	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
	2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See Instructions	1 2	X	********
	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	•	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	ľ		
	-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
	5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
		assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	5		X
	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
		have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		"Yes," complete Schedule D, Part I	6		Х
	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
		complete Schedule D, Part III	В		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		Х
	10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
		or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
		VII, VIII, IX, or X, as applicable.	hea		
	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
		complete Schedule D, Part VI	11a	X	
	Ġ	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	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		Х
	d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			3.7
		reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	35	Х
	e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
	12a		40	v	
		Schedule D, Parts XI and XII	12a	X	
	b	Was the organization included in consolidated, Independent audited financial statements for the tax year? If			v
	40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		- 21
	b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
		foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	172		
	10	e e i i u o leme di la coli tat Michael III di il tata	15		х
	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	<u>-</u> -		
		assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See Instructions	17		х
	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
		If "Yes," complete Schedule G, Part III	19		Х
	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
•		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
1	DAA		For	m 9 90	(2023)

Td	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? if "Yes," complete Schedule J	23		2
4a	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		2
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L.
c.	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		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		2
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
-	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		2
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			Г
•	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	1		
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	O K W A 1-4- O-b-d-d- 1 Park III	27		:
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
8				N. S.
_	L. Part IV, Instructions for applicable filling thresholds, conditions, and exceptions).	- N. Walliam	Real Berl	1.00
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		2
	"Yes," complete Schedule L, Part IV	28b		3
Þ	A family member of any Individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		 1
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	-		١,
	"Yes," complete Schedule L, Part IV	28c	 	3
9	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	ļ	┝╧
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١,
	conservation contributions? If "Yes," complete Schedule M	30	ļ <u>.</u>	}
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>]
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			١.
	complete Schedule N, Part II	32	ļ	1
3	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	<u> </u>	}
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		<u></u> ;
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	F	\Box
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		1	Γ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
6	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		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	\vdash
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		:
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	 		t:
•0	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
D.		1 30	1 43	ل
N-A				Г
	Check if Schedule O contains a response or note to any line in this Part V		٠	┰┺
		garage.	Yes	١
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
1a		130 750	13/8/20	1
b	Enter the number of Forms W-2G Included on line 1a. Enter -0- if not applicable 1b 0	W. Altica	and the said	1.44
_	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			

∄ Pa	TVS Statements Regarding Other IRS Filings and Tax Compliance (continu	ied)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	20			
ь	If at least one is reported on line 2a, dld the organization file all required federal employment tax return	15?		2b	X	
3a	Dld the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial		- -	4a		Х
b	artical Historical Control of the Co			Sales	NEEDESY	de la
-	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	CCOU	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	- Contract	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X
b				5c	-	- <u></u>
6a				00		-
UA	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	ļ	x
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution			-	 	
D	10 a construction of American distriction			6Ь		
-7			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	138376E	25625	- CHARLES
7	Organizations that may receive deductible contributions under section 170(c).	4-	4			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g			Minn.	15200	<u> Italian</u>
	and services provided to the payor?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7a		}
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	 	┼
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1_	l	
	required to file Form 8282?			7c	Jan Veles	1.252.472.5
ď	11111111111111111111111111111111111	7d.				eine in
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		17			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	•		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		2525
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				i di salah	
	sponsoring organization have excess business holdings at any time during the year?			8	thdets:	Latino nos
9	Sponsoring organizations maintaining donor advised funds.			A PROPERTY.	4	
а				9a	ļ	ļ
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	11/20/20/20	
10	Section 501(c)(7) organizations. Enter:		1	100.4		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources, (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a		1041	7	12a		6.4950.495
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				W	
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	13b				
¢	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0	*******************	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15	L	X
	If "Yes," see instructions and file Form 4720, Schedule N.	,				
16	is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.	-				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activi	ties		1		
	that would result in the imposition of an excise tax under section 4951, 4952 or 49537			17		
	If "Yes," complete Form 6059.					

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a		ago o
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	ee ins	tructic	ns.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sac	tion A. Governing Body and Management			
	ion A. Governing body and management		Yes	No
1-2	Enter the number of voting members of the governing body at the end of the tax year 1a 9			Harr
1a	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			
	The construction of the co			3,200
	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 9			
b	Enter the number of voting members included on line 1a, above, who are independent			
2		2	0.000	X
	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct	1		
· ·		3		X
	supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	X
4		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		41
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			х
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	 .		х
	stockholders, or persons other than the governing body?	7b	10000	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	13/5/25/		1833
а	The governing body?	8a	X	-
þ	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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		·
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a	ļ	X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	N		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1
	describe on Schedule O how this was done	120	X	
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 approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		瑟瑟	
а	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	15b	X	
	if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1000		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	******		*****
	(3)s only) available for public inspection, Indicate how you made these available, Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	by Ranch, Inc. 813 Joy Ranch Road			
		6-23	6-5	578
_			_ ~	

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest	Compensated	Employees,	and	
	Independent Contractors						_	
	Control of the Contro		Constituent to at the 🙃	() (1)				

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

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

- 1a Complete this table for all persons required to be listed, Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 See the instructions for the order in which to list the persons above.

Check this box if neither the org	anization nor an	y reli	ated	orga	niza	tion	com	pensated any current office	r, director, or trustee.	
(A) Name and litte	(B) Average hours per weak (list any hours for related organizations below dotted line)	bot	, unle	Pos heck ss pe	rson l directo	than o both Highest compensated employee	an e)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Danny Austin Executive Director	40.00 0.00	х		х				68,974	0	0
(2) Vicky M. Cason Board Member	1.00	х						0	0	0
(3) Pamela Craig	1.00	x						0	0	0
(4) Lynn Funk Chairman	3.00	x						0	0	0
(5) Susan M. Horton Board Member	1.00	х						0	0	0
Treasurer	imminger 1.00 0.00	x						0	. 0	0
(7) Linda C. Rocap Board Member (8) Harley D. Sigmon	1.00	х						0	0	0
Board Member (9) Elaine M William	1.00	х						0	0	0
Vice-Chairman	1.00	x						О	O	0
(10) James R. William Board Member	1.00 0.00	x						0	O	0
(11)										

	(A) Name and title	(B) Average hours per week	Average box, unless person is both a hours officer and a director/truste						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer :	Xey employee	Highest compensated employee	Former	organization (W-2/ 1999-MISC/ 1099-NEC)	organizailons (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12)					-						
(13)	777113311331131113117171717171717171717	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
(14)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
(15)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
(16)											
(17)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
(18)											
(19)											
c	Subtotal	ets to Part VII,	Sect	ion .	Α				68,974		
2	Total number of individuals (in reportable compensation from Did the organization list any for	cluding but not l the organization	imite 1	d to O	thos	se lis	ted a	ibov	e) who received more than		Yes
3	employee on line 1a? If "Yes," For any individual listed on lin organization and related organization	" complete Schelle e 1a, is the sum nizations greater	dule of r thar	J for epor	r <i>suc</i> table 50,00	th in cor	<i>dividi</i> npen If "Ye	ual satic s," (on and other compensation complete Schedule J for su	from the	3
5	individual Did any person listed on line for services rendered to the o	rganization? If "\									
Sect 1	ion B. Independent Contractor Complete this table for your fit compensation from the organi	ve highest comp	ensa	ated ensa	inde tion	pend for ti	dent he ca	cont	dar year ending with or with	nin the organization's fax y	/ear,
	Name and	(A) I business address		<u>.</u>					Descrip	(B) lich of services	(C) Compensation
					.,			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
								-		· · · · · · · · · · · · · · · · · · ·	
2	Total number of independent received more than \$100,000								se listed above) who	0	

25	irt v	Check if	Sch	r kevenue edule O conta	ains a	ı respon	se or note	to any line in this	Part VIII	************	П
				And the second s				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lex under sections 512-514
at st	1a	Federated camp	oaigns	· · · · · · · · · · · · · · · · · · ·	1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due	es		1b						
× A	¢	Fundraising eve	nts		1c						
<u>a</u>	d	Related organiz	ations		1d			30.700 store (\$2.50 min A00.)			
E.S.	e	Government grants (o	onklbullo	ns)	1e						
tior er S	1	All other contributions, and similar amounts no			1f		713,006				
혈	g	Noncash contributions	induded	In							
5 2		lines fa-(f					5,546				
<u>ت</u> ۾	h	Total. Add lines	1a–1f	********	*****		i	713,006			
							Businesa Code				
Program Service Revenue	2a						ļ				
Ser	b										
	C d		.,		.,,						
8	u										
5	6	All other program		lce revenue							
	ì	Total. Add lines						i			
	3										
		other similar am						47,032	47,032		
	4	Income from inv	estme	nt of tax-exempl	bond	proceeds				· · · · · · · · · · · · · · · · · · ·	
	5	Royalties					,				
		•		(i) Real			Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	c	Rental Inc. or (loss)	6c								
		Net rental incom	e or (loss)							
	1,51	Gross amount from sales of assets		(I) Securities		(11)	Other				
		other than inventory	7a				420,228				
Ę	b	Less; cost or other									
Ş.		basis and sales exps.	7b	••••			252,600				
ď	ľ	Gain or (loss)	7c				167,628	CAMP - 1000 - 121			
Other Revenue	ŀ	Net gain or (loss			*****	• 1.e c 1.e 2.e 2.1		167,628	167,628	E-CONTROL	
δ	8a	Gross income from		*							
		(not including \$ of contributions rep									
		1c), See Part IV, in			8a						
	h	Less: direct exp	•	***********	8b						
		Net Income or (1 4 1 7 1 7 7 7 7 7 4 7 4 7 7 7 7		<u>. </u>	,				223-12-20-20-00-00-00-00-00-00-00-00-00-00-00
		Gross Income fr		•							
		activities. See P	_	•	9a						
	ь	Less: direct exp			9b						
		Net income or (vities .						
	10a	Gross sales of l	nvento	ory, less							
		returns and allo	wance	s	10a						
		Less: cost of go			10b						
_	С	Net income or (oss) fr	rom sales of inve	entory					to manifestation of the special section of the	(3.00)
ഥ							Business Code				
90	11a	Miscellane	วนร					35,004	35,004		
Fans	ь		• • • • • • •								
Miscellaneous Revenue	С										
Z		Ali other revenue					L	35 004		Marian and Marian and American Street Street	and the Company of the Company of the Company
		Total Add lines Total revenue.						35,004 962,670	249,664	0	0
	١Z	iolai ievenue.	⊃∺	ISHTRIBUTS				. 202.01UI	447,0041	U	· U

Form 990 (2023) Joy Ranch Inc.
Part IX Statement of Functional Expenses

no	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
, 9L	, and 10b of Part VIII.	total expesience	expenses	general expenses	ехрепses
1	Grants and other assistance to domestic organizations		6.00		
	and domestic governments, See Part IV, line 21				
2	Grants and other assistance to domestic				
•	ndividuals. See Part IV, line 22	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4—	Benefits paid to or for members				
5	Compensation of current officers, directors,				- 40.
	trustees, and key employees	68,974	56,860	5,631	6,48
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	358,364	295,423	29,260	33,68
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,320	2,768	581	97
	Other employee benefits	10,500	7,125	2,964	· 41
0	Payroll taxes	30,204	24,458	2,674	3,07
1	Fees for services (nonemployees):				
a	Management				
	Legal				
	Accounting	1,584	1,584		
d	Lobbying				
	Professional fundraising services, See Part IV, line 17	4			
	investment management fees				
	Other, (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	9,321	9,321		
	Advertising and promotion	600	600		
	Office expenses	12,362	12,362		
4	Information technology				
5	Royalties				
	Occupancy	99,643	99,643		
		21,729	21,729		
8	Travel Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1			
	Conferences, conventions, and meetings	15,604	15,604		
	to to make the same of	20,003			
1	Payments to affillates	-			
2	Depreciation, depletion, and amortization	99,871	99,871		
3		42,485	42,485		
3 4	Insurance Other expenses. Itemize expenses not covered				
-	above, (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
,	miscellaneous	194,508	195,264	-756	The second and second second second
a b	Maintenance	36,799	36,799		
	Kitchen and Food supllies	32,277	32,277		
C C	Activities	18,953	18,953		
d	*	33,739	31,934	-231	2,03
	All other expenses	1,091,837	1,005,060	40,123	46,65
6	Total functional expenses, Add lines 1 through 24e Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	1,031,631	1,003,000	40,123	40,00

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 342,792 371,235 Cash—non-interest-bearing 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 11,967 16,770 10a Land, buildings, and equipment: cost or other 3,342,795 basis, Complete Part VI of Schedule D 10a 2,092,499 1,533,867 1,250,296 b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 1,536,947 1,573,908 11 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 32,073 15 3,425,573 3,244,282 Total assets. Add lines 1 through 15 (must equal line 33) 16 27,336 28,210 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties Other liabilities (Including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 32,073 60,283 of Schedule D Total liabilities. Add lines 17 through 25 27,336 26 Organizations that follow FASB ASC 958, check here or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 3,325,099 3,174,589 Net assets with donor restrictions 73,138 Organizations that do not follow FASB ASC 958, check here 28 and complete lines 29 through 33, Capital stock or trust principal, or current funds 29 Assets Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 3,183,999 3,244,282 3,398,237 Total net assets or fund balances 32 Total liabilities and net assets/fund balances 3,425,573

