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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

| Α | For the | 2009 calend | ar year, | or tax year beginning | JANUARY 1 | , 2009, | and en | ding DEC | EMBE | R 31 | , 20 09 |
|--------------------|---------------|---------------|----------------------|---------------------------------------|-----------------------|---------------------------------------|--|---------------------------------------|----------|---------------|------------------------|
| В | Check if ap | oplicable | Please | C Name of organization | | | | D Emp | loyer id | dentif | cation number |
| 닏 | Address c | • | use IRS label or | ONEWAY MINISTRIES | | | | | 3 | 31-16 | 75712 |
| \vdash | Name cha | • | print or | Number and street (or P O. box, if | mail is not delivered | to street address) | Room/: | suite E Telei | hone r | numbe | er |
| 님 | Initial retui | | | | | | | | | 30-28 | 31-2544 |
| ㅂ | Amended | | Specific Instruc- | City or town, state or country, and | IZIP + 4 | | 1 | F Gro | up Exe | moti | on |
| | Applicatio | | tions. | NAPERVILLE, IL 60567-2211 | | | | | nber | | |
| = | • Sect | ion 501(c)(3) | organiz | ations and 4947(a)(1) nonexe | mot charitable tr | usts must attach | G | | | | Cash Accrual |
| | | | | npleted Schedule A (Form 99 | | | , l <u> </u> | Other (specify | | | Cuon |
| _ | | | | | | | н | Check ▶ □ | | organ | nization is not |
| 1 ' | Websit | e:▶ www | .owm.o | rg; www.prayercast.com | | | 1 | | | • | lule B (Form 990, |
| | | | | nly one) — ✓ 501(c) (3) ◀ | (insert no.) 49 | 47(a)(1) or 52 | 27 | 990-EZ, or 99 | | 01100 | idio B (i di ili doo, |
| - | Check • | | | zation is not a section 509(a)(3) | | · · · · · · · · · · · · · · · · · · · | | | | ore ti | han \$25,000 A |
| | | | | turn is not required, but if the c | | | | | | | nan 925,000. A |
| | | | | 9 to determine gross receipts, if | | | | · · · · · · · · · · · · · · · · · · · | - 9 | | 305398 |
| | art I | | | enses, and Changes in | | | | | | | |
| | 1 | | | s, grants, and similar amou | | | | | 1 | | 297740 |
| | 2 | | • | evenue including governme | | | | | 2 | _ | 1400 |
| | 3 | _ | | and assessments | | | | | 3 | | 0 |
| | 4 | Investment | • | | | | • • | | 4 | | 561 |
| | 5a | | | m sale of assets other than | | i i | 1 | 2027 | - | | |
| | b | | | r basis and sales expenses | | | | 47 | | | |
| | C | | | sale of assets other than in | | | ine 5a) | | 5c | | 1980 |
| e | 6 | | | ivities (complete applicable parts of | | | | | 50 | | |
| Revenue | a | - | | ot including \$ | | • | 3, | | | | |
| <u>§</u> | | | |) | | | 1 | 0 | | | |
| | b | - | | nses other than fundraising | | | | 0 | | | |
| | C | | | ss) from special events and | • | | line 6a) | | 6c | | 0 |
| | 7a | | • | entory, less returns and allo | • | 1 | | 3670 | 00 | | |
| | b | Less: cost | | = | | | | 4558 | | | |
| | C | | - | ss) from sales of inventory (| • | | · | 4330 | 7c | | (888) |
| | 8 | Other reve | | - · | Sabtract line 7 b | nominera, . | | | 8 | | (000) |
| | 9 | | • | dd lines 1, 2, 3, 4, 5c, 6c, 7c | and 8 | RECEIV | FD | | 9 | | 300793 |
| | 10 | | | r amounts paid (attach sche | | Min Colonia | | S | 10 | | 49428 |
| | 11 | | | r for members | | | | Ö | | | 49428 |
| ဟ | 12 | - | | mpensation, and employee | 1 - 2 | MAY . 1. 7. | 2010 | (A) | 11 12 | | 93070 |
| penses | 13 | | | and other payments to inde | pendent contrac | | | | 13 | | 8932 |
| ĕ | 14 | | | utilities, and maintenance | | | 117 | | 14 | | 220 |
| ŭ | 15 | | | ons, postage, and shipping | | OGDEN | Jan - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | 15 | | 7346 |
| | 16 | | | describe ► SEE ATTACHM | | | • • | | 16 | | 132591 |
| 6 | 17 | | | Add lines 10 through 16 . | | | | | 17 | | 291587 |
| 2 6 2010 Assets | 18 | | | for the year (Subtract line 1 | | | | | 18 | | 9206 |
| ets | 19 | | | d balances at beginning of | • | | | | 10 | | 3200 |
| SS | | | | reported on prior year's ret | | | • | • | 19 | | 133349 |
| 20 X | 20 | • | _ | net assets or fund balances | • | | | | 20 | | 133349 |
| ڪُڙ | 21 | | | balances at end of year. C | | | | | 21 | | 142555 |
| 7: | art II | | | ts. If Total assets on line 25 | | | | | | d of | |
| | | | | (See the instructions for F | | Ψ1,200,000 OF I | | (A) Beginning of | | | (B) End of year |
| |) (a | sh savings | and in | vestments | • | | _ | | 2981 | | 105034 |
| 3 | _ ∪a } lo≀ | - | | · · · · · · · · · · · · · · · · · · · | | | | | | 23 | 103034 |
| Ø, | | | | e ► STUDIO/COMPUTER E | | | ∵ - | | 0959 | | <u>_</u> |
| (文) 2: | | tal assets . | | · · · · · · · · · · · · | | | 一' | | 3940 | _ | 60959 165993 |
| 26 | | | | ribe ► CREDIT CARD/PAY | | | ∵, | | 591 | - | 23438 |
| 27 | | | • | alances (line 27 of column (| | | -' | 19 | 3349 | $\overline{}$ | 142555 |

| · Oiiii | 330-L2 (2003) | | | | | Page | | | | | |
|---------|---|---------------------------------------|-----------------------------------|----------------------------------|----------|---|--|--|--|--|--|
| Par | t III Statement of Program Service Accon | plishments (See the instr | ructions for Part I | II.) | | Expenses | | | | | |
| Wha | t is the organization's primary exempt purpose? | SEE ATTACHMENT | | | - (Requ | ured for section | | | | | |
| | ribe what was achieved in carrying out the or | ganization's exempt purpo | ses. In a clear a | nd concise | | c)(3) and 501(c)(4) | | | | | |
| | ner, describe the services provided, the number | | | | orgar | nizations and section (a)(1) trusts, optiona | | | | | |
| | program title. | • , | | | 4947 | (a)(1) trusts, optiona hers) | | | | | |
| 28 | SEE ATTACHMENT | | | | - | <u> </u> | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (Grants \$) If this amount | t includes foreign grants, ch | ack hara | | 28a | | | | | | |
| 29 | (Grano 4) / II tris arrivari | t morades foreign grants, on | CCRTICIE | <u> </u> | 204 | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (Grants \$) If this amoun | t ıncludes foreign grants, ch | ook horo | | 20- | | | | | | |
| 30 | (Grants \$) If this amount | includes loreign grants, ch | ieck fiere | | 29a | | | | | | |
| 30 | | | | | ļ | | | | | | |
| | | | | | | | | | | | |
| | (O) (d) | | | | 1 | | | | | | |
| • | | t includes foