Form **990**

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.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2024 Open to Public Inspection

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Ā			dar year, or tax year beginning , and ending			
В	Check if a	appixable: C Na	ame of organization		D Employer	identification number
Ш	Address	*	Joy Ranch Inc.			
	Name cha	2002	oing business as umber and street (or P.O. box if mail is not delivered to street address; Ro	om/suite	54-06 E Telephone	555617
$\overline{\sqcap}$	initial retu		O Box 727	CHIPSOIG		36-5578
	Final retu	ım/ Çit	(y or town, state or province, country, and ZIP or foreign postal code		······································	······································
님	terminated	H	illsville VA 24343		G Gross recei	pb\$ 837,628
\vdash	Amended	IF Na	ame and address of principal officer:	tatal to this a arm		bordinates? Yes X No
Ш	Application	on pending 15	Lizabeth E. Krimminger	H(a) is this a grou	ip resum loc su	
				H(b) Are all subc		
			001	N "NO " :	allach a list. S	se instructions
<u></u>			X 531(c)(3) 501(c) () (insert no.) 4947(s)(1) or 527			
1	Website	***		H(c) Group exem		178
	Form of	organization X		of formation: 19	/3 / I	w State of legal domicite: VA
		Summ	e the organization's mission or most significant activities;			
	l''	•	e die organizations massion of most signalicant activities. ide housing and services to children who are unable	to liv	a with	
Governance	•	 .	avente at migrations			
Ē	'		arents or guaratens.		•	•
8	۱ , ,	Charle this hav	if the organization discontinued its operations or disposed of more than 25% of it	e not secute		
					3	9
1) 6)			ependent voting members of the governing body (Part VI, line 1a)		. 	9
Ę	",	Total number o	of individuals employed in calendar year 2024 (Part V, line 2a)		5	17
ctivities			of volunteers (estimate if necessary)		1 ~ 1	12
∢					0	
			business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		7b	0
	 ~	, tot ciliplated		Prior Year		Current Year
	8 (Contributions a	and grants (Part VIII, line 1h)	713	,006	768,200
ž	9 1	Program servic	ce revenue (Part VIII, line 2g)			<u> </u>
Revenue	10 1	Investment inc	ome (Part Vill, column (A), lines 3, 4, and 7d)		,660	54,902
12.	11 (Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,004	14,526
	1		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	962	,670	837,628
	1		nilar amounts paid (Part IX, column (A), lines 1–3)			0
		-	o or for members (Part IX, column (A), line 4)	470	360	406.040
es	1		compensation, employee benefits (Part IX, column (A), lines 5-10)	4/2	,362	496,243
Expenses	1		indraising fees (Part IX, column (A), line 11e)	······································		<u>U</u>
X			ng expenses (Part IX, column (D), line 25) 48,129	<u> </u>	ATE	AAO A1E
			s (Part IX, column (A), lines 11a-11d, 11f-24e)		,475 ,837	448,415
	1		s. Add lines 13–17 (must equal Part IX, column (A), line 25)	-129		944,658 -107,030
<u> </u>	19 1	Revenue less (expenses. Subtract line 18 from line 12	ginning of Curre		End of Year
Assets or Balances	20 1	Total assets (P	Part X, line 16)	3,244		3,060,437
88	21		(Part X, line 26)		,283	48,120
¥2			fund balances. Subtract line 21 from line 20	3,183	,999	3,012,317
P	art II		ure Block	<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · · · · · · · · · · · · · · · ·	
Ur	nder per	nalties of perjury	, I declare that I have examined this return, including accompanying schedules and statements, a	nd to the best	of my know	edge and belief, it is
			e. Declaration of preparer (other than officer) is based on all information of which preparer has a		. ,	1112
		Cel	shell 49 Similar		1 3	1412025
Sig	jn	Signature of office			Date	/
He	re	Elizab	eth E. Krimminger Treasurer			
		Type or print nar				34540 <u>7</u>
	_	Preparer's name	Preparer's signature	Date	Check	if PTIN
Paid		Emily Vier		03/04/2	25 self-empl	
	parer	Firm's name	Robinson Farmer Cox Associates	Firm	n's EIN	54-1896113
Usa	Only		108 Southpark Drive	[
		Firm's address	Blacksburg, VA 24060	Pho	one no.	540-552-7322
			return with the preparer shown above? See instructions			Yes No
For DAA		ork Reduction	Act Notice, see the separate instructions.			Form 990 (2024)

om 990 (2024) Joy Ranch I	nc.	54-0655617	Page 2
Part III Statement of Prog	ram Service Accomplishments Contains a response or note to a		<u> </u>
1 Briefly describe the organization's r			
		ildren who are unable to 1	ive with
their parents or	guarquans.		
** * * * * * * * * * * * * * * * * * * *			
2 Did the organization undertake any	significant program services during the year	ar which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new service	es on Schedule O.		
3 Did the organization cease conducti	ing, or make significant changes in how it	conducts, any program	_ =
services?			Yes X No
If "Yes," describe these changes on			
expenses. Section 501(c)(3) and 50		three largest program services, as measured by the amount of grants and allocations to others,	
4a (Code:) (Expenses \$	862,164 including grants	of \$) (Revenue \$	
The organization us	es its resources to	of \$) (Revenue \$ provide housing and service)	ces to
children who are ur	nable to live with th	eir parents.	

*****			****

* 1 · 1 · · · · · · · · · · · · · · · ·			
			.,,
	, ,	,	
4b (Code:) (Expenses \$	including grants	of \$) (Revenue \$	
N/A			
		15	
,,,			
		A B CONTRACTOR OF THE CONTRACT	
			/ ******** **** ******
		, , , , , , , , , , , , , , , , , , , ,	
		· · · · · · · · · · · · · · · · · · ·	
	, , , ,		
****	(**)·* (****) - * * * * * * * * * * * * * * * *	***************************************	
4c (Code:) (Expenses \$	including grants	of \$.) (Revenue \$	
N/A			

* * * * * * * * * * * * * * * * * * * *			
			, , , , , , , , , , , , , , , , ,
		. , , , , , , , , , , , , , , , , , , ,	
	,		
		, , , , , , , , , , , , , , , , , , , ,	

4d Other program services (Describe o	n Schedule ())		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses	862,164	Vincializa A	
AA			Fu/fh 990 (2024

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			12
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	1		X
5	ts the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	١.		w
	assessments, or similar amounts as defined in Rev. Proc. 98-19? 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			
	"Van " complete Schodule ft. Bart I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44	X	
Ł.	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a		
b	A State of the sta	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	1.12		
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- S.P.	
	Schedule D, Parts XI and XII	12a	X	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40.		NP.
49	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			_
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			**
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.		v
40	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," complete Schedule G, Part III	19		X
20a	DIA 0	20a		X
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		X
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	official of Regules consules (commiss)			1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	· · · · · · · · · · · · · · · · · · ·			
	\$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	<u> </u>	X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	├
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		
d or-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	LJa	-	
þ	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		-	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	ł		Į
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			$\overline{}$
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		:	
	"Yes," complete Schedule L, Part IV	28¢		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		A
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
	conservation contributions? If "Yes," complete Schedule M	30 31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32		32		х
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
*~	or IV and Part V line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
*********	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	L
Pa	art 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 Enter the number of Forms W-26 included on line 1a Enter -0- if not applicable 1a 0	}		
b				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.		
DAA	reportable gaming (gambling) winnings to prize winners?	1c	. 906	(2024)
		F 44		

-	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	·	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 17	┨	4.0	
ď	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	**
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	١.		v
	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			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>~</u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			x
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		- 55
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
_	gifts were not tax deductible?	00		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		
	and services provided to the payor?	7b		\vdash
b	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	· · ·		
E	1 4 4 A B A AAAA	7c		
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	- '`		
ď	the state of the s	7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	'		
а	Initiation fees and capital contributions included on Part VIII, line 12]		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter			
a	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	 		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			l
þ	Enter the amount of reserves the organization is required to maintain by the states in which			l
	the organization is licensed to issue qualified health plans	-		
¢	Enter the amount of reserves on hand	-		77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		Х
	excess parachute payment(s) during the year?	15		<u> </u>
4-	If "Yes," see instructions and file Form 4720, Schedule N.	40		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		 ^
47	if "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities	17		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	''		
·	If "Yes," complete Form 6069.	ËM	- 99t) (2024)

Form	1 990 (2024) Joy Ranch Inc. 54-0655617		F	age 6
	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and	for a "		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See			
	Check if Schedule O contains a response or note to any line in this Part VI	-1.44.1.4.4		_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 9	1		
	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			1
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, 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 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	d8	Х	
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		<u> X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	125	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Ж	
b	Other officers or key employees of the organization	15b	Х	
	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		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		···
Sec	tion C. Disclosure			
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	_^^	c_ ===	270
WC	odlawn VA 24381 276	<u>-23</u> (7-3:	16

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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
 - e List all of the organization's current key employees, if any. See instructions for definition of "key employee."

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- 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 organization nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the org	anization nor an	y rela	ated	orga	nizat	tion o	omp	pensated any current officer	, director, or trustee.	
(A) (B) Name and title Average hours per week (list any			x, unio icer a	Pos check ess pe nd a c	rson i lirecto	than o	an e)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	nstitutional truslee	Officer	(ey employee	Highest compensated employee	Commer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) Danny Austin	40.00	x		x				80,576	0	0
Executive Director (2) Vicky M. Cason	0.00	┢	├-	1	-	\vdash		80,370	<u> </u>	<u></u>
Board Member	1.00	x						o	0	0
(3) Pamela Craig	1	 * *	 	 		1	-			<u> </u>
(0) 1 1111111111111111111111111111111111	1.00									
Board Member	0.00	X						0	0	0
(4) Nathan Lyons, Es		Π								
Board Chair	3.00	x						0	0	0
(5) Susan M. Horton										
Secretary	1.00	X						. 0	0	0
(6) Elizabeth E. Kri		l								
Treasurer	1.00	x						0	0	0
(7) Harley D. Sigmon										
Vice Chair	1.00 0.00	x						0	0	0
(8) Elaine M William	s	1								
Board Member	1.00	x						0	0,	0
(9) James R. William										
Board Member	1.00	x						0	0	0
(10)									•	
(11)										

54-0655617

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and tile	(B) Average hours per week	(C) Position (do not check more than on box, unless person is both a officer and a director/truster						(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation			
	(fist any) hours for related organizatio below dotted line			Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC: 1099-NEC;	1099-MISC/ 1099-MISC/ 1099-NEC)		from th ganization lad organ	n and	
(12)														
(13)														
(14)														
(15)	,													
(16)	. ,													
(17)		**********								!			*****	
(18)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			:									
(19)														
1b c	Subtotal	ets to Part VII, S	Secti	ion /	١				80,576					
<u>d</u>	Total (add lines 1b and 1c). Total number of individuals (ind	cluding but not th	nite	i to t	hose	liste	ed al	ove		\$100,000 of	<u> </u>			
-	reportable compensation from	the organization		U							ecentry transportations		Yes	Мo
3	Did the organization list any for employee on line 1a? If "Yes,"	rmer officer, dire complete Sched	ctor ule	, trus I for	tee, such	key indi	emp vidua	loye al				3		<u>x</u> _
4	For any individual listed on line organization and related organ	1a, is the sum	of re	porta	able :	com	oens	atior	and other compensation fr	om the				
_	individual Did any person listed on line 1											4		<u>X</u>
5	for services rendered to the or	a receive or acc ganization? If "Y	os,"	comp	iensa Jete	Sch	non eduk	J	or such person	nkilyauai	41111	5		X
Sect 1	lon B. Independent Contracto Complete this table for your five		neat	led in	nden	ende	ent o	nntra	actors that received more th	an \$100,000 of				
	compensation from the organiz	ation. Report co	mpe	nsati	on fo	or the	cal	enda	ar year ending with or withir	the organization's tax yea	er.		(C)	
	Name and	(A) business address						-	Descript	(B) ion of services		Con	(C) rpensation	
	Name of a Colonia of the Colonia of	<u> </u>												
_		erne ny vye vye vye vye v	_					<u> </u>	1014					
												· :		
2	Total number of independent or received more than \$100,000								e listed above) who	0			000	
DAA												Form	990 (2024

Pa	art V	III Stateme Check if	ent o Sch	f Revenue edule O conta	ains a	respon	se or note	to any line in this	s Part VIII	.,,,,,,,	
_				<u></u>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ম ম	12	Federated camp	aions		1a						
E S	b	Membership due			115						
ωĔ.	c	Fundraising eve	nts		1c						
E H	d	Related organization			1d						
J.E	e	Government grants (2			1e						
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, and similar amounts no	gifts, gra	inis_	1f		768,200				
ξŧ	g	Noncash contributions lines 1a-1f	included	in	1g	¢	4,874				
Son	_h	Total. Add lines	1a-1f					768,200			
<u> </u>	 	(0)	10 11				Business Code			·	
œ	2a	,									
Program Service Revenue	ь		4								
88	c	• •••••	'								
E S	d										
ğ	l e										
δ		All other program		ice revenue							
		Total. Add lines									<u> </u>
	3	Investment incor								3-2	
	Ť	other similar am						54,902	54,902		
	4	Income from inve	esimei	of tax-exempt	bond i	nmoeeds	** ! ! * * * * * * *				
	5	Royalties					, ,				
	ľ	Noyaloos	<u> </u>	‼i Real			Personal				
	62	Gross rents	6a	7,, - 1, - 1							
	ĺ										
	l .	Less: rental expenses									
		Rental inc. or (css)	6c	<u></u>							
	7a	Net rental incom Gross amount from	e or (I	OSS)			Öther				:
		sales of assets] _ '	ti perminez		(1)	ONE				
_		other than inventory	7 <u>a</u>								
Jue .	þ	Less: cost or other									
Š		basis and sales exps.									
Other Revenue	1	Gain or (loss)	7с								
þē		Net gain or (loss			ا نست						·
ŏ	8a	Gross income from		ising events							
		(not including \$									
i	İ	of contributions rep									
		tc). See Part IV, lin			8a						
		Less: direct expe			_6b	<u> </u>					
	1	Net income or (I			vents				<u> </u>		
	9a	Gross income for	-	*							
		activities. See Pa			9a						
		Less: direct exp			95	l					
	E .	Net income or (I			ities						
	10a	Gross sales of in		-							
		retums and allow			10a						
		Less: cost of goo			10b						
_	C	Net income or (l	oss) fr	om sales of inve	ntory .		1				
Ñ							Business Code				
ဝီ ခွ	11a	Miscellane	ous,				<u></u>	14,526	14,526		
lank	b	N 44 P									
Miscellaneous Revenue	c			.,							
ž.	d	All other revenue	θ	,			L				
		Total. Add lines	11a-	I1d	<u></u>		. ,	14,526			
	12	Total revenue.	See in	structions			, ,	837,628	69,428	0	0

54-0655617 Form 990 (2024) Page 10 Joy Ranch Inc. Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns, All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX (B)
Program server
expenses (C) Management and (D) Fundralsing Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b, 9b, and 10b of Part VIII. general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and

	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,			= 000	9 APM
	trustees, and key employees	80,576	66,713	5,886	7,977
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				24 282
7	Other salaries and wages	363,948	301,332	26,586	36,030
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,781	3,781		
9	Other employee benefits	13,993	13,275		718
10	Payroll taxes	33,945	28,068	2,525	3,352
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
c	Accounting	1,585	1,585		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		, , , , , , , , , , , , , , , , , , ,		
f	Investment management fees				
, a					
9	(A), amount, list line 11g expenses on Schedule ()	10,352	10,352		
12	Advertising and promotion	1,269	1,269		
13	Office expenses	10,097	10,097		
14	Information technology				
15					
	Royalties	75,860	75,860		
16	Occupancy	15,177	15,177		·····
17	Travel Payments of travel or entertainment expenses	20,211	33,51,		
18	•				
	for any federal, state, or local public officials	3,427	3,427		
19	Conferences, conventions, and meetings	3,261	2,461		
20	interest				
21	Payments to affiliates	92,363	92,363		
22	Depreciation, depletion, and amortization	52,073	52,073		
23	Insurance	52,075	32,073		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25. column]			
	(A), amount, list line 24e expenses on Schedule O.)	A 400	07 755	(20)	
а	miscellaneous	87,123	87,755	-632	
þ	Kitchen and Food supllies	34,819	34,819		
c	Activities	18,427	18,427		
d	Maintenance	18,208	18,156		52
8	All other expenses	27,635	27,635	0.4.365	40 100
25	Total functional expenses. Add lines 1 through 24e	944,658	862,164	34,365	48,129
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and			ĺ	
	fundraising solicitation. Check here				
page 100 miles	following SOP 98-2 (ASC 958-720)				
DAA					Fart 990 (2024)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. (B) (A) Beginning of year End of year 371,235 95,747 Cash—non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 B Inventories for sale or use 8 Prepaid expenses and deferred charges 16,770 16,018 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 3,412,302 | 10a | 2,177,736 1,250,296 1,234,566 b Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 1,573,908 1,689,159 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 32,073 24,947 15 Other assets. See Part IV, line 11 15 3,244,282 3,060,437 Total assets. Add lines 1 through 15 (must equal line 33) 16 28,210 23,308 17 Accounts payable and accrued expenses Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 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% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 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 24,812 25 of Schedule D 60,283 48,120 Total liabilities, Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 2,990,037 3,174,589 27 Net assets without donor restrictions 9,410 28 28 Net assets with donor restrictions Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 5 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 3,183,999 3,012,317 Total net assets or fund balances 32 3,244,282 3,060,437 Total liabilities and net assets/fund balances

Form	990 (2024) Joy Ranch Inc. 54-0655617			Pa	<u>ge 12</u>
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u></u>	┵
1	Total revenue (must equal Part VIII, column (A), line 12)	1		37,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		44,	
3	Revenue less expenses. Subtract line 2 from line 1	3		07,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,1		
5	Net unrealized gains (losses) on investments	5		64,	<u>652</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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, ∞lumn (B))	10	3,0	12,:	<u> 317</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C F.R. Part 200. Subpart F?		3a		Х
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				GOS	102011

SCHEDULE A (Form 990)

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.

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

OMB No 1545-0047

Open to Public Inspection Employer Identification number

Schedule A (Form 990) 2024

Name of the organization

Joy Ranch Inc.

54-0655617 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a fand-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II, A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d 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). (IV) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported Ested in your governing (described on lines 1-10 support (see other support (see organization above (see instructions)) document? instructions i instructions) (A) **(B)** (C) (D) (E)

Cat. No. 11285F

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

54-0655617 Joy Ranch Inc. Page 2 Schedule A (Form 990) 2024 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) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 804,816 713,006 768,200 4,496,462 include any "unusual grants.") 991,783 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 3 991,783 804,816 713,006 768,200 4,496,462 1,218,657 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) 4,496,462 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2023 (e) 2024 (b) 2021 (c) 2022 (f) Total Calendar year (or fiscal year beginning in) (a) 2020 4,496,462 991,783 1,218,657 804,816 713,006 768,200 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 29,176 20.126 13,950 47,032 54,902 165,186 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets 5,580 12,935 75,592 35,004 14,526 143.637 (Explain in Part VI) Total support. Add lines 7 through 10 4,805,285 11 12 151,464 Gross receipts from related activities, etc. (see instructions) 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 93.57 % Public support percentage from 2023 Schedule A, Part II, line 14 15 94.45 % 15 16a 33 1/3% support test — 2024. 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 Х b 33 1/3% support test -- 2023, 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 - 2024. 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 — 2023, 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

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

......

organization

Part III S	Support	Schedule	for	Organizations	Described	in	Section	509(a)(2)
------------	---------	----------	-----	---------------	-----------	----	---------	---------	----

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

	tion A. Public Support	_				·			
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 202	4	(f) Total	
1	Gifts, grants, sanitrizations, and membership fees			Ì]				
	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise	l					ļ		
	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						ĺ		
	unrelated trade or business under section 513								
4	Tax revenues levied for the		1				1		
	organization's benefit and either paid								
	to or expended on its behalf								—
5	The value of services or facilities						l		
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
						 			—
b	received from other than disqualified					ľ			
	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				<u> </u>				
8	Public support. (Subtract line 7c from	1							
	line 6.)				<u> </u>	1			
	tion B. Total Support	T	1	1	T	1 11 22	. 1		
Cater	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 202	4	(f) Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends,						1		
	payments received on securities loans, rents,		1		1		1		
	royalties, and income from similar sources					ļ			
b	Unrelated business taxable income (less section 511 taxes) from businesses								
	acquired after June 30, 1975	1							
	,								
C	Add lines 10a and 10b					 			
11	Net income from unrelated business						- 1		
	activities not included on line 10b, whether						- 1		
	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.)								
14	First 5 years. If the Form 990 is for the or	rganization's first, s	econd, third, fourth	, or fifth tax year a	is a section 501(c)(3)			_
	organization, check this box and stop here								
Sec	tion C. Computation of Public S	upport Percer	rtage				,		
15	Public support percentage for 2024 (line 8	, column (f), divide	d by line 13, colum	ın (f))			15		%
16	Public support percentage from 2023 Sche	edule A, Part III, lin	e 15				16		<u>%</u>
Sec	tion D. Computation of Investme	ent Income Pe	rcentage				, ,		
17	Investment income percentage for 2024 (I	ine 10c. column (f)	, divided by line 13	, co'umn (f))			17		%
18	Investment income percentage from 2023						18		%
19a	33 1/3% support tests — 2024. If the org								
	17 is not more than 33 1/3%, check this bo	-	_						L
b	33 1/3% support tests — 2023. If the org								
	line 18 is not more than 33 1/3%, check th								H
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this bo	x and see instruction	ons.		F -	╚

Schedule A (Form 990) 2024
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.)

Joy Ranch Inc.

Sect	ion A. All Supporting Organizations	impicto rait	V - J	
0000	test of the adaptation of generation		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		7	
	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.	1		
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			1
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
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	1		
	organization made the determination.	35		
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.	3є		
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			
	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.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"]		
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	1		
	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		
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?	5b		
¢	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	ļ		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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.	9a		
d	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
ε	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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	(
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
h	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.)

Schedule A (Form 990) 2024

3а

Parent of Supported Organizations. Answer lines 3a and 3b below.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization 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.

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

Part V Type III Non-Functionally Integrated 509(a)(3) Supp			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			e9
instructions. All other Type III non-functionally integrated supporting organ Section A – Adjusted Net Income	nizations must comple	(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		ļ <u>.</u>
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		Į
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount, Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
The least the market was in the experience first on a non-functional	ly intropated Type III	currenting organization	

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

Schedule A (Form 930) 2024

Par Sect	t V Type III Non-Functionally Integrated 509(a)(ion D - Distributions	y supporting organization	,00,100,100,1	Current Yea	ar
1	Amounts paid to supported organizations to accomplish exempt pu	moses		1	
2	Amounts paid to perform activity that directly furthers exempt purpo				
£	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of st	3			
4	Amounts paid to acquire exempt-use assets	77-7-1		4	
5	Qualified set-aside amounts (prior IRS approva) required—provide	details 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	nization is responsive		-	
0	(provide details in Part VI). See instructions.	The state of the s	1:	8	
9	Distributable amount for 2024 from Section C, line 6			9	***************************************
	Line 8 amount divided by line 9 amount			10	
10	LINE 6 STROUGH GIVIDED by line 9 STROUGH	(i)	(ii)	(iii)	
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2024	Distributable Amount for 2	
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2024				
a	From 2019				
b	From 2020				
c	From 2021				
đ	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
8	Applied to underdistributions of prior years				
h	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
i	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from	1	•		
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				
	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
-	any, Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
•	and 4c.		l		
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021 .				
	Excess from 2022	<u> </u>			
	Excess from 2023		<u> </u>		
ام ا					

Schedule A (Form 990) 2024

Miscellaneous

Part VI

SCHEDULE D (Form 990) (Rev. Decamber 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number
- 7	Danah Tan		54-0655617
	rt! Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on	nds or Other Similar Funds or	
	Complete it are digaritated and are	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	IT.	
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	
•	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		_
	only for charitable purposes and not for the benefit of the donor or donor		
		·	Yes No
Pa	rt II Conservation Easements		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that a <u>ppl</u> y).	
	Preservation of land for public use (for example, recreation or educ	cation) Preservation of a historically	rimportant land area
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution 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
¢			. 2c
đ	Number of conservation easements included on line 2c acquired after J		
	on a historic structure listed in the National Register	••••	. 2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by	
	the organization during the tax year		
4	Number of states where property subject to conservation easement is I		• • • •
5	Does the organization have a written policy regarding the periodic mon		n. n.
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of		
	conversation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handling of violation		_
	conservation easements during the year	.,, , , , , , , , , , , , , , , , , , ,	
8	Does each conservation easement reported on line 2d above satisfy the	e requirements of section 170(h)(4)(B)	п. п.
	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense statemer	nt and balance
	sheet, and include, if applicable, the text of the footnote to the organization	ition's financial statements that describes	ine
-	organization's accounting for conservation easements.	Historical Tracqueros or Other	Similar Accete
	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to n		
	of art, historical treasures, or other similar assets held for public exhibit		of public
	service, provide in Part XIII the text of the footnote to its financial stater		
b	If the organization elected, as permitted under FASB ASC 958, to report		
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance o	t 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 treasures, or		ovide the
	following amounts required to be reported under FASB ASC 958 relating		ri.
	Revenue included on Form 990, Part VIII, line 1		\$
<u> </u>	Assets included in Form 990, Part X		Schadula D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) Joy Ra	anch Inc			54-0)655617		Page 2
	Callactions of A	het Historiaal Ts	00011500			Continue	
Part III Organizations Maintaining 3 Using the organization's acquisition, accession, collection items (check all that apply).						COURTRE	<u>u)</u>
a Public exhibition	d 🔲 L	oan or exchange prog	gram				
b Scholarly research	e C	Other					
c Preservation for future generations							
4 Provide a description of the organization's colle	ections and explain t	low they further the or	rganization's	exempt purpose	in Part		
5 During the year, did the organization solicit or	receive donations of	art, historical treasure	s, or other s	imilar			
assets to be sold to raise funds rather than to						☐ Yes	□ No
Part IV Escrow and Custodial Arra		t of all of general		11.21-121 121111111		\$	James Land
Complete if the organization a 990, Part X, line 21.		on Form 990, Par	t IV, line 9), or reported	an amount	on Form	
1a Is the organization an agent, trustee, custodian	or other intermedia	y for contributions or	other assets	not			
included on Form 990, Part X?				. ,		Yes	No
b If "Yes," explain the arrangement in Part XIII ar	nd complete the follo						
						Amount	
c Beginning balance	•				1c		
A Addition design the come					1d		~
					10		
e Distributions during the year					46		
f Ending balance 2a Did the organization include an amount on Fon				linkiiko?		Yes	No
						□ 199	H "0
b if "Yes," explain the arrangement in Part XIII. C	леск неге и ше ехр	anadori nas been pro	VIUGU III FAIL	VIII .	<u> </u>		
Part V Endowment Funds	annumend "Van"	on Form 000 Par	+ IV/ line 1	ın			
Complete if the organization a		(b) Prisr year	(c) Two year	ł.	hrea years back	(e) Four year	arz baak
	(a) Current year	(O) FILST YEEK	(c) two year	is back (d) !	ued years back	(a) i an ya	313 OOCK
1a Beginning of year balance							
b Contributions						 	
c Net investment earnings, gains,							
and losses						<u> </u>	
d Grants or scholarships							
e Other expenditures for facilities and						1	
programs							
f Administrative expenses							
g End of year balance		-					
2 Provide the estimated percentage of the current	t year end balance (line tg. column (a)) h	eld as:				
a Board designated or quasi-endowment	%						
b Permanent endowment %	************						
c Term endowment %							
The percentages on lines 2a, 2b, and 2c should	d equal 100%.						
3a Are there endowment funds not in the possess	ion of the organization	on that are held and a	dministered	for the			
organization by:	•					Ye	s No
(i) Unrelated organizations?						3a(i)	
(li) Related organizations?	*					3a(ii)	
b If "Yes" on line 3a(ii), are the related organization						3b	\neg
4 Describe in Part XIII the intended uses of the					· ··· · · · · · · · · · · · · ·	<u> </u>	
Part VI Land, Buildings, and Equip	ıment		4 IV Una 4	1a Cao Farm	, 000 Part \	/ line 10	
Complete if the organization a							
Description of property	(a) Cost or other ba	1 '		(c) Accumulation	1	(d) Bereik valu	9
	(investment)	(othe		depresalist	' 	24.0	004
1a Land			10,921	4 ^^*	207.4		, 921 . 518
L. D. Maller and	1	1 7 44	an 2891	1 691	771	/.DM	1 84

281,569 214,396

416,306 244,786

e Other

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) (Rev. 12-2024)

	(a) Description of security or category	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(B)			
(C)			
(D)	. , , , , , , , , , , , , , , , , , , ,		
., (E)			
(F)			
(H)			
	n (b) must equal Form 990, Part X, line 12, col. (B))	ologiados Latinta individuos proprieses prop	I
Part VIII	Investments - Program Related Complete if the organization answered "Y	/oc" on Form 000 Bort IV tin	a 11a Sao Form 000 Part Y line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) pascripton or moscoram	(0) 555% 1555	Cost or end-of-year market value
/4\			
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
			1
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, line 13, col. (B))		
	Other Assets	()	441.0 - 5 - 000 D-4 V live 45
Total. (Colum	Other Assets Complete if the organization answered "\		
Total. (Colum Part IX	Other Assets		e 11d. See Form 990, Part X, line 15.
Total. (Colum Part IX	Other Assets Complete if the organization answered "\		
Total. (Colum Part IX (1) (2)	Other Assets Complete if the organization answered "\		
Part IX (1) (2) (3)	Other Assets Complete if the organization answered "\		
Total. (Colum Part IX (1) (2) (3) (4)	Other Assets Complete if the organization answered "\		
Total. (Colum Part IX (1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "\		
Total. (Colum Part IX (1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "\		
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "\		
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets Complete if the organization answered "\		
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (6) (9)	Other Assets Complete if the organization answered "\ (a) these		(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (6) (9)	Other Assets Complete if the organization answered "\ (a) these (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities	riptism	(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "\ (a) tresc (b) must equal Form 990, Part X, line 15, col. (B))	riptism	(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "\ (a) these (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities	riptism	(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "\ (a) Unexcent (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "\	reption (es" on Form 990, Part IV, lin	(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal	Other Assets Complete if the organization answered "\ (a) tresc (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "\ line 25. (a) Description income taxes	reption (es" on Form 990, Part IV, lin	(b) Book value e 11e or 11f. See Form 990, Part X, (b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal	Other Assets Complete if the organization answered "\ (a) Used (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "\ line 25.	reption (es" on Form 990, Part IV, lin	(b) Book value e 11e or 11f. See Form 990, Part X, (b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal	Other Assets Complete if the organization answered "\ (a) tresc (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "\ line 25. (a) Description income taxes	reption (es" on Form 990, Part IV, lin	(b) Book value e 11e or 11f. See Form 990, Part X, (b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) Opera (3) (4)	Other Assets Complete if the organization answered "\ (a) tresc (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "\ line 25. (a) Description income taxes	reption (es" on Form 990, Part IV, lin	(b) Book value e 11e or 11f. See Form 990, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Opera (3) (4) (5)	Other Assets Complete if the organization answered "\ (a) tresc (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "\ line 25. (a) Description income taxes	reption (es" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
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Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024)Joy Ranch Inc.	54-065561	7 Page 5
Part XIII Supplemental Information (continued)		
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SCHEDULE O (Form 990)

(Rev. December 2024)

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 Form 990-EZ.

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

GMB No 1545-0047

Open to Public Inspection

Name of the organization			Employer identification number
Joy Ranch	Inc.	-	54-0655617
Form 990, Part VI, L A copy is reviewed b committee prior to f	ine 11b - Organization's y the Executive Director iling.	and the Boar	d's executive
The board reviews the	ine 12c - Enforcement of e policy annually and ens throughout the year.	Conflicts Pos Sures complian	licy nce at that time
The Board Reviews the determination regardi	ine 15a - Compensation Properties of the Executive ing changes during that recompensation of all admin	e Director and review. The Bo	nually and makes a
determination regardi oversight over the c	ine 15b - Compensation Property of the Executive ing changes during that rompensation of all administrations	reivw. The Boa atrative empl	ard also has oyees.
Form 990, Part VI, L Documents are availab organization's locati	ine 19 - Governing Documole ole on the organization's ion upon request.	ents Disclosu : website or a	re Explanation at the
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