orm 990 (2023) Joy Ranch Inc.	54-0655617		Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response	or note to any line in this Part XI	<u> </u>	
1 Total revenue (must equal Part VIII, column (A), line 12)			62,670
2 Total expenses (must equal Part IX, column (A), line 25)	2		91,837
3 Revenue less expenses, Subtract line 2 from line 1	3		29,167
4 Net assets or fund balances at beginning of year (must ed	qual Part X, line 32, column (A)) 4		98,237
		-	<u>85,071</u>
6 Donated services and use of facilities	6		
7 Investment expenses	7		
8 Prior period adjustments	8		
9 Other changes in net assets or fund balances (explain on	Schedule O) 9		
Net assets or fund balances at end of year. Combine lines	s 3 through 9 (must equal Part X, line	-	
		3,1	83,9 <u>99</u>
Part XII Financial Statements and Reporting			
	or note to any line in this Part XII		Ц
The state of the s			Yes No
1 Accounting method used to prepare the Form 990:	Cash X Accrual Other		
If the organization changed its method of accounting from		0.50	
Schedule O.	, me , man -	8 .46.	
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 finance			
reviewed on a separate basis, consolidated basis, or both			
	 Both consolidated and separate basis		
	an independent accountant?	2b	X
If "Yes," check a box below to indicate whether the finance			
separate basis, consolidated basis, or both.	and statements for the year from addition on a		
	Both consolidated and separate basis	25220	
c If "Yes" to line 2a or 2b, does the organization have a co	•	naraw.	1.5.
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	2c	x
the audit, review, or compilation of its financial statement	***************************************		50,000 (0.50)
If the organization changed either its oversight process of	r selection process during the tax year, explain on		1000
Schedule O.	and the second s	194933	9300-20-34 1-32-34-
3a As a result of a federal award, was the organization required.		3a	x
Uniform Guldance, 2 C.F.R. Part 200, Subpart F?		3 <u>a</u>	- <u>^</u>
b If "Yes," did the organization undergo the required audit of		21-	
required audit or audits, explain why on Schedule O and	describe any stone taken to undergo such audits	3b	1

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047 2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

| Inspect | Employer identification number |

	Joy Ranch In	ic.		54-065	55617			
Part I Reas	on for Public Charity	Status. (All organizations	must complet					
		e it is: (For lines 1 through 12,						
	*	ociation of churches described	•	•				
P====4								
jumani i	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 stat								
		of a college or university owned	or operated by a	toyommontal unit departhed in	******			
	(b)(1)(A)(iv). (Complete Part		or oberated by a i	governmental and described in				
		overnmental unit described in a	notion 170/h\/1\/	1164				
7 X An organizati	on that normally receives a	substantial part of its support fr			c			
	section 170(b)(1)(A)(vi). (C		. 41.5					
		170(b)(1)(A)(vi). (Complete Par		*				
		cribed in section 170(b)(1)(A)(of agriculture (see instructions).			ege			
10 An organizati receipts from support from	activities related to its exern gross investment income ar) more than 33 1/3% of its sup- upt functions, subject to certain ad unrelated business taxable in 0, 1975. See section 509(a)(2)	exceptions; and (2 ncome (less section	no more than 33 1/3% of its 511 tax) from businesses	ese			
11 An organizati	on organized and operated	exclusively to test for public saf	ety. See section t	09(a)(4).				
12 An organizati	on organized and operated	exclusively for the benefit of, to	perform the function	ns of, or to carry out the purpo	oses of			
		ions described in section 509(a						
the box on lir	nes 12a through 12d that de	scribes the type of supporting o	rganization and co	mplete lines 12e, 12f, and 12g	•			
the suppo	orted organization(s) the pov	erated, supervised, or controlled ver to regularly appoint or elect	a majority of the d		ing			
· · · · · · · · · · · · · · · · · · ·		omplete Part IV, Sections A a						
control or	r management of the suppor	pervised or controlled in connecting organization vested in the						
		Part IV, Sections A and C.						
c Type III Its suppo	functionally integrated. A sorted organization(s) (see ins	supporting organization operated structions). You must complete	i in connection wit Part IV, Sections	n, and functionally integrated v A, D, and E.	vìth,			
		I. A supporting organization ope e organization generally must s						
		nust complete Part IV, Section	•	•				
e Check th	is box if the organization rec	elved a written determination fro	om the IRS that it i	s a Type I, Type II, Type III				
	• - •	n-functionally integrated suppor	ting organization.					
	mber of supported organizat				,.,.			
g Provide the f	ollowing information about the	ne supported organization(s).		···	·			
(i) Name of supported	(II) EIN	(III) Type of organization	(Iv) is the organization	(v) Amount of monetary	(vi) Amount of			
- organization		(described on lines 1–10 above (see instructions))	listed in your governing document?	support (see Instructions)	other support (see instructions)			
		and for that frints)	Yes No	*iseucaurs)	(Instructions)			
(A)			753 1 10					
(B)								
	<u></u>		ļ					
(C)								
(D)								
(E)								
Total								
p.m			the contract of the same of th	•	to a contract the contract of			

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 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 916,990 991,783 804,816 713,006 4,645,252 1,218,657 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 916,990 991,783 1,218,657 804,816 713,006 4,645,252 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) 4,645,252 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2022 (e) 2023 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (f) Total Amounts from line 4 713,006 4,645,252 916,990 991,783 1,218,657 804,816 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 17,828 13,950 29,176 47.032 128,112 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 35,004 144,702 5,580 (Explain in Part VI.) Total support. Add lines 7 through 10 4,918,066 11 Gross receipts from related activities, etc. (see instructions) 12 82,036 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 94,45% 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 96.36% 15 16a 33 1/3% support test -- 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2022. 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 — 2023. 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 b 10%-facts-and-circumstances test -- 2022. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

Schedule A (For				oy Ranch				
Part III	Support	Schedule	for	Organization	s Described	in	Section	509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		10 (000 1000 1			· /·······	*****	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3	(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							
	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							
S- 4	line 6.) tion B. Total Support							
	idar year (or fiscal year beginning in)	(-) 2040	(h) 2020	(m) 2024	(4) 2000	(*) 202	, 1	(f) Total
		(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	-	(I) 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							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
14	and 12.) First 5 years. If the Form 990 is for the o	rganization's firet	second third fourti	n or tiffly tax vear	as a section 501/	:)(3)	i	
	organization, check this box and stop her	_	······	· ·	-	•		Г
Sec	tion C. Computation of Public S						111111111	
15	Public support percentage for 2023 (line 8			nn (f))			15	%
16	Public support percentage from 2022 School	edule A, Part III, li	ne 15				16	%
Sec	tion D. Computation of Investme							
17	Investment income percentage for 2023 (lne 10c, column (i	f), divided by line 1:	3, column (f))			17	%
18	Investment income percentage from 2022		H C 4"		• • • • • • • • • • • • • • • • • • • •		18	%
19a	33 1/3% support tests — 2023. If the org	anization did not o						
_	17 is not more than 33 1/3%, check this b	•	-	-				L
þ	33 1/3% support tests — 2022. If the org line 18 is not more than 33 1/3%, check the			· · · · · · · · · · · · · · · · · · ·			-	<u> </u>
20	Private foundation, if the organization di	d not check a box	on line 14, 19a, or	19b, check this b	ox and see instruc	tions	,	[

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Schedule A (Form 990) 2023
Part IV Support Supporting Organizations

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

Section A. All Supporting Organizations

SCOTI	on A. An Supporting Organizations			
		and and the least	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			ana asi-n
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	entalaisen Kei	vetertuise a a
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2	X 25250 - 7 - 12	CUENDAN- V
-3a	-Did-the-organization-have-a-supported-organization-described-in-section-501(e)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		10 9230 27 9
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,	3b		
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.	3с		<u> </u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	#254X		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			10.10 m
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination	海邊	海滨縣	
-	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c	Appendage	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	(G)(C)	With	100
Ja	answer lines 5b and 5c below (if applicable). Also, provide detail in Part Vi, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a	SHOTH-STATE	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	14000	84 S-20	Market 1
D		5b	Mensinkaan	Spiritains
_	designated in the organization's organizing document?	5c	l	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	. 2.4	180000	MV#57
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	201		
	anyone other than (I) its supported organizations, (ii) individuals that are part of the charitable class benefited			30.30
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	6	Sample Services	\$2.00 miles
-,	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	48963 7	September 1	252523
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	Aleste.		SATANG.
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line		25000	10EWEEK
٥-	7? If "Yes," complete Part I of Schedule L (Form 990).	8	Sando	SERECTOR
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		632/24100	460,407.45
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	(\$2,405)	1900 25 49 81
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	100.00	7 <u>20.465.04</u>	SWINN
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		150444444
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	3400-24-2	ENEXYMENCON
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally Integrated	MASS		
	supporting organizations)? If "Yes," answer line 10b below.	10a	Manager 1.3	646 WHAT
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.)	10b		

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.

Joy Ranch Inc.

Schedule A (Form 990) 2023

3b

54-0655617

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54-0655617 Page 6 Schedule A (Form 990) 2023 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances 10 c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions). 7 | Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2023

Par	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sect	ion D Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations	***************************************	3	***************************************
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-provide de	tails in Part VI)		5	
6	Other distributions (describe in Part VI), See Instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	cation is responsive		8	
	(provide details in Part VI). See instructions.			-	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	<u> </u>		10	
		(i)	(ii)		(ili)
Sect	on E - Distribution Allocations (see Instructions)	Excess Distributions	Underdistributions	5	Distributable
		A A STANS I TO A SANCTON BOARD	Pre-2023	JAW3:	Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			1	
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required-explain In Part VI). See				
	instructions.	in a value of the control of the con		gapikê.	
3_	Excess distributions carryover, if any, to 2023			:00 (2) ::::::::::::::::::::::::::::::::::::	
	From 2018	This country is the second of			
	From 2019				
	From 2020				
	From 2021			20 T	
<u>e</u>	From 2022				
	Total of lines 3a through 3e			******	
	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount			Market Co.	
i			The second secon		the state of the s
	Remainder, Subtract lines 3g, 3h, and 3l from line 3f.			Server.	
4	Distributions for 2023 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount			201.7	
c	Remainder, Subtract lines 4a and 4b from line 4.	to the form the same sound bear a better the beautiful		W.F	
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See Instructions.	La	Special Control of the Name of the Aut of 170, 110		
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3]				
	and 4c.				
88	Breakdown of line 7:	The state of the s		477.7	
a	Excess from 2019				
	Excess from 2020) e	
Ç	Excess from 2021				
d	Excess from 2022				
ė	Excess from 2023				

