STEIER & ASSOCIATES LTD 1015 NORTH 98TH STREET, SUITE 100 OMAHA, NE 68114 402-390-9090

August 18, 2021

MISS AMAZING INC GROUP FILING RETURN 1109 PARC DRIVE PAPILLION, NE 68048

Dear Client:

Enclosed for your review:

Form 990

2020 Return of Organization Exempt from Income Tax

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely,

KATLIN C. SVENDSEN

2020

FEDERAL FILING INSTRUCTIONS

MISS AMAZING INC GROUP FILING RETURN

83-2052814

ELECTRONICALLY FILED:

FORM 990 - 2020 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-E0 - IRS E-FILE SIGNATURE AUTHORIZATION.

PAYMENT:

NO PAYMENT IS REQUIRED.

Form 8879-EO		Signature Authorization Exempt Organization		OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginn	ing, 2020, and ending, 20	°	
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov	to the IRS. Keep for your records. //Form8879EO for the latest information.		2020
Name of exempt organization or per	son subject to tax			entification number
MISS AMAZING INC Name and title of officer or person s	GROUP FILING RETURN		83-205	2814
KIMBERLY M SOMER		VP & DIRECTOR		
	rn and Return Information (V	<u> </u>		
check the box on line 1a, 2 leave line 1b, 2b, 3b, 4b, 5	a. 3a. 4a. 5a. 6a. or 7a below, and t	8879-EO and enter the applicable amount, he amount on that line for the return being f , blank (do not enter -0-). But, if you entere in Part I.	filed with thi	s form was blank, then
1 a Form 990 check here	····· ► X b_Total revenue, if an <u></u>	y (Form 990, Part VIII, column (A), line 12).		1b 80,491.
2 a Form 990-EZ check h	nere ► b_ Total revenue, if	any (Form 990-EZ, line 9)		2 b
3 a Form 1120-POL chec	k here 🕨 📕 b Total tax (Fo	rm 1120-POL, line 22)		3 b
4 a Form 990-PF check h		vestment income (Form 990-PF, Part VI, lin	-	4b
5 a Form 8868 check her		8868, line 3c)		5b
6 a Form 990-T check he		T, Part III, line 4)		6b
7 a Form 4720 check her		0, Part III, line 1)		7 b
Part II Declaration a	nd Signature Authorization	of Officer or Person Subject to Tax		
Under penalties of perjury, I (name of organization) and that I have examined a	a copy of the 2020 electronic return	f the above organization or L I am a perso , (EIN and accompanying schedules and statemen are that the amount in Part I above is the am) its, and, to t	he best of my knowledge
IRS and to receive from the processing the return or refur initiate an electronic funds w of the federal taxes owed o U.S. Treasury Financial Ag financial institutions involve inquiries and resolve issue	e IRS (a) an acknowledgement of rend, and (c) the date of any refund. If ap ithdrawal (direct debit) entry to the fina on this return, and the financial insti ent at 1-888-353-4537 no later than ed in the processing of the electroni	rovider, transmitter, or electronic return origi ceipt or reason for rejection of the transmiss oplicable, I authorize the U.S. Treasury and its of ancial institution account indicated in the tax pre- tution to debit the entry to this account. To in 2 business days prior to the payment (setth c payment of taxes to receive confidential in ected a personal identification number (PIN) rawal.	sion, (b) the designated F eparation sof revoke a pa ement) date nformation r	reason for any delay in inancial Agent to tware for payment yment, I must contact the I also authorize the necessary to answer
	R & ASSOCIATES LTD	to enter my PIN	7851	6 as my signature
	ERO firm name		Enter five numl do not enter all	pers, but
on the tax year 2020 ele (ies) regulating charitie disclosure consent scre	s as part of the IRS Fed/State prog	ed within this return that a copy of the return is ram, I also authorize the aforementioned EF	being filed w	vith a state agency
electronically filed return	rn. If I have indicated within this ret	rganization, I will enter my PIN as my signa urn that a copy of the return is being filed w my PIN on the return's disclosure consent s	ith a state a	tax year 2020 gency(ies) regulating
Signature of officer or person subject	t to tax > kimberly Somer	Date ►	8/23/2	021
Part III Certification	and Authentication			
ERO's EFIN/PIN. Enter you number (EFIN) followed by	r six-digit electronic filing identificat your five-digit self-selected PIN	lion	[47070905043 Do not enter all zeros
I certify that the above nume I am submitting this return in Providers for Business Ret	accordance with the requirements of Pu	ure on the 2020 electronically filed return indica b. 4163, Modernized e-File (MeF) Information for	ated above. I Authorized IF	confirm that RS <i>e-file</i>
ERO's signature KATL	IN C. SVENDSEN	Date ►		
		tain This Form – See Instructions rm to the IRS Unless Requested To Do So		

2020 Exempt Org. Return prepared for:

MISS AMAZING INC GROUP FILING RETURN 1109 PARC DRIVE PAPILLION, NE 68048

> Steier & Associates LTD 1015 North 98th Street, Suite 100 Omaha, NE 68114

Form 886 (Rev. January 2 Department of t Internal Revenue	2020) the Treasury) OMB No. 15	OMB No. 1545-0047					
below with textension re	the exception a equest must be	f Form 8870, Information Return for	or Transfers see instructi	a 6-month automatic extension of time Associated With Certain Personal Bene ons). For more details on the electronic	fit Contracts, for wh	nich an		
Automati	c 6-Month E	xtension of Time. Only subr	nit origin	al (no copies needed).				
All corporat	ions required to	o file an income tax return other th	an Form 99	0-T (including 1120-C filers), partnership	os, REMICs, and tru	sts must		
use Form /	Name of exempt	an extension of time to file income organization or other filer, see instructions.	e lax returns	5.	Taxpayer identification r	payer identification number (TIN)		
Type or print	MISS AMA	ZING INC GROUP FILING	RETURN		83-2052814	-2052814		
File by the due date for	Number, street, a	and room or suite number. If a P.O. box, see in						
filing your return. See	1109 PAR City, town or pos	C DRIVE t office, state, and ZIP code. For a foreign add	ress, see instru	ictions.				
instructions.		N, NE 68048	·					
Entor the D	-		or (filo o co	parate application for each return)		01		
						01		
Application Return Is For Code				Application Is For		Return Code		
Form 990 o	r Form 990-EZ		01 Form 990-T (corporation)					
orm 990-B	BL		02	Form 1041-A		08		
	(individual)		03	Form 4720 (other than individual)				
Form 990-P			04	Form 5227				
	(section 401(a (trust other that) or 408(a) trust)	05 06					
Telephor If the or If this is check th	ganization doe for a Group Re nis box ►	2) 238-5476 s not have an office or place of bu eturn, enter the organization's four	digit Group	e United States, check this box Exemption Number (GEN) <u>6288</u> . If ox ► and attach a list with the na	this is for the whole	e group,		
1 I reque for the ► X	e organization r Calendar yea tax year begi	named above. The extension is for r 20 <u>20 or</u> nning, 20	the organiz	ng, 20				
Ch	nange in accou	51			al return			
nonre	fundable credit	s. See instructions		59, enter the tentative tax, less any	3a \$	0		
tax pa	ayments made.	Include any prior year overpaymen	nt allowed a	any refundable credits and estimated as a credit	3b \$	0		
EFTPS	S (Electronic Fe	ederal Tax Payment System). See	instructions	S	3c \$	0		
payment ins	structions.			debit) with this Form 8868, see Form 84				
BAA For P	rivacy Act and	Paperwork Reduction Act Notice,	see instruc	ctions.	Form 8868 (I	.≺ev. 1-202		

F ar	m 990									1	OMB No. 1545-0047
For	n JJU				rganization , or 4947(a)(1) of the						2020
Depa Inter	artment of th nal Revenue	e Treasury Service			social security number .gov/Form990 for ins						Open to Public Inspection
Α	For the 2	2020 calenda	ir year, or tax ye	ar beginniı	ng	, 2020,	and ending	g		,	, 20
В	Check if app	plicable:	;						D Employ	er identi	ification number
	Addres				ROUP FILING	RETURN				2052	-
	Name		109 PARC D		0				E Telepho	ne numt	ber
	Initial r	return F	APILLION,	NE 6804	8				(40)	2) 2	38-5476
	Final ret	urn/terminated									
	Amend	led return							G Gross r		
	Applica	ation pending	Name and address	of principal of	icer: KIMBERLY	M SOMER					oordinates? X Yes No
		S	SAME AS C A	BOVE				H(b) Are al If "No.	l subordinates " attach a list	included See ins	d? X Yes No
1	Tax-exen	npt status:	X 501(c)(3) 5	501(c) () < (insert no.)	4947(a)(1) or	527		E ATTAC		
J	Websit	te:► HTT	PS://MISSA	MAZING.	ORG		I	H(c) Group	exemption nu	imber 🕨	6288
Κ	Form of c	organization:	X Corporation T	Frust A	ssociation Other►	LY	Year of formation	on:	Ms	state of l	egal domicile:
Pa	rtl S	Summary									
					or most significar						
a				<u>SABILIT</u>	IES TO BUIL	<u>CONFIDEN</u>	CE AND	<u>SELF-</u>	E <u>STEEM</u>	IN /	A SUPPORTIVE
anc	<u>E</u> 1	<u>VVIRONME</u>	<u>NT</u>								
Governance											
- So		eck this box			liscontinued its op						
ార					ng body (Part VI, I f the governing bo					3	200
es					alendar year 2020					4 5	0
viti					cessary)					6	3,000
Activities					rt VIII, column (C)					- 7a	0.
	b Ne	t unrelated b	ousiness taxable	income fro	m Form 990-T, Pa	rt I, line 11				7b	0.
								F	Prior Year		Current Year
	8 Co	ntributions a	nd grants (Part)	VIII, line 1h)				55,6	80.	74,538.
Revenue		5							64,4	21.	10,011.
eve					lines 3, 4, and 7d						
œ					5, 6d, 8c, 9c, 10c				6,8		-4,058.
					nust equal Part VII				126,9	47.	80,491.
				-	column (A), lines	•					
		•		-	column (A), line 4)				1,2	22.	
es					enefits (Part IX, c			-			
use.	16a Pro	ofessional fu	ndraising fees (F	Part IX, coli	umn (A), line 11e)						
Expense	b Tot	tal fundraisir	ig expenses (Pai	rt IX, colum	nn (D), line 25) 🕨						
ш	17 Oth	ner expenses	s (Part IX, colum	n (A), lines	s 11a-11d, 11f-24e)			137,0	13.	76,443.
	18 Tot	tal expenses	. Add lines 13-12	7 (must equ	ual Part IX, columi	n (A), line 25)			138,2	35.	76,443.
	19 Re	venue less e	xpenses. Subtra	nct line 18 f	rom line 12				-11,2	88.	4,048.
es Ces									ng of Curren	t Year	End of Year
Net Assets or Fund Balances	20 Tot								74,9	01.	74,791.
άğ	21 Tot	tal liabilities	(Part X, line 26)							0.	0.
Ξ.	22 Ne	t assets or f	und balances. Su	ubtract line	21 from line 20				74,9	01.	74,791.
Pa	rt II	Signature	Block					- -			
Unde	er penalties o	of perjury, I decla	are that I have examin	ed this return,	including accompanying	schedules and stater	ments, and to the	he best of r	ny knowledge	and beli	ef, it is true, correct, and
com	olete. Declar	ation of prepare	r (other than officer) is	s based on all i	nformation of which prep	barer has any knowle	dge.				
		kimbe							/23/202	T	
Siç	jn	Signature						D	ate		
He	re		ERLY M SOME	ER				VP &	DIREC	ror	
		51 1	int name and title				1				
		Print/Type pre			reparer's signature		Date		Check		PTIN
Ра		KATLIN	C. SVENDSE		ATLIN C. SV	ENDSEN	8/18/	21	self-employe	ed	P01082204
Pre	eparer	Firm's name			IATES LTD				1		
Us	e Only	Firm's address				JITE 100			Firm's EIN		-0779825
			OMAHA, 1						Phone no.	402-	-390-9090
					own above? See i		· · · · · · · · · · · · · · · · · · ·				X Yes No
BA	A For Pa	perwork Re	duction Act Noti	ce, see the	separate instruct	ions.	TEE	A0101L 01	/19/21		Form 990 (2020)

Form	990 (2020) MISS AMAZING I	NC GROUP FILING RETURN	83-2052814 Page 2
Par		Service Accomplishments	
		a response or note to any line in this Part III	
1	Briefly describe the organization's m		
		FOR GIRLS AND YOUNG WOMEN WITH DIS	SABILITIES TO BUILD
	CONFIDENCE AND SELF-EST	<u>TEEM IN A SUPPORTIVE ENVIRONMENT.</u>	
2	Did the organization undertake any sign	ificant program services during the year which were not lis	sted on the prior
-			· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services or		
3	Did the organization cease conductin	ig, or make significant changes in how it conducts, any	y program services? Yes X No
	If "Yes," describe these changes on Sch	nedule O.	
4	Describe the organization's program	service accomplishments for each of its three largest	program services, as measured by expenses.
	and revenue, if any, for each program	nizations are required to report the amount of grants a m service reported.	and allocations to others, the total expenses,
4 a	(Code:) (Expenses \$	54,626. including grants of \$) (Revenue \$ 5,953.)
	SINCE OUR INITIAL EXPAN	NSION, MISS AMAZING HAS GROWN INTO	
	CIRCUIT DEDICATED TO PH	ROVIDING OPPORTUNITIES FOR GIRLS AN	ND WOMEN WITH DISABILITIES TO
	REACH_THEIR_FULLEST_POT	TENTIAL. MOST IMPORTANTLY, WITH HEI	LP FROM AN EXPANSIVE NETWORK
	OF SUPPORTERS, MISS AMA	AZING HAS BECOME SO MUCH MORE THAN	A PAGEANT. WE ARE A
		TURE OF CELEBRATION AND EMPOWERMEN	
		COLLECTIVE DESIRE TO ACKNOWLEDGE TH	HE BEAUTY AND VALUE WITHIN
	ALL PEOPLE. MISS AMAZIN	IG PROGRAMS ARE HELD IN 30 STATES.	
41	(Code:) (Expenses \$	including grants of \$) (Revenue \$
)()
- 4	: (Code:) (Expenses \$	including grants of \$) (Revenue \$
40	: (Code:) (Expenses \$		
	Other program convises (Describe	Schodulo ()	
40	Other program services (Describe on (Expenses \$		Revenue \$)
4 6	Total program service expenses	54,626.	
BAA		TEEA0102L 10/07/20	Form 990 (2020)

Form 990 (2020) MISS AMAZING INC GROUP FILING RETURN Part IV Checklist of Required Schedules Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?..... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 for public office? If 'Yes,' complete Schedule C, Part L. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.... Δ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III.* 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6 to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I..... 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 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III..... Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian 9 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...... 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 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VII, IX, 11 or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI..... b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. 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*..... d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part 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.... 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII..... b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional...... 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 14a Did the organization maintain an office, employees, or agents outside of the United States?..... **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*.

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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15	Х
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	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

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BAA

83-2052814 Page 3

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11 b

11 c

11 d

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11 f

12a

12b

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14h

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Yes

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_	n 990 (2020) MISS AMAZING INC GROUP FILING RETURN 83-205281	.4	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
	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		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and			
	complete Schedule K. If 'No, 'go to line 25a	24a		Х
l	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25	a 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
I	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		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% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
I	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections	JL		
55	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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
l	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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			No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a)	103	110
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? TEEA0104L 10/07/20	1 c		
BAA	TEEA0104L 10/07/20		1 990 ((2020)

Form	990 (2020) MISS AMAZING INC GROUP FILING RETURN 83-2052814		Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		
		Yes	s No
22	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a		
ł	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	-	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	x
t	olf '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).	-	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5D 5C	
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Х
ł	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
ł	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	/ 5	
	Form 8282?	7 c	Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	
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.	-	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	_
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		
-	Gross income from other sources (Do not net amounts due or paid to other sources		
•	against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
ł	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.		
a		13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
ł	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		
	Enter the amount of reserves on hand		
		14a	Х
ł	If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	14b	\perp
15		15	Х
	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 income?	16	X
	If 'Yes,' complete Form 4720, Schedule O.	orm 00	0 (2020)
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Form 990 (2020) MISS AMAZING INC GROUP FILING RETURN

 Part VI
 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

See	ction A. Governing Body and Management							
			Yes	No				
1	a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	-						
	b Enter the number of voting members included on line 1a, above, who are independent 1b							
		-						
2	officer, director, trustee, or key employee?	2	Х					
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		Х				
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		Х				
6	Did the organization have members or stockholders?	6		Х				
7	a 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?	7 a		Х				
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?							
8								
	a The governing body?	8a	Х					
	b Each committee with authority to act on behalf of the governing body?		X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0						
5	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		Х				
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Co	ode.)				
			Yes	No				
10	a Did the organization have local chapters, branches, or affiliates?	10 a	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?	10 b	Х					
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O							
	a 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?	12b		Х				
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		Х				
13	Did the organization have a written whistleblower policy?	13		Х				
	Did the organization have a written document retention and destruction policy?	14		Х				
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		Х				
	b Other officers or key employees of the organization	15b		Х				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).							
16	a 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		Х				
	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							
<u>c -</u>	organization's exempt status with respect to such arrangements?	16b						
	List the states with which a papy of this Form 990 is required to be filed NONT							
17								
18	available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3	3)s on	ıly)				
10	Own website Another's website X Upon request Other (explain on Schedule O)	able +-						
19	the public during the tax year. SEE SCHEDULE O	anie 10						
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨							

.0		, auurcss,		phone ne		ic person who pe	55655	cs the orga			ccorus
	KIMBERLY	SOMER	1109	PARC	DRIVE	PAPILLION	NE	68046	(402)	238-547	6

83-2052814

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	Form 990 (2020)	MISS AMAZING INC GROUP FILING RETURN	83-2052814	Page 7
Check if Schedule O contains a response or note to any line in this Part VII	Check	k 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	Section A. Of			
 1 a 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 	organization's tax y	year.	5	

s), r y, Ξy 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

		(C)								
(A) Name and title	(B) Average hours	Pos thar is	s both	an o	officer /truste	eck more ss persor and a ee)	Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other	
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) JORDAN A SOMER	1									
PRESIDENT & DIR	0	Х		Х				0.	0.	0.
(2) KIMBERLY M SOMER	1									
VP & DIRECTOR	0	Х		Х				0.	0.	0.
(3) CORI COZORT	1									
DIRECTOR	0	Х						0.	0.	0.
(4) GABRIELLA AMAYA	1									
DIRECTOR	0	Х						0.	0.	0.
(5) ANGELA KAPINOS	1									
DIRECTOR	0	Х						0.	0.	0.
(6) KATY MERTENS	1									
DIRECTOR	0	Х						0.	0.	0.
(7) STACY TERRY	1									
DIRECTOR	0	Х						0.	0.	0.
(8) CAROLINE PEDERSEN	1									
DIRECTOR	0	Х						0.	0.	0.
(9) TROY_SUTTON	1							_		_
DIRECTOR	0	Х						0.	0.	0.
(10) ASHLIE VANVOROUS	1							_		_
DIRECTOR	0	Х						0.	0.	0.
(11) MICHELLE ROBERTS	1							_		_
DIRECTOR	0	Х						0.	0.	0.
(12) LAURIE NEALON	1							_		_
DIRECTOR	0	Х						0.	0.	0.
(13) AMY_STODDARD	1							_		_
DIRECTOR	0	Х						0.	0.	0.
(14) ANNA KELLY	1							_	_	-
DIRECTOR	0	Х						0.	0.	0.
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Form 990 (2020) MISS AMAZING INC GROUP									83-205281		Page 8
Part VII Section A. Officers, Directors, Tru		Key	Em		-	es, a	and	d Highest Con	pensated Emp	loyees	(continued)
(A) Name and title	(B) Average hours per	box	, unle	Pos check	erson	e than is both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from		(F) ated amount
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe the of and	of other nsation from rganization d related anizations
(15) RACHAEL DOOLEY	1								0		
DIRECTOR	0	Х						0.	0.		0.
(16) IMARI MACKAY DIRECTOR	$-\frac{1}{0}$	Х						0.	0.		0
(17)		· ·						0.	0.		0.
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Subtotal							•	0.	0.		0.
c Total from continuation sheets to Part VII, Secti								0.	0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited							ved	0. more than \$100.00	0. 00 of reportable com	pensation	0. n
from the organization ► 0				,					I		
3 Did the organization list any former officer, direc	tor. truste	e. ke	ev ei	mple	ovee	e. or	hiał	hest compensated	l emplovee		Yes No
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	al		••••						. 3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	f reportab er than \$1	le co 50,0	mpe 00?	ensa <i>lf '</i> γ	ation Y <i>es,</i>	and <i>com</i>	oth Iple	er compensation te Schedule J for	from	. 4	X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	isatio te So	on fr chea	om Iule	any <i>J fo</i>	unre r suc	late :h p	ed organization or	individual	. 5	X
Section B. Independent Contractors	a a tra at Sarah		d a sal				41		h		
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated inde sation for	epen the c	alen	dar j	ntrao year	endi	tha ng v	with or within the or	rganization's tax yea		
(A) Name and business add	ress							(B) Description	of services	(Compe	C) Insation
2 Total number of independent contractors (including t	out not lim	ited t	o the	ose l	listeo	d abo	ve)	who received more	than		
\$100,000 of compensation from the organization	► 0										

Form	n 99	00 (2020) MISS AMAZING INC	GROUP FILING	RETURN		83-2052814	Page 9
Par	t V	III Statement of Revenue					
		Check if Schedule O contains a re	sponse or note to any	y line in this Part VI	11		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Its	1 a	a Federated campaigns 1	a				
irar	I	b Membership dues1	b				
S, G		c Fundraising events	c				
Sift.	•	d Related organizations 1					
inil inil		e Government grants (contributions) 1	e				
s tion	1	f All other contributions, gifts, grants, and similar amounts not included above 1	f 71 E20				
ibu Afte		q Noncash contributions included in	/ = = = = = = = = = = = = = = = = = =				
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f					
		h Total. Add lines 1a-1f		74,538.			
Program Service Revenue	2		Business Code	10 011	10 011		
eve		a <u>AMPLIFY</u>	711300	10,011.	10,011.		
ен		·	-				
ŝvić		d					
л С		* e	-				
grar	1	f All other program service revenue					
Š		g Total. Add lines 2a-2f		10,011.			
	3			10/0111			
	Ũ	other similar amounts)	••••••				
	4	Income from investment of tax-exem					
	5	Royalties					
	_	(i) Real	(ii) Personal				
		a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 8	a Gross amount from sales of assets					
		other than inventory /a					
		b Less: cost or other basis and sales expenses 7b					
		c Gain or (loss) 7c					
		d Net gain or (loss)	···· •				
ø	8:	a Gross income from fundraising events					
Ś	-	(not including \$					
eve		of contributions reported on line 1c).					
Ĕ		-	8a				
Other Revenue			8b				
δ		 c Net income or (loss) from fundraising a Gross income from gaming activities. 	g events ►				
		See Part IV, line 19.	9a				
			9 b				
	•	c Net income or (loss) from gaming ac	tivities ►				
	10 a	a Gross sales of inventory, less returns and allowances					
			10a				
		b Less: cost of goods sold c Net income or (loss) from sales of in	10b 4,058.	4 059	4 050		
	-		Business Code	-4,058.	-4,058.		
Miscellaneous Revenue	11 a	a MISC_REVENUE	711300				
an an		b REBATES	711300				
scellane Revenu		c					
ĩõ 🖁		d All other revenue					
Σ		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions	•	80,491.	5,953.	0.	0.

Form 990 (2020) MISS AMAZING INC GROUP FILING RETURN Part IX Statement of Functional Expenses

Jec	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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 for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (nonemployees):				
	Management	16,081.		16,081.	
	Legal	1.0.0		100	
		100.		100.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O.)	433.		433.	
	Advertising and promotion.	77.	77.		
13	Office expenses	1,362.		1,362.	
14	Information technology				
15	Royalties				
16	Occupancy	6,721.	6,721.		
17	Travel.	4,289.	4,289.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,000.		3,000.	
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.)				
ä	SUPPLIES	19,692.	19,692.		
ł	OTHER_DIRECT_ASSISTANCE	12,070.	12,070.		
	PROGRAM AWARDS	6,726.	6,726.		
	PRINTING AND PUBLICATIONS	2,525.	2,525.		
e	All other expenses	3,367.	2,526.	841.	
25	Total functional expenses. Add lines 1 through 24e	76,443.	54,626.	21,817.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

		0 (2020) MISS AMAZING INC GROUP FILING RETURN	83-	2052814	Page 1
Pa	irt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	58,310.	1	62,258.
	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		_	
				5	
	6	Loans and other receivables from other disqualified persons (as defined under		<u> </u>	
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use	16,591.	8	12,533.
Assets	9	Prepaid expenses and deferred charges		9	
A	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10 c	
	11	Investments – publicly traded securities		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	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	74,901.	16	74,791.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Labilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	23 24	Unsecured notes and loans payable to unrelated third parties		23	
	24 25			24	
		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25.	0.	26	0.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alai	27	Net assets without donor restrictions	74,901.	27	74,791.
ñ	28	Net assets with donor restrictions		28	
runa		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
50	31	Retained earnings, endowment, accumulated income, or other funds		31	
H I	32	Total net assets or fund balances	74,901.	32	74,791.
Ne	33	Total liabilities and net assets/fund balances.	74,901.	33	74,791.
BA	A	TEEA0111L 10/07/20	,		Form 990 (2020)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI. Image: Check if Schedule O contains a response or note to any line in this Part XI. 1 Total expenses (must equal Part VII, column (A), line 12). 1 80, 491. 2 76, 443. 3 4,048. 3 4,048. 3 4,048. 4 74,901. 5 5 6 Donated services and use of facilities. 5 7 Investment expenses. 7 8 Prior period adjustments. 6 9 Other changes in net assets or fund balances (explain on Schedule O). 10 74,791. 9 Other changes in net assets or fund balances are genore on tote on any line in this Part XI. 10 74,791. 9 Other changes in net assets or fund balances are enore on tote on any line in this Part XI. 10 74,791. 9 Other change its method of accounting from a prior year or checked Other, explain in Schedule O contains a response or note to any line in this Part XI. 10 74,791. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 1 Accounting method used to pre	Form	Form 990 (2020) MISS AMAZING INC GROUP FILING RETURN 83			Pa	
1 Total revenue (must equal Part VIII, column (A), line 12) 1 80, 491. 2 Total expenses (must equal Part IX, column (A), line 25) 2 76, 443. 3 Revenue less expenses. Subtract line 2 from line 1. 3 4, 048. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 74, 901. 5 Net unrealized gains (losses) on investments. 6 7 6 7 7 7 7 Investment expenses 7 7 8 Prior period adjustments. 6 7 9 Other changes in net assets or fund balances (explain on Schedule O). 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 74, 791. Part XII Financial Statements and Reporting 1 Yes, No 74, 791. 11 Accounting method used to prepare the Form 990: X Cash Accrual Other, explain in schedule 0. 2a X 14 Ho organization financial statements compiled or reviewed by an independent accountant? 2a X 15 Check if Schedule Do borb indicate whe	Par	t XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25)		Check if Schedule O contains a response or note to any line in this Part XI.				
2 Total expenses (must equal Part IX, column (A), line 25)	1	Total revenue (must equal Part VIII, column (A), line 12)	1		80,4	191.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 4 714, 901. 5 Net unrealized gains (losses) on investments. 5 6 6 7 74, 901. 5 7 Investment expenses. 7 7 8 Prior period adjustments. 8 -4, 158. 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 74, 791. Part XII Financial Statements and Reporting 10 74, 791. Part XII Financial Statements and Reporting 10 74, 791. 9 O. 10 74, 791. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 1 H* teo organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 F'yes,' check a box below to indicate whether the financial statements for the year were compiled or a separate basis 2b X 1 Y'yes,' c	2	Total expenses (must equal Part IX, column (A), line 25).	2			
5 Net unrealized gains (losses) on investments. 6 0onated services and use of facilities. 7 1 8 Prior period adjustments. 9 0. 10 Net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 11 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 11 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 12 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 T4, 791. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2b Y 2c X 1f '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 and selection of an independent accountant? 2b X 1f 'Yes,' theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolida	3	Revenue less expenses. Subtract line 2 from line 1	3		4,0)48.
5 Net unrealized gains (losses) on investments. 6 0onated services and use of facilities. 7 Investment expenses. 8 Prior period adjustments 9 0. 10 Net assets or fund balances (explain on Schedule O). 9 0. 10 Net assets or fund balances and of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 Net assets or fund balances and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2 Cash Avere the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule 0. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2 a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? 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 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis If 'Yes,' check a box bel	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
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, column (B)) 74, 791. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain n Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements and Belot consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis c If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis c If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis c If 'Yes,' check a box below to indicate basis c If 'Yes,' check a box ablew to indicate the that assumes responsibility for oversight of the audit, review, or compi	5	Net unrealized gains (losses) on investments.	5			
8 Prior period adjustments 8 -4,158. 9 Other changes in net assets or fund balances (explain on Schedule O). 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 74,791. Part XII Financial Statements and Reporting 10 74,791. Check if Schedule O contains a response or note to any line in this Part XII. 10 74,791. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain 2a X If Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 2a X If Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O)	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 74, 791. Part XII Financial Statements and Reporting	8	Prior period adjustments	8		-4,1	58.
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Image: Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Image: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis (Consolidated basis) Both consolidated and separate basis 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: 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: 2b X 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 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X	10		10		- <i>1</i> -	701
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If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. Image: consolidated basis, or both:				21		v
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? 2 c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3 a X b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. 3 b	Ľ			20		Λ
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a			3 a		Х
	Ł			3b		
	BAA				99 0	(2020)

601			Public Chari	ty Status and P	ublic	Supp	oort	OMB No. 1545-0047
	HEDULE A m 990 or 990-EZ)	Com	4947(a	tion is a section 501(c) (1) nonexempt charita	able trus	t.	or a section	2020
Depar	tment of the Treasury			ch to Form 990 or Forr				Open to Public
Intern	al Revenue Service	► (io to www.irs.gov/Fo	rm990 for instructions	and the	latest II		Inspection
	of the organization		TILING RETURN				Employer identifica 83-205281	
Par				rganizations must	comple	te thi		
				For lines 1 through 12,			1 1	
1	A church, conv	vention of church	es, or association of cl	nurches described in sec	tion 1 70(b)(1)(A)(i).	
2	A school descr	ribed in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	r 990-EZ)	.)		
3		•		ization described in sec				
4	name, city, a	-	tion operated in conju	unction with a hospital	describe	d in sec	tion 170(b)(1)(A)(III). ⊢	nter the hospital's
5	An organizati section 170(b	 on operated for)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or opera	ated by	a governmental unit de	escribed in
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	in section 17	0(b)(1)(A)(vi).(Complete Part II.)	art of its support from a	-	ental uni	t or from the general pul	olic described
8				A)(vi). (Complete Part I	,			
9				tion 170(b)(1)(A)(ix) oper (see instructions). Enter				
10	from activities investment in	s related to its e come and unre	exempt functions. sub	nan 33-1/3% of its supp ject to certain exceptio e income (less section Part III.)	ons: and	(2) no r	nore than 33-1/3% of i	ts support from aross
11	An organizati	on organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	n 509(a)(4).	
12	or more publi lines 12a thro	cly supported o ough 12d that de	rganizations describe escribes the type of s	ely for the benefit of, to d in section 509(a)(1) of upporting organization	or sectio and corr	n 509(a) iplete lir)(2). See section 509(a nes 12e, 12f, and 12g.)(3). Check the box in
ā	complete Par) the power to re t IV, Sections A	gularly appoint or elect and B.	d, or controlled by its sup a majority of the directo	rs or trus	tées of t	he supporting organization	on. You must
ł	management	oporting organiz of the supporting te Part IV, Sect i	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You
C	Type III function	onally integrated. s) (see instructi	. A supporting organizat ons). You must com	ion operated in connectio plete Part IV, Sections	n with, ar A, D, an	nd functio d E.	onally integrated with, its	supported
C	J Type III non-fu functionally ir	nctionally integrated. The c	r ated. A supporting org organization generally	anization operated in con must satisfy a distribu s A and D, and Part V.	nnection Ition requ	with its s	supported organization(s)) that is not
e	integrated, or	Type III non-fu	nctionally integrated	en determination from supporting organization	٦.			
			n about the supported					
	(i) Name of supported of	rganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) le organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
<u>(B)</u>								
(C)								
<u>(D)</u>								
(E)								
Tota BAA		eduction Act N	otice see the Instruc	tions for Form 990 or 9	990-F7		Schedule A (Fo	rm 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 MISS AMAZING INC GROUP FILING RETURN 83-2052814 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Sec	tion A. Public Support	1		ſ	1		
begiı	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see ins	structions)				
13	First 5 years. If the Form 990 is organization, check this box and						►
	tion C. Computation of Pu						
	Public support percentage for 20 Public support percentage from	•	•••••••				%
						LI	
16a	33-1/3% support test—2020. If t and stop here. The organization	ne organization di qualifies as a put	d not check the b blicly supported o	rganization	d line 14 is 33-1/:	3% or more, check	
b	33-1/3% support test—2019. If the and stop here. The organization	ne organization die 1 qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this	box and stop here	. Éxplain in Part '	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a	nd-circumstances	s test, check this	box and stop here	e. Explain in Part '	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 MISS AMAZING INC GROUP FILING RETURN

83-2052814

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	and membership fees received. (Do not include						
~	any 'unusual grants.')		369,366.	399,283.	55,680.	74,538.	898,867.
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's						•
2	tax-exempt purpose Gross receipts from activities						0.
3	that are not an unrelated trade						
	or business under section 513.						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						0.
5	The value of services or						0.
	facilities furnished by a						
	governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	369,366.	399,283.	55,680.	74,538.	898,867.
	Amounts included on lines 1,	υ.	309,300.	399,283.	55,680.	/4,538.	898,807.
70	2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2						
	and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
-	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6.)						898,867.
Sec	tion B. Total Support						00070011
Calen	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	0.	369,366.	399,283.	55,680.	74,538.	898,867.
	Gross income from interest, dividends,		3037300.	33372031	337000.	, 1, 550.	000,001.
	payments received on securities loans,						
	rents, royalties, and income from similar sources						0
b	Unrelated business taxable						0.
-	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						0
~	Add lines 10a and 10b	0.	0	0.	0.	0.	0.
11	Net income from unrelated business	0.	0.	υ.	0.	0.	0.
••	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						
	Part VI.)						0.
13	Total support. (Add lines 9, 10c, 11, and 12.)	0.	369,366.	399,283.	55,680.	74,538.	898,867.
14	First 5 years. If the Form 990 is						· · · · · ·
14	organization, check this box and	stop here					► X
Sec	tion C. Computation of Pul	blic Support P	ercentage				
15	Public support percentage for 20	20 (line 8, columr	n (f), divided by lir	ne 13, column (f))	1		olo
16	Public support percentage from 2	2019 Schedule A,	Part III, line 15				010
Sec	tion D. Computation of Inv	estment Incon	ne Percentage				
17	Investment income percentage f	or 2020 (line 10c,	column (f), divide	d by line 13, colu	ımn (f))		olo
18	Investment income percentage fi	-		-			olo
	33-1/3% support tests–2020. If t						
	is not more than 33-1/3%, check	this box and stop	here. The organi	ization qualifies a	s a publicly suppo	orted organization	▶
b	33-1/3% support tests-2019. If t						
20	line 18 is not more than 33-1/3%		•				
20	Private foundation. If the organiz						
BAA			TEEA0403L	03/14/20	SCI	neuule A (Form 9	90 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 MISS AMAZING INC GROUP FILING RETURN

83-2052814 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			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 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 organization was described in section 509(a)(1) or (2).	2		
3	 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		
I	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.	3c		
4	a 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		
I	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		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
I	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		
(c 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 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? <i>If 'Yes,' provide detail in Part VI.</i>	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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ</i>).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9	a 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		
I	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>	9b		
(c Did a disqualified person (as defined in 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		
10;	a 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		
I	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.).	10a		

Schedule A (Form 990 or 990-E2) 2020 MISS AMAZING INC GROUP FILING RETURN 83-2052814 P							'age 5	
Part IV Supporting Organizations	continued)							
							Yes	No
11 Has the organization accepted a gift or c	ontribution from ar	ny of the foll	owing persor	is?				
a A person who directly or indirectly controls,	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,							
the governing body of a supported organ	ization?	1			,	11a		
b A family member of a person described i	n line 11a above?					11b		

c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If 'Yes' or 'No,' provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

11c

1

2

Yes

No

Schedule A (Form 990 or 990-EZ) 2020 MISS AMAZING INC GROUP FILING RETURN 83-2052814 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization satisfied the Integral Part Test as a qualifying true			Part VI) See
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	ons must	t complete Sections A	through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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		
7 Check here if the current year is the organization's first as a pen functionally int	aratad	Type III supporting or	anization

7 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 990 or 990-EZ) 2020

Page 6

Sche	edule A (Form 990 or 990-EZ) 2020 MISS AMAZING INC GRO				2814 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt put	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizations	S,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets	pp		4	
5	Qualified set-aside amounts (prior IRS approval 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 organization	on is responsive (provide	details		
	in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributic Pre-2020	ons	(iii) Distributable Amount for 2020
-	Distributable amount for 2020 from Section C, line 6				
	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
á	a From 2015				
I	• From 2016				
	: From 2017				
	From 2018				
	e From 2019				
	f Total of lines 3a through 3e				
9	Applied to underdistributions of prior years				
I	Applied to 2020 distributable amount				
	i Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	a Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
_ 7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
(Excess from 2019				
	Excess from 2020				

BAA

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020	MISS AMAZI	NG INC GRO	UP FILING	RETURN	83-2052814	Page 8
Part VI	Supplemental In	formation. Provi	de the explanat	ons required by	/ Part II. line	10; Part II, line 17a or 17b; Part	
	III, line 12; Part IV, Se	ection A, lines 1, 2,	3b, 3c, 4b, 4c, 5	a, 6, 9a, 9b, 9c,	, 11a, 11b, an	d 11c; Part IV, Section	
	B, lines 1 and 2; Part	IV, Section C, line 1	; Part IV, Section	n D, lines 2 and	d 3; Þart ÍV, S	Section E, lines 1c, 2a, 2b,	
	3a, and 3b; Part V, lin	e 1; Part V, Section	B, line 1e; Part	V, Section D, li	nes 5, 6, and	8; and Part V, Section E,	
	lines 2, 5, and 6. Also	complete this part	for any addition	al information.	(See instruct	ions.)	

SCHEDULE O				
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information.	omplete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.		
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection	
Name of the organization		Employer identifica	tion number	
MISS AMAZING I	NC GROUP FILING RETURN	83-205281	4	

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

THE PRESIDENT & VICE-PRESIDENT, WHOM ARE BOTH DIRECTORS, OF THE CENTRAL ORGANIZATION

ARE MOTHER & DAUGHTER.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

REVIEWED BY THE EXECUTIVE OF THE CENTRAL ORGANIZATION PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

2020

GROUP RETURN ATTACHMENT

PAGE 1

MISS AMAZING INC GROUP FILING RETURN

83-2052814

FORM 990, QUESTION H(B) GROUP SUBORDINATES

SUBORDINATES INCLUDED IN RETURN

NAME: FEIN: ADDRESS:	ALASKA MISS AMAZING INC 81-0728789 3141 ROSELLA STREET ANCHORAGE, AK 99504
NAME: FEIN: ADDRESS:	
NAME: FEIN: ADDRESS:	MASSACHUSETTS MISS AMAZING INC 81-0931570 7 COPPERWOOD ROAD MEDFIELD, MA 02052
NAME: FEIN: ADDRESS:	KANSAS MISS AMAZING INC. 83-1595033 8070 E. 189TH ST. QUENERMO, KS 66528
NAME: FEIN: ADDRESS:	MISS AMAZING COLORADO, INC. 85-1138735 10049 CEDARIDGE WAY HIGHLANDS RANCH, CO 80129
NAME: FEIN: ADDRESS:	DELAWARE MISS AMAZING INC. 87-1261171 1109 PARC DRIVE PAPILLION, NE 68046
NAME: FEIN: ADDRESS:	IOWA MISS AMAZING, INC. 85-1147160 3432 WEBSTER STREET OMAHA, NE 68131
NAME: FEIN: ADDRESS:	MINNESOTA MISS AMAZING, INC. 85-4023642 1400 WEST SHORE DRIVE BUFFALO, MN 55313
NAME: FEIN: ADDRESS:	MISS AMAZING MISSOURI, INC. 85-1165654 2506 S. 167TH STREET OMAHA, NE 68130
NAME: FEIN: ADDRESS:	MISS AMAZING NEW HAMPSHIRE, IN 85-1455913 80 ACADEMY DRIVE WOLFEBORO, NH 03894
NAME: FEIN: ADDRESS:	NORTH CAROLINA MISS AMAZING 85-1737059 9102 ROYAL HIGHLANDS CT. CHARLOTTE, NC 28227

2020

GROUP RETURN ATTACHMENT

PAGE 2

MISS AMAZING INC GROUP FILING RETURN

83-2052814

FORM 990, QUESTION H(B) (CONTINUED) GROUP SUBORDINATES

SUBORDINATES INCLUDED IN RETURN

NAME: FEIN: ADDRESS:	MISS AMAZING OKLAHOMA, INC. 85-1244839 700 NE 122ND STREET, APT 3101 OKLAHOMA CITY, OK 73114
NAME: FEIN: ADDRESS:	MISS AMAZING VIRGINA INC. 86-1382173 4701 CHALFONT DRIVE VIRGINIA BEACH, VA 23464
NAME: FEIN: ADDRESS:	MISS AMAZING WISCONSIN, INC. 85-396095 220 W. CENTER AVENUE ALTURA, MN 55910
NAME: FEIN: ADDRESS:	ARKANSAS MISS AMAZING, INC 87-1240404 88 E DUNBAR LN, APT. 123 FAYETTEVILLE, AR 72703
NAME: FEIN: ADDRESS:	MISS AMAZING CALIFORNIA, INC. 85-0883066 206 N. MYERS STREET, APT. B BURBANK, CA 91506

STEIER & ASSOCIATES LTD 1015 NORTH 98TH STREET, SUITE 100 OMAHA, NE 68114 402-390-9090

August 18, 2021

MISS AMAZING INC 1109 PARC DRIVE PAPILLION, NE 68048

Dear Client:

Enclosed for your review:

Form 990

2020 Return of Organization Exempt from Income Tax

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely,

KATLIN C. SVENDSEN

2020

FEDERAL FILING INSTRUCTIONS

MISS AMAZING INC

45-2841732

ELECTRONICALLY FILED:

FORM 990 - 2020 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-E0 - IRS E-FILE SIGNATURE AUTHORIZATION.

PAYMENT:

NO PAYMENT IS REQUIRED.

Form 8879-E	0			e Signature A Exempt Orga			OMB No. 1545-0047
		r calenda	r year 2020, or fiscal year be	ginning, 2	020, and ending	, 20	
Department of the Treasury Internal Revenue Service	ý			nd to the IRS. Keep gov/Form8879EO for	or your records. the latest information.		2020
Name of exempt organizati	ion or person s	subject to	tax			Taxpayer	identification number
MISS AMAZING Name and title of officer or		t to tax				45-28	41732
KIMBERLY M S	OMER			VI	% & DIRECTOR		
Part I Type of	Return a	and Re	eturn Information	(Whole Dollars ()nly)		
check the box on lin leave line 1b. 2b. 3b	ie 1a, 2a, 3 5. 4b. 5b. 6l	a, 4a, 5 b. or 7b	5a, 6a, or 7a below, an	d the amount on tha	er the applicable amou t line for the return bein ter -0-). But, if you ente	ng filed with t	m the return. If you his form was blank, then ne return, then enter -0- on
1 a Form 990 cheo	ck here	. ► X	b Total revenue, if	any (Form 990, Part	VIII, column (A), line 12	2)	1b 146,932.
2 a Form 990-EZ	check here		b Total revenue	e, if any (Form 990-E	Z, line 9)		2 b
3 a Form 1120-PO	L check he	ere					3 b
4 a Form 990-PF					(Form 990-PF, Part VI,	,	4b
5 a Form 8868 che			```				5b
6 a Form 990-T ch 7 a Form 4720 che			· · ·	-			6b
							7 b
Part II Declara	tion and	Signa	ature Authorizatio	n of Officer or P	erson Subject to Ta	ax	
and belief, they are electronic return. I c IRS and to receive f processing the return initiate an electronic f of the federal taxes U.S. Treasury Finan financial institutions inquiries and resolve return and, if applica PIN: check one box X I authorize <u>ST</u> on the tax year 20 (ies) regulating of disclosure conse	on) mined a cop true, correc- onsent to a rom the IRS or refund, a unds withdr owed on the cial Agent involved ir e issues rel- able, the co- only <u>TEIER &</u> 220 electron charities as ent screen. person sub ed return. In of the IRS	py of th ct, and allow m S (a) ar and (c) th awal (di nis retur at 1-88 n the pr lated to prisent ASSC ASSC bically fil s part o pject to f I have Fed/St	he 2020 electronic retu complete. I further de by intermediate service n acknowledgement of he date of any refund. I' irect debit) entry to the irect debit) entry to the indicated within this	irn and accompanyin clare that the amour e provider, transmitte f receipt or reason fo f applicable, I authoriz financial institution acc nstitution to debit the nan 2 business days onic payment of taxe selected a personal i hdrawal.	g schedules and statem t in Part I above is the r, or electronic return o r rejection of the transm e the U.S. Treasury and i count indicated in the tax entry to this account. T prior to the payment (se s to receive confidentia dentification number (P 	EIN)	b the best of my knowledge on on the copy of the O) to send the return to the he reason for any delay in Financial Agent to oftware for payment bayment, I must contact the te. I also authorize the necessary to answer gnature for the electronic 43 mbers, but all zeros with a state agency r my PIN on the return's e tax year 2020 agency(ies) regulating
Part III Certifica	ation and	1 1.1+6	antication				
			electronic filing identifi	ication			
number (EFIN) follo	wed by you	ur five-c	digit self-selected PIN				47070905043 Do not enter all zeros
I certify that the above I am submitting this re Providers for Busine	eturn in acco	rdance	my PIN, which is my sig with the requirements of	nature on the 2020 ele Pub. 4163, Modernized	ctronically filed return ind I e-File (MeF) Information	dicated above. for Authorized	. I confirm that IRS <i>e-file</i>
ERO's signature	KATLIN	C. S	VENDSEN		Date ►		
			ERO Must	Retain This Form —	See Instructions		

2020 Exempt Org. Return prepared for:

MISS AMAZING INC 1109 PARC DRIVE PAPILLION, NE 68048

Steier & Associates LTD 1015 North 98th Street, Suite 100 Omaha, NE 68114

(Rev. January 2020)		Exemp	t Organ	xtension of Time To File ar ization Return	ו	OMB No. 1545-0047			
Department of the Internal Revenue	he Treasury e Service								
below with t extension re	he exception of equest must be	of Form 8870, Information Return for e sent to the IRS in paper format (s	or Transfers ee instructi	Associated With Certain Personal Bene	fit Cor	ntracts, for	which an		
Automati	c 6-Month E	xtension of Time. Only subr	nit origina	al (no copies needed).					
	004 to request	an extension of time to file income							
Type or print						-			
File by the due date for filing your return. See Number, street, and room or suite number. If a P.O. box, see instructions. 1109 PARC DRIVE City, town or post office, state, and ZIP code. For a foreign address, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
Enter the Re	eturn Code for	the return that this application is for	or (file a se	parate application for each return)			01		
Application Is For			Return Code	Application Is For			Return Code		
Form 990 or	r Form 990-EZ		01	Form 990-T (corporation)			07		
Form 990-BL Form 4720 (individual)			02	Form 1041-A	1041-A				
Form 4720 (individual)			03	Form 4720 (other than individual)	orm 4720 (other than individual)				
Form 990-PF 04 Form 5227				Form 5227	10				
Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069					11				
Form 990-T (trust other than above)06Form 8870						12			
Telephor If the org If this is check th	ne No. ► <u>(40)</u> ganization doe for a Group R nis box►	2) _238-5476 s not have an office or place of but eturn, enter the organization's four	siness in th digit Group	e United States, check this box	this is	s for the w	hole group,		
for the	e organization i calendar yea	named above. The extension is for r 20 <u>20</u> or	the organiz	ation's return for:	zation	return			
			hs, check r	eason: Initial return Fin	al reti	urn			
3a If this nonref	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions					\$	0.		
b If this tax pa	application is ty yments made.	for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated Include any prior year overpayment allowed as a credit							
EFTPS	Pice as expande application for each return. Pice a separate application for each return. Pice or <i>www.irs.gov/ensets</i> Pice as expande application for each return. Pice or <i>www.irs.gov/ensets</i> Pice as the sent to the RSD. Information Return for Transfers Associated With Grain Personal Benefit Contracts, for we were solven and non-profits. Pice or providers ²⁶ in <i>Pice</i> Pice as the sent to the RSD. Information Return for Transfers Associated With Grain Personal Benefit Contracts, for we were solven Benefit Contracts, for were solven and the decrements and non-profits. Pice or providers ²⁶ in <i>Pice</i> Pice as the sent to the RSD. Pice as the sent to the return that this application is for (file a separate application for each return). Pice as the sent the return that this application is for file as parate application for each return. Pice as the sent of the RSD. Pice as the sent of the RSD				0.				
payment ins	structions.				-53-E(
BAA For Pr	rivacy Act and	Paperwork Reduction Act Notice,	see instruc	tions.		Form 886	8 (Rev. 1-2020)		

For	m 99	0									1	OMB No. 1545	-0047
1 011		•			-	zation Ex						202	0
Depa	artment of nal Reven	the Treasury ue Service		► Do not e	nter social sec	curity numbers o 1990 for instrue	n this form as i	it may be mad	de public. formatio	'n		Open to P Inspecti	ublic on
		2020 calenda	r year, or ta					and endin		/11.		, 20	
		applicable: C	-	, ,			. ,		•	D Employ	er iden	tification number	
	Addr			ZING INC						45-2	-	-	
	Nam			RC DRIVE NN, NE 68	2018					E Telepho			
		in rotann	AFILLIO	IN, NE OC	040					(402	2) 2	238-5476	
		return/terminated								G Gross re	acainte	\$ 15	7,950.
			Name and a	ddress of principa	al officer: KT	MBERLY M	SOMER		H(a) Is this	a group return			$\frac{7,950}{\text{es}}$ X No
		S	AME AS	C ABOVE			JOHIN		H(b) Are al	ll subordinates ," attach a list.	include See in	ed?	es No
Ι	Tax-ex		K 501(c)(3)	501(c) ((insert no.)	4947(a)(1) or	527		, utilion a noti			
J	Webs			SSAMAZIN	G.ORG	1 1			H(c) Group	exemption nu			
K			Corporation	Trust	Association	Other ►	LY	ear of formati	on:	M s	state of	legal domicile:	
Pa	Intl 1 B	Summary Briefly describe	the organi	zation's miss	ion or most	cignificant a				יייידואדיייס	VEC		
& Governance	2 C 3 N	COUNG WOM ENVIRONME Check this box lumber of votir	NTif th ng members	ne organizations of the gove	on discontin erning body	ued its operat (Part VI, line	tions or dispo	osed of mo	pre than 2	25% of its	net as 3		
es à		lumber of inde otal number o									4 5		0
Activities		otal number o									6		3,000
Act		otal unrelated									7a		0.
	b N	let unrelated b	usiness tax	kable income	from Form	990-T, Part I,	, line 11				7b		0.
	•			-						Prior Year		Current	
e		Contributions and Program service								352,3			8,498. 8,259.
Revenue		nvestment inco		-	÷.					81,6	$\frac{15}{15}$	1	<u>.0,259.</u> 3.
Rei)ther revenue (•							-1,7		_	·9,828.
		otal revenue -								432,2			6,932.
		Grants and sim								100,3	39.	3	34,025.
		Benefits paid to		-							41.		354.
es		alaries, other								51,1	46.		9,979.
ense	16 a P	Professional fur							·				
Expense	b⊺	otal fundraisin				· · · · · · · · · · · · · · · · · · ·							
	17 0	ther expenses	-							280,8			6,203.
		otal expenses		-	•	-				432,7			0,561.
۲.ő		Revenue less e	xpenses. S	Subtract line	18 from line	12					81.	End of	<u>86,371.</u>
ete o ance	20 T	otal assets (Pa	art X. line 1	16)						ing of Curren 5 , 2			4,006.
Net Assets or Fund Balances	21 ⊤	otal liabilities								5,4			2,881.
Net Fund	22 N	let assets or fu	ind balance	es. Subtract I	ine 21 from	line 20					31.		1,125.
	rt II	Signature	Block										
Unde	er penaltie	s of perjury, I decla laration of preparer	re that I have	examined this ret	urn, including a	ccompanying sche	edules and stater	ments, and to t	the best of r	my knowledge	and be	lief, it is true, corr	ect, and
com	plete. Dec	laration of preparer		ficer) is based on	all information	of which preparer	nas any knowled	uge.		8/23/20			
c :.		Signature	of officer	ur						ate			
Sig He	jn re		RLY M S	COMED						DIRECT	гор		
IIC.			nt name and ti						VP &	DIREC	LUK		
		Print/Type prep	arer's name		Preparer's si	gnature		Date		Check	if	PTIN	
Pa	id	KATLIN	C. SVEN	IDSEN	KATLIN	C. SVEN	DSEN	8/18/	21	self-employe		P0108220)4
Pre	eparer	Firm's name		ER & ASS									
Us	e Only	/ Firm's address		NORTH 9			FE 100			Firm's EIN	<u>4</u> 7	-0779825	
				A, NE 68						Phone no.		-390-909	0
		S discuss this										X Yes	No
BA	A For F	aperwork Rec	luction Act	t Notice, see	the separat	e instructions	s.	TEE	A0101L 01	/19/21		Form S	990 (2020)

Form	990 (2020) MISS AMAZING INC		45-2841732 Page 2
Par	· · · · · · · · · · · · · · · · · · ·		
- 1		esponse or note to any line in this Part III	······
1	Briefly describe the organization's missic		TCADIIITTEC TO DIITID
		<u>R GIRLS AND YOUNG WOMEN WITH D</u> M IN A SUPPORTIVE ENVIRONMENT.	ISABILITIES TO BUILD
	CONFIDENCE AND SELF-ESIEE	M_IN_A_SUPPORTIVE_ENVIRONMENT.	
2	Did the organization undertake any significa	nt program services during the year which were not	listed on the prior
	Form 990 or 990-EZ?		Yes 🔀 No
	If "Yes," describe these new services on Sc		
3		r make significant changes in how it conducts, a	any program services? Yes X No
	If "Yes," describe these changes on Schedu		
4	Section 501(c)(3) and 501(c)(4) organization	vice accomplishments for each of its three larges ations are required to report the amount of grants	st program services, as measured by expenses. s and allocations to others, the total expenses,
	and revenue, if any, for each program se	ervice reported.	
4 a	(Code:) (Expenses \$	62,741. including grants of \$) (Revenue $\$$ 8,434.)
		ON, MISS AMAZING HAS GROWN INT	AND WOMEN WITH DISABILITIES TO
		TIAL. MOST IMPORTANTLY, WITH H	
		NG HAS BECOME SO MUCH MORE THA	
		RE OF CELEBRATION AND EMPOWERM	
		LECTIVE DESIRE TO ACKNOWLEDGE	
		PROGRAMS ARE HELD IN 30 STATES	
4 6	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
40	(Code) (Expenses Q		
4 c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4 d	Other program services (Describe on Sci		
	(Expenses \$) (Revenue \$)
4 e BAA	Total program service expenses	62,741. TEEA0102L 10/07/20	Form 990 (2020)

	990 (2020) MISS AMAZING INC 45 t IV Checklist of Required Schedules 45	-2841732		Г	Page
		malata -		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' cor Schedule A	nplete	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?		2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part L</i>	S	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) e in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	lection	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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Par	t III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule Part I	nt <i>D,</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? <i>If 'Yes,' complete Schedule D, Part II</i>		7		Χ
B	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		8		Σ
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
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		10		Х
1	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.	,			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedu D, Part VI.	· · · · · · · · · · · · · · · · · · ·	11 a		Σ
Ľ	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its to assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		11 b		Σ
	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its to assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>	· · · · · · · · · · · · · · · · · · ·	11 c		Σ
C	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.		11 d		Σ
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Pa		11 e		Σ
	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)? <i>If 'Yes,' complete Schedule D,</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete</i>	Part X	11 f		2
	Schedule D, Parts XI and XII		12a		2
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	· · · · · · · · · · · · · · · · · · ·	12b		2
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	· · · · · · · · · · · · · · · · · · ·	13		2
la	Did the organization maintain an office, employees, or agents outside of the United States?		14a		2
Ł	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 value at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	ed	14b		
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to c foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	or for any	15		2
5	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		2
,	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> See instructions		17		
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	····· ··· ·· ·	18		2
)	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	_	Σ
Da	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		20a		Σ
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b		
1	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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		21		Х
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	m 990 (2020) MISS AMAZING INC 45-2841	732	F	Page 4
Pa	rt IV 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	Tes	X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?			
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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	2 5a		Х
	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		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% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28 a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.			X X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation			
31	contributions? If 'Yes,' complete Schedule M			X X
32				
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l</i>	33		Х
34	and Part V, line 1			х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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		Х
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		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	Int 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. Statements Regarding Other IRS Filings and Tax Compliance			
	Check in Schedule C contains a response of note to any line in this Part V		Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b	0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
BAA				(2020)

		(2020) MISS AMAZING INC	45-2841732	ł	Page 5
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
				Yes	No
2	a Enter ment	r the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ts, filed for the calendar year ending with or within the year covered by this return 2a	1		
I	b If at I	least one is reported on line 2a, did the organization file all required federal employment tax returns	;? 2 t	X	
	Note:	: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
38	a Did tl	the organization have unrelated business gross income of \$1,000 or more during the year?	3a	I	Х
I	b If 'Yes	s,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3k)	
	finan	ny time during the calendar year, did the organization have an interest in, or a signature or other authority o Incial account in a foreign country (such as a bank account, securities account, or other financial account	ver, a ount)? 4 a	1	Х
1		es,' enter the name of the foreign country			
_		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE			v
		the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions is a party to a prohibited tax shelter transaction and the party shelt at the property of the party of t			~
		es,' to line 5a or 5b, did the organization file Form 8886-T?		:	
	SOLICI	s the organization have annual gross receipts that are normally greater than \$100,000, and did the o it any contributions that were not tax deductible as charitable contributions?	6a	1	Х
	not ta	es,' did the organization include with every solicitation an express statement that such contributions or gifts v ax deductible?	vere 61	,	
7	Orga	anizations that may receive deductible contributions under section 170(c).			
i	a Did ti servi	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ods and 7 a		X
I		es,' did the organization notify the donor of the value of the goods or services provided?			
(c Did th	he organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			Х
		1 8282?	····· 70	;	^
		es,' indicate the number of Forms 8282 filed during the year	ract?		X
		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			X
		e organization received a contribution of qualified intellectual property, did the organization file Form 8899	//		
	as re	equired?		I	
I		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizatio 1 1098-C?	n file a 7 1		
8	•	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the spons	soring		
	-	nization have excess business holdings at any time during the year?			
9	•	nsoring organizations maintaining donor advised funds.			
		the sponsoring organization make any taxable distributions under section 4966?		_	
		the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9t)	
		ion 501(c)(7) organizations. Enter:			
		ation fees and capital contributions included on Part VIII, line 12			
		ion 501(c)(12) organizations. Enter:			
		is income from members or shareholders			
		is income from other sources (Do not net amounts due or paid to other sources			
	agair	nst amounts due or received from them.)			
		ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? 12 a	1	
		es,' enter the amount of tax-exempt interest received or accrued during the year			
		ion 501(c)(29) qualified nonprofit health insurance issuers.	12.		
i		e organization licensed to issue qualified health plans in more than one state?			
	which	r the amount of reserves the organization is required to maintain by the states in h the organization is licensed to issue qualified health plans			
		r the amount of reserves on hand	14-		X
		the organization receive any payments for indoor tanning services during the tax year?		-	
		es,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>		'	+
15	exces	e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerat as parachute payment(s) during the year?	4 5		Х
		es,' see instructions and file Form 4720, Schedule N.		-	v
16		e organization an educational institution subject to the section 4968 excise tax on net investment indes,' complete Form 4720, Schedule O.	come? 16		X
		es, complete Form 4720, Schedule O.	Farr	000	(2020)

Form	990 (2020) MISS AMAZING INC 45-2841732		F	age 6
Par	t VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions.	elow, iges i	and on	for
	Check if Schedule O contains a response or note to any line in this Part VI.			. Х
Sec	tion A. Governing Body and Management		Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year 1 a 2 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	-	Tes	
t	b Enter the number of voting members included on line 1a, above, who are independent 1 b			
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	Х	
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		Х
4				v
-	since the prior Form 990 was filed?	4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5		X
6 7 a	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?	6 7a		X
k	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
Ł	Each committee with authority to act on behalf of the governing body?	8 b	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? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	even		r
		40	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a	Х	
t) 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?	10 b	Х	
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
Ł	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
	The organization's CEO, Executive Director, or top management official	15 a		Х
t	Other officers or key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 <i>a</i>	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
Ł) 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?	16 b		
Sec	tion C. Disclosure			L
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 5 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	01(c)(3)s or	ıly)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements avail the public during the tax year. SEE SCHEDULE O	able to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			
	KIMBERLY SOMER 1109 PARC DRIVE PAPILLION NE 68046 (402) 238-5476			

Form 990 (2020) MISS AMAZING INC	45-2841732	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and						
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								
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the							

• 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 and/or Box 7 of Form 1099-MISC) 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 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.

			(C)								
	(A) Name and title	(B) Average hours	Pos thar is	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other			
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)	JORDAN A SOMER	10									
	PRESIDENT & DIR	0	Х		Х				9,231.	0.	0.
(2)	KIMBERLY M SOMER	1									
	VP & DIRECTOR	0	Х		Х				0.	0.	0.
(3)	RAYGAN SYLVESTER	1									
	DIRECTOR	0	Х						0.	0.	0.
(4)	HALIE FARIAS	1	-								
	DIRECTOR	0	Х						0.	0.	0.
(5)		1									
	DIRECTOR	0	Х						0.	0.	0.
<u>(6)</u>	MORGAN PACKER-MCCARTHY	1							_		_
	DIRECTOR	0	Х						0.	0.	0.
(7)	MYAH ROMER	1									
	DIRECTOR	0	Х						0.	0.	0.
<u>(8)</u>	ALI_DEHART	1							_		_
	DIRECTOR	0	Х						0.	0.	0.
<u>(9)</u>	MORGAN TOOLEY	1							_		
	DIRECTOR	0	Х						0.	0.	0.
(10)	ELLIE SUNDET	1									
	DIRECTOR	0	Х						0.	0.	0.
<u>(11)</u>	MOLLY KWAKENAT	1									
	DIRECTOR	0	Х						0.	0.	0.
(12)	LORI_BRASFIELD-SANDERS	1									
	DIRECTOR	0	Х						0.	0.	0.
(13)	MARIA FOUND	1							_	_	
	DIRECTOR	0	Х						0.	0.	0.
(14)	ANN_SAWIRES								_	_	-
	DIRECTOR	0	Х						0.	0.	0.
BAA		TEEA0	107L	10/07/	/20						Form 990 (2020)

Form 990 (2020) MISS AMAZING INC 45-284173										Page 8	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										(continued)	
	(B)			(C							
(A)	Average hours	Position (do not check more than one box, unless person is both an		(D)	(E)		(F)				
Name and title	per week		cer and	dad	lirecto	or/trus	tee)	Reportable compensation from the organization	Reportable compensation from related organizations	01	ted amount other
	(list any hours	or di	nstit	Officer	Кеу	Highest co employee	Form	(W-2/1099-MISC)	(W-2/1099-MISC)	the or	sation from ganization
	for related organiza	dividual 1	ution	ĕ	emp	est c oyee	ner				related
	- tions below	Individual trustee or director	ial tri		/ employee	ompe					
	dotted line)	stee	Institutional trustee			ensat	Former				
			< D			jed					
(15) JORDAN MICHAELA	1										
DIRECTOR	0	Х						0.	0.		0.
(16) MEL MARESCA	1										
DIRECTOR	0	Х						0.	0.		0.
(17) ASHLEY CHRISTIAN	1							0	0		0
DIRECTOR	0	Х						0.	0.		0.
(18) SHARON TURNER DIRECTOR	<u>_</u>	Х						0.	0.		0
(19) TOPE BANWO	1	Λ						0.	0.		0.
DIRECTOR	0	Х						0.	0.		0.
(20) AMY BEHREND	1							<u> </u>			0.
DIRECTOR	0	Х						0.	0.		0.
(21)											
(22)											
(22)											
(23)											
(24)											
<i>`</i>		•									
(25)											
1 b Subtotal								9,231.	0.		0.
c Total from continuation sheets to Part VII, Section								0.	0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited							-	9,231.	0.	oncation	0.
from the organization b 0		Isleu	abov	e) v		lecen	veu			Elisatioi	
											Yes No
3 Did the organization list any former officer, direc	tor truste	o ka	av on	nnlc	ססער	or	hiał	hest compensated	employee		
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	al							· · · · · · · · · · · · · · · · · · ·	. 3	Х
4 For any individual listed on line 1a, is the sum of	f reportab	le co	mper	nsat	tion	and	oth	er compensation	from		
the organization and related organizations greate such individual										4	X
5 Did any person listed on line 1a receive or accru										· _ ·	
for services rendered to the organization? If 'Yes	s,' comple	te So	chedu	ule .	J foi	r suc	ch p	erson		. 5	Х
Section B. Independent Contractors								· · · ·	¢100.000 (
1 Complete this table for your five highest compen- compensation from the organization. Report compen	sated inde sation for	epen the c	dent alend	cor dar y	ntrac Jear	ctors endii	tha ng v	with or within the or	ganization's tax year		
(A)				-				(B)	Í	(0	;)
Name and business add	ress							Description of	of services	Compè	nsation
2 Total number of independent contractors (including b	out not lim	ited to	o thos	se li	isted	l abo	ve)	who received more	than		
\$100,000 of compensation from the organization					_		,				
										-	

		0(2020) MISS AMAZING I	45-2841732	Page 9				
Par	t VI	III Statement of Revenue						
		Check if Schedule O contains	a resp	oonse or note to any	/ line in this Part V	II L		
	_				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts		Federated campaigns	1 a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1 b	24,698.				
Am C	С	Fundraising events	1 c					
aift Iar	d	Related organizations	1 d					
inil S, C		Government grants (contributions)	1 e					
L S	f	All other contributions, gifts, grants, and similar amounts not included above	14	110 000				
the t		Noncash contributions included in	1 f	113,800.				
d of t	-	lines 1a-1f	1 g					
	h	Total. Add lines 1a-1f			138,498.			
Jue	-			Business Code				
evel		AMPLIFY		711300	18,259.	18,259.		
ě	b)						
sio	C							
Sel	d	1						
ram	e							
Program Service Revenue		All other program service revenue Total. Add lines 2a-2f		▶	10.050			
۵.	-				18,259.			
	3	Investment income (including divide other similar amounts)	enas, i	nterest, and	3.	3.		
	4	Income from investment of tax-e			5.	5.		
	5 Royalties							
		(i) R	eal	(ii) Personal				
	6 a	Gross rents 6a						
	b	b Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d Net rental income or (loss)			▶				
	7 a	Gross amount from (i) Secu	irities	(ii) Other				
		sales of assets other than inventory 7a						
	b	Less: cost or other basis						
		and sales expenses 7b						
	-	Gain or (loss) 7c						
		Net gain or (loss)						
ne	8 a	Gross income from fundraising events (not including \$						
/eu		of contributions reported on line 1c).						
Bei		See Part IV, line 18	8	a				
er	b	Less: direct expenses	8					
Other Revenue		: Net income or (loss) from fundra	-	-				
0		Gross income from gaming activities. See Part IV, line 19	9					
	h	Less: direct expenses	9					
		: Net income or (loss) from gamin	-	-				
			9					
	IUa	Gross sales of inventory, less returns and allowances	10	a				
	b	Less: cost of goods sold	10	b 11,018.				
	С	: Net income or (loss) from sales	of inve	-	-11,018.	-11,018.		
S				Business Code				
e eo	11 a	MISC_REVENUE		711300	894.	894.		
lan en	b	<u>REBATES</u>		711300	296.	296.		
scellaneo Revenue	C							
Miscellaneous Revenue	-	All other revenue		►	1 1 0 0			
		Total revenue. See instructions.			1,190.	0 4 2 4		0
	14	i stal revenue. See instructions.			146,932.	8,434.	0.	0.

Form 990 (2020) MISS AMAZING INC Part IX Statement of Functional Expenses

	rt IX Statement of Functional Expen				
Sec	tion 501(c)(3) and 501(c)(4) organizations must co				
	Check if Schedule O contains a	response or note to any	line in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	34,025.	34,025.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	354.	354.		
5	Compensation of current officers, directors, trustees, and key employees	9,231.	0.	9,231.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		0.	0.	0.
7			0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	748.		748.	
	Fees for services (nonemployees): a Management	7 (40		7 (40	
	b Legal	. /		7,648.	
	c Accounting			5,760.	
	d Lobbying.			0,,,001	
(${\bf e}$ Professional fundraising services. See Part IV, line 17				
	f Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)		2,703.	1,655.	
12	Advertising and promotion	2,738.	1,721.	1,017.	
13		1		1,690.	
14	Information technology	• / • • = •	30.		6,752.
15 16	Royalties		C 205		
17	Travel		6,295. 4,492.		
	Payments of travel or entertainment expenses for any federal, state, or local public officials.	4,452.	4,492.		
19	Conferences, conventions, and meetings	16.	16.		
20					
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22	Insurance	-1,334.	-8,707.	7,373.	
24		1,004.	0,707.	1,513.	
ä	a SUPPLIES	21,990.	21,990.		
	• SUBSCRIPTIONS	4,794.	-1,054.	5,848.	
	PRODUCTION EXPENSES	2,124.	2,026.	98.	
	d POSTAGE AND SHIPPING	2,057.	2,057.		
	e All other expenses.	-3,207.	-3,207.	41 0.00	6 750
25		110,561.	62,741.	41,068.	6,752.
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following				
RAA	SOP 98-2 (ASC 958-720)				Form 990 (2020)

		0 (2020) MISS AMAZING INC	45-2841732 Page				
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or note to any line in this Part X \ldots					
			(A) Beginning of year		(B) End of year		
	1	Cash – non-interest-bearing	5,282.	1	93,654.		
	2	Savings and temporary cash investments.	,	2	,		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loops and other receivables from any surrent or fermer officer, director					
	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		5			
	6	Loans and other receivables from other disqualified persons (as defined under					
	Ŭ	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7	Notes and loans receivable, net.		7			
S	8	Inventories for sale or use.		8			
Assets	9	Prepaid expenses and deferred charges.		9			
As		Land, buildings, and equipment: cost or other basis.					
		Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b		10 c			
	11	Investments – publicly traded securities.		100			
	12	Investments – other securities. See Part IV, line 11		12			
	13	Investments – program-related. See Part IV, line 11		13			
	14	Intangible assets.		14			
	15	Other assets. See Part IV, line 11.		15	352.		
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,282.	16	94,006.		
	17	Accounts payable and accrued expenses	5,413.	17	2,881.		
	18	Grants payable	5,415.	18	2,001.		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
0	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21			
iti	22	Loans and other payables to any current or former officer, director, trustee,					
Liabilities		key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
Ť	22						
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23 24			
	24 25			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 of Schedule D.		25			
	26	Total liabilities. Add lines 17 through 25	5,413.	26	2,881.		
S		Organizations that follow FASB ASC 958, check here ► X	· ·		·		
ĕ		and complete lines 27, 28, 32, and 33.					
alai	27	Net assets without donor restrictions	-131.	27	91,125.		
m	28	Net assets with donor restrictions		28			
Pu		Organizations that do not follow FASB ASC 958, check here ►					
ц,		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29			
ete 1	30	Paid-in or capital surplus, or land, building, or equipment fund		30			
1ss	31	Retained earnings, endowment, accumulated income, or other funds		31			
∋t /	32	Total net assets or fund balances	-131.	32	91,125.		
-	33	Total liabilities and net assets/fund balances	5,282.	33	94,006.		
BA	Α	TEEA0111L 10/07/20			Form 990 (2020)		

Form	990 (2020) MISS AMAZING INC 45-2	841732		Pa	ge 12		
Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI.						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	46,9	932.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,5			
3	Revenue less expenses. Subtract line 2 from line 1	3		36,3			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8		54,8	85.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
_		10		91,1	.25.		
Par	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	[
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona					
	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?		2 b		Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	e					
	basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
		-					
С	: If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c		L		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	[3a		Х		
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit				·		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
BAA	TEEA0112L 10/19/20	•	Form	990 ((2020)		

	Public Chari	ort	OMB No. 1545-0047							
SCHEDULE A (Form 990 or 990-EZ)	Complete if the organiza 4947(a	tion is a section 501(c) a)(1) nonexempt charita	(3) organ able trus	nization t.		2020				
Department of the Treasury		ich to Form 990 or Forr			<i>.</i>	Open to Public				
Internal Revenue Service	► Go to www.irs.gov/Fo	orm990 for instructions	and the	latest I		Inspection				
Name of the organization					Employer identific					
MISS AMAZING INC	harity Status (All c	vraanizations must	comple	ata thio	45-284173					
The organization is not a private for		v								
1 A church, convention of ch		u u u		-	,					
2 A school described in secti	on 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 of	r 990-EZ)	.)						
3 A hospital or a cooperativ	ve hospital service organ	ization described in se	ction 170)(b)(1)(A	A)(iii).					
name, city, and state:	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's									
5 An organization operated section 170(b)(1)(A)(iv).	(Complete Part II.)			-	-	escribed in				
 6 A federal, state, or local 7 An organization that norma 						alic described				
in section 170(b)(1)(A)(vi). (Complete Part II.)		-		it of nom the general pu	one described				
8 A community trust descri			,	oniunativ	an with a land grant colle					
9 An agricultural research org or university or a non-land- university:										
investment income and u	10 X An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11 An organization organize	d and operated exclusive	ely to test for public saf	ety. See	sectior	n 509(a)(4).					
 An organization organize or more publicly supporte lines 12a through 12d that a Type I. A supporting organization(s) the power t 	ed organizations describe at describes the type of s	ed in section 509(a)(1) of supporting organization	or sectio and corr	n 509(a) iplete lii)(2). See section 509(a nes 12e, 12f, and 12g.)(3). Check the box in				
complete Part IV, Section	ns A and B.									
b Type II. A supporting organization of the support management of the support must complete Part IV, S	ting organization vested in	controlled in connection the same persons that c	with its control or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You				
c Type III functionally integra organization(s) (see instr	t ed. A supporting organiza uctions). You must com	tion operated in connectio plete Part IV, Sections	n with, ar A, D, an	nd functio d E.	onally integrated with, its	supported				
d Type III non-functionally in functionally integrated. The instructions). You must c	ne organization generally	/ must satisfv a distribu	nnection Ition requ	with its s uiremen	supported organization(s t and an attentiveness) that is not requirement (see				
e Check this box if the orga integrated, or Type III no f Enter the number of support	n-functionally integrated	supporting organization	า.			-				
q Provide the following information										
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) la organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
			Yes	No						
<u>(</u> A)										
(B)										
<u>(C)</u>										
<u>(D)</u>										
<u>(E)</u>										
Total BAA For Paperwork Reduction Ac	t Notice see the Instruc	tions for Form 990 or 9	990-57		Schedula A (Ea	rm 990 or 990-EZ) 2020				

	edule A (Form 990 or 990-EZ) 202	11200 188	AZING INC	<u> </u>		45-28417	
Par	t II Support Schedule for (Complete only if you checked						
_	organization fails to qualify u	under the tests lis	sted below, please	e complete Part I	.)		
	tion A. Public Support	r	1	Γ	1	1	1
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		1				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see in	structions)		••••••••••••••••		2
13	First 5 years. If the Form 990 is organization, check this box and						
Sec	tion C. Computation of Pul	blic Support F	Percentage				
-	Public support percentage for 20			ne 11, column (f))		%
15	Public support percentage from 2	2019 Schedule A	, Part II, line 14				%
16a	33-1/3% support test–2020. If the and stop here. The organization	he organization d qualifies as a pu	id not check the b blicly supported o	oox on line 13, ar rganization	nd line 14 is 33-1/3	3% or more, che	eck this box
b	33-1/3% support test–2019. If th and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	and-circumstances	s test, check this	box and stop here	e. Éxplain in Pa	rt VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-a	and-circumstances	s test, check this	box and stop here	e. Explain in Pa	rt VI how the
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	is box and see	instructions 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 MI

MISS AMAZING INC

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization

fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			/			
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	and membership fees received. (Do not include any 'unusual grants.')				352,372.	178,870.	531,242.
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						0.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
5	its behalf						0.
5	facilities furnished by a						
	governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	0.	352,372.	178,870.	531,242.
7a	Amounts included on lines 1, 2, and 3 received from				·		
	disqualified persons.	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2						
	and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year.	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6.)						521 040
Sec	tion B. Total Support						531,242.
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	0.	0.	0.	352,372.	178,870.	531,242.
	Gross income from interest, dividends,				332,372.	11070101	
	payments received on securities loans, rents, royalties, and income from						
	similar sources				15.	3.	18.
b	Unrelated business taxable income (less section 511						
	taxes) from businesses acquired after June 30, 1975						0
c	Add lines 10a and 10b	0.	0.	0.	15.	3.	<u> </u>
	Net income from unrelated business		0.	0.	13.	5.	10.
	activities not included in line 10b, whether or not the business is						
	regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						0
13	Part VI.) Total support. (Add lines 9,						0.
	10c, 11, and 12.)	0.	0.	0.	352,387.	178,873.	531,260.
14	First 5 years. If the Form 990 is for organization, check this box and	or the organizatio	n's first, second, t	hird, fourth, or fi	fth tax year as a s	section 501(c)(3)	► X
Sec	tion C. Computation of Pub						
	Public support percentage for 202		-	e 13, column (f))		15	0/0
16	Public support percentage from 2	019 Schedule A,	Part III, line 15				010
Sec	tion D. Computation of Inve	estment Incom	ne Percentage			· · · ·	
17	Investment income percentage for	or 2020 (line 10c,	column (f), divideo	d by line 13, colu	mn (f))	17	010
18	Investment income percentage from						00
19a	33-1/3% support tests -2020. If the is not more than 33-1/3%, check	ne organization di	d not check the be	ox on line 14, an	d line 15 is more	than 33-1/3%, and	line 17 ► □
b	33-1/3% support tests-2019. If th	ne organization di	d not check a box	on line 14 or line	e 19a, and line 16	is more than 33-1	/3%, and
	line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qua	alifies as a publicl	y supported organi	zation 🕨
	Private foundation. If the organiz	ation did not cheo					
BAA			TEEA0403L	09/14/20	Sch	nedule A (Form 990) or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 MISS AMAZING INC

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 organization was 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. 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 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. 3c 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. Δh **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 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 c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 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 with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 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 **b** Did one or more disqualified persons (as defined in 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 c Did a disqualified person (as defined in 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 **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

Schedule A (Form 990 or 990-EZ) 2020	MISS AMAZING INC	45-2841732
Part IV Supporting Organizat	ions (continued)	

Pa	IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,		
	the governing body of a supported organization? 11a		

b A family member of a person described in line 11a above?

C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 1 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the 1 1 supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
~				
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played</i>			
	in this regard.	3		
-				

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below. h
 - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

Yes

2a

2b

3a

3h

No

Page 5

11b 11c

1

2

Yes

No

Schedule A (Form 990 or 990-EZ) 2020 MISS AMAZING INC

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on N ns mu	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income	-	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	Average monthly value of securities	1a		
ł	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I 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		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

	edule A (Form 990 or 990-EZ) 2020 MISS AMAZING INC	Innorting Organiza		-284	1732 Page 7
-	tion D – Distributions	ipporting Organiza		<i>u)</i>	Current Year
	Amounts paid to supported organizations to accomplish exempt pu	rnosos		1	Current real
-	Amounts paid to supported organizations to accomprish exempt pur Amounts paid to perform activity that directly furthers exempt purposes of				
2	in excess of income from activity	or supported organizations	>,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e 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 organization	on is responsive (provide	details		
	in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			10	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
ā	From 2015				
ŀ	• From 2016				
	From 2017				
	From 2018				
(e From 2019				
	f Total of lines 3a through 3e				
Ģ	Applied to underdistributions of prior years				
ŀ	Applied to 2020 distributable amount				
	i Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
	Applied to underdistributions of prior years				
	• Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
ā	Excess from 2016				
_	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
(Excess from 2020				

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020	MISS AM	AZING INC	45	5-2841732	Page 8
Part VI	Supplemental In	formation.	Provide the explana	tions required by Part II, line 10; Part II,	line 17a or 17b; Part	
	III, line 12; Part IV, Se	ection A, lines 1	, 2, 3b, 3c, 4b, 4c,	5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part	IV, Section	
	B, lines 1 and 2; Part	IV, Section C, I	ine 1; Part IV, Sect	ion D, lines 2 and 3; Part IV, Section E, li	nes 1c, 2a, 2b,	
	3a, and 3b; Part V, lin	ie 1; Part V, Sec	ction B, line 1e; Pa	t V, Section D, lines 5, 6, and 8; and Part	V, Section E,	
	lines 2, 5, and 6. Also	complete this	part for any additic	nal information. (See instructions.)		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MTSS	AMAZING	TNC

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FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

THE PRESIDENT & VICE-PRESIDENT, WHOM ARE BOTH DIRECTORS, OF THE CENTRAL ORGANIZATION

ARE MOTHER & DAUGHTER.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

REVIEWED BY THE EXECUTIVE OF THE CENTRAL ORGANIZATION PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.