	Schedule A (Fon	m 990) 2023	Jov R	anch Inc.			54-0655617	Page 8
	Part VI	Supplemental III, line 12; Par B, lines 1 and 3a, and 3b; Pa	Information. t IV, Section A, 2; Part IV, Sect art V, line 1: Par	Provide the expl lines 1, 2, 3b, 3 lon C, line 1; Pa t V, Section B, li	c, 4b, 4c, 5a, 6, rt IV, Section D, ne 1e; Part V, 5	9a, 9b, 9c, 11a, 11 lines 2 and 3; Part	Part II, line 17a or b, and 11c; Part IV, IV, Section E, lines and 8; and Part V,	17b; Part Section 1c, 2a, 2b,

		I, Line 10						
	Miscel	laneous		•	\$ 1	L44,702		· · · · · · · · · · · · · · · · · · · ·
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Schedule A (Form 990) 2023

DAA

SCHEDULE D (Form 990)

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

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

OMB No. 1545-0047 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization			Employer identification number
Joy Ranch Inc.	•		54-0655617
Part I Organizations Maintaining Donor Adv Complete if the organization answered "			
		advised funds	(b) Funds and other accounts
1 Total number at end of year			11.
2 Aggregate value of contributions to (during year)			
3 Aggregate value of grants from (during year)			
4 Aggregate value at end of year			
5 Did the organization inform all donors and donor advisors in	writing that the assets held in	donor advised	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
funds are the organization's property, subject to the organization			Yes No
6 Did the organization inform all grantees, donors, and donor			
only for charitable purposes and not for the benefit of the do	onor or donor advisor, or for a	ny other purpose	,
conferring impermissible private benefit?			Yes No
Part II Conservation Easements Complete if the organization answered "			
1 Purpose(s) of conservation easements held by the organiza	ition (check all that apply).		
Preservation of land for public use (for example, recrea	tion or education) Prese	rvation of a historically	Important land area
Protection of natural habitat	Prese	rvation of a certified h	istoric structure
Preservation of open space			
2 Complete lines 2a through 2d if the organization held a qua	ilified conservation contribution	n in the form of a cons	
easement on the last day of the tax year.			Held at the End of the Tax Year
a Total number of conservation easements			2a
b Total acreage restricted by conservation easements			2b
c Number of conservation easements on a certified historic s			2c
d Number of conservation easements included on line 2c acq			9.1
		hatad bu Ha avanda	2d
	steased, extinguished, or term	inated by the organiza	alon during are
tax year	acament le located		
5 Does the organization have a written policy regarding the p	***************************************	handling of	
violations, and enforcement of the conservation easements	_ •	_	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting			
G. 1 2		•	. •
7 Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforce	ing conservation ease	ments during the year
B. Door and consequely accoment reported on line 2d abo	us antiate the manifestants of	Facelian 470/bV/AVDVI	
8 Does each conservation easement reported on line 2d abo and section 170(h)(4)(B)(ii)?			
9 In Part XIII, describe how the organization reports conserve			•••••••
sheet, and include, if applicable, the text of the footnote to			
organization's accounting for conservation easements.			
Part III Organizations Maintaining Collection Complete if the organization answered	s of Art, Historical Tre 'Yes" on Form 990, Part	asures, or Other IV, line 8.	Similar Assets
1a If the organization elected, as permitted under FASB ASC			ice sheet works
of art, historical treasures, or other similar assets held for p	oublic exhibition, education, or	research in furtherance	e of public
service, provide in Part XIII the text of the footnote to its fir	ancial statements that describ	oes these items.	
b If the organization elected, as permitted under FASB ASC			
art, historical treasures, or other similar assets held for put	lic exhibition, education, or re-	search in furtherance of	of public service,
provide the following amounts relating to these items.			
(I) Revenue included on 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 t			rovide the
following amounts required to be reported under FASB AS	-		<i>A</i> •
a Revenue included on Form 990, Part VIII, line 1	*****************************		a
P Assets included to Form 880, Par A	**********************	<u> </u>	D

depreclation 310,921 310.921 vidus inistra isang 1a Land 2,393,139 1,627,318 b Buildings c Leasehold improvements

(other)

393,949 261,540 132.409 d Equipment 244,786 203,641 41.145 e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 1,250,296

(Investment)

Part VII		- Other Securities			
		e organization answered "Yes" on I			
		n of security or category	(b) Book value	(c) Method of vs	
	······································	g name of security)		Cost or end-of-year n	Idiket Autos
(1) Financial	derivatives	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
int our					
(A)		***************************************			
(D)		***************************************			
(E)		1**************************************		· · · · · · · · · · · · · · · · · · ·	
/E'\					
(G)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(H)	******	***************************************			
	n (b) must equal For	m 990, Parl X, line 12, col. (B))			
Part VIII	Investments -	- Program Related			
	Complete if the	e organization answered "Yes" on	Form 990, Part IV, line	e 11c. See Form 990, Par	t X, line 13.
	(a) Desc	stption of investment	(b) Book value	(c) Method of va	
				Cost or end-of-year r	narkel value
(1)					
(2)					
(3)					
(5)					
(6)					
(7)					
(8)					
	n /h) must equal En	rm 990, Part X, line 13, col. (B))			
Part IX	Other Assets	the book to be style into the book by		1	
		e organization answered "Yes" on	Form 990, Part IV, Ilne	e 11d. See Form 990, Pa	rt X, line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3)				•	
(4)					
(5)					
(6)					
(7)					
(8)			······································		
(9)					
		rm 990, Part X, line 15, col. (B))			
Part X	Other Liabilit	e organization answered "Yes" on	Form 990 Part IV lin	a 11a or 11f Saa Form 0	IQN Part X
	line 25.	e organization answered Tes On	romi 550, raitiv, mi	6 116 01 111, 006 1 01111 0	oo, rait A,
1.	and Zo.	(a) Description of liability			(b) Book value
	I income taxes				
	ating lease	liabilities			32,073
(3)	1				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Fo	rm 990, Part X, line 25, col. (B))			32,073
		ons. In Part XIII, provide the text of the fo			
organization's	lability for uncertain	tax positions under FASB ASC 740. Che	ck here if the text of the foo	otnote has been provided in Pai	t XIII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
	e, gains, and other support per audit				1	877,599
	luded on line 1 but not on Form 990,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		······································
	ed gains (losses) on investments		2a	-85,071		
b Donated ser	vices and use of facilities		2b			
c Recoveries	of prior year grants	.,,.,,,,.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2c			
d Other (Desc	ribe In Part XIII.)					
e Add lines 7s	through 2d		. L==1		2e	-85,071
3 Subtract line	2e from line 1				3	962,670
4 Amounts inc	luded on Form 990, Part VIII, line 12	. but not on line 1:	1 1		TATES.	
	expenses not included on Form 990,		4a			
	ribe in Part XIII.)					
					4c	
5 Total revenu	and 4b e. Add lines 3 and 4c. (<i>This must eq</i>	ual Form 990, Part I, line 12.)			5	962,670
	econciliation of Expenses p				Return	
С	omplete if the organization an	swered "Yes" on Form 990, F	Part IV, line	12a.		
1 Total expens	ses and losses per audited financial	statements			1	1,091,837
	luded on line 1 but not on Form 990,					
a Donated ser	vices and use of facilities		2a			
	djustments					
d Other (Desc	ribe in Part XIII.)		2d			
	through 2d			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2e	
3 Subtract line	2e from line 1				3	1,091,837
4 Amounts inc	luded 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 (Desc	nbe in Part XIII.)				27.21242-74	
c Add lines 4a			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4c	· · · · · · · · · · · · · · · · · · ·
c Add lines 4a			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4c 5	1,091,837
c Add lines 4a 5 Total expens	and 4b ses. Add lines 3 and 4c. <i>(This must e</i> upplemental Information	oqual Form 990, Part I, line 18.)			5	
c Add lines 4a 5 Total expension Part XIII S Provide the descri	and 4b ses. Add lines 3 and 4c. (This must e upplemental information otions required for Part II, lines 3, 5, a	equal Form 990, Part I, Ilne 18.)	V, lines 1b and	l 2b; Part V, line 4; F	5	
c Add lines 4a 5 Total expension Part XIII S Provide the descri	and 4b ses. Add lines 3 and 4c. <i>(This must e</i> upplemental Information	equal Form 990, Part I, Ilne 18.)	V, lines 1b and	l 2b; Part V, line 4; F	5	
c Add lines 4a 5 Total expension Part XIII S Provide the description 2; Part XI, lines 20	and 4b ses. Add lines 3 and 4c. (This must e upplemental information otions required for Part II, lines 3, 5, a	equal Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4; Part II b. Also complete this part to provide	V, lines 1b and	l 2b; Part V, line 4; F Il Information,	5 art X, line	
c Add lines 4a 5 Total expension Part XIII S Provide the description 2; Part XI, lines 20	es. Add lines 3 and 4c. (This must e upplemental information blions required for Part II, lines 3, 5, a l and 4b; and Part XII, lines 2d and 4	equal Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4; Part II b. Also complete this part to provide	V, lines 1b and	l 2b; Part V, line 4; F Il Information,	5 art X, line	
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c Add lines 4a 5 Total expens Part XIII S Provide the descri 2; Part XI, lines 2d	and 4b ses. Add lines 3 and 4c. (This must e upplemental information blions required for Part II, lines 3, 5, a l and 4b; and Part XII, lines 2d and 4	equal Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4; Part II b. Also complete this part to provide	V, lines 1b and	i 2b; Part V, line 4; F al Information.	5 art X, line	
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c Add lines 4a 5 Total expension Part XIII S Provide the description 2; Part XI, lines 2c	and 4b ses. Add lines 3 and 4c. (This must e upplemental information utions required for Part II, lines 3, 5, a l and 4b; and Part XII, lines 2d and 4	equal Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4; Part II b. Also complete this part to provide	V, lines 1b and any additiona	i 2b; Part V, line 4; F il information.	5 Part X, fine	
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c Add lines 4a 5 Total expension Part XIII S Provide the description 2; Part XI, lines 2c	and 4b ses. Add lines 3 and 4c. (This must e upplemental information utions required for Part II, lines 3, 5, a l and 4b; and Part XII, lines 2d and 4	equal Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4; Part II b. Also complete this part to provide	V, lines 1b and any additiona	i 2b; Part V, line 4; F il information.	5 Part X, fine	
c Add lines 4a 5 Total expension Part XIII S Provide the description 2; Part XI, lines 2c	and 4b ses. Add lines 3 and 4c. (This must e upplemental information utions required for Part II, lines 3, 5, a l and 4b; and Part XII, lines 2d and 4	equal Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4; Part II b. Also complete this part to provide	V, lines 1b and any additiona	i 2b; Part V, line 4; F il information.	5 Part X, fine	
c Add lines 4a 5 Total expension Part XIII S Provide the description 2; Part XI, lines 2c	and 4b ses. Add lines 3 and 4c. (This must e upplemental information utions required for Part II, lines 3, 5, a l and 4b; and Part XII, lines 2d and 4	equal Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4; Part II b. Also complete this part to provide	V, lines 1b and any additiona	i 2b; Part V, line 4; F il information.	5 Part X, fine	
c Add lines 4a 5 Total expension Part XIII S Provide the description 2; Part XI, lines 2c	and 4b ses. Add lines 3 and 4c. (This must e upplemental information utions required for Part II, lines 3, 5, a l and 4b; and Part XII, lines 2d and 4	equal Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4; Part II b. Also complete this part to provide	V, lines 1b and any additiona	i 2b; Part V, line 4; F il information.	5 Part X, fine	
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c Add lines 4a 5 Total expension Part XIII S Provide the description 2; Part XI, lines 2c	and 4b ses. Add lines 3 and 4c. (This must e upplemental information utions required for Part II, lines 3, 5, a l and 4b; and Part XII, lines 2d and 4	equal Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4; Part II b. Also complete this part to provide	V, lines 1b and any additiona	i 2b; Part V, line 4; F il information.	5 Part X, fine	
c Add lines 4a 5 Total expension Part XIII S Provide the description 2; Part XI, lines 2c	and 4b ses. Add lines 3 and 4c. (This must e upplemental information utions required for Part II, lines 3, 5, a l and 4b; and Part XII, lines 2d and 4	equal Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4; Part II b. Also complete this part to provide	V, lines 1b and any additiona	i 2b; Part V, line 4; F il information.	5 Part X, fine	
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Schedule D (Form 990) 2023 Joy Ranch Inc. Part XIII Supplemental Information (continued)	54-0655617	Page 5
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ, Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization Employer identification number Joy Ranch Inc. 54-0655617 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A copy is reviewed by the Executive Director and the Board's executive committee prior to filing. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The board reviews the policy annually and ensures compliance at that time with periodic review throughout the year. Form 990, Part VI, Line 15a - Compensation Process for Top Official The Board Reviews the salary of the Executive Director annually and makes a determination regarding changes during that review. The Board also has oversight over the compensation of all administrative. Form 990, Part VI, Line 15b - Compensation Process for Officers The Board reviews the salary of the Executive Director annually and makes a determination regarding changes during that reivw. The Board also has oversight over the compensation of all adminatrative employees. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available on the organization's website or at the organization's location upon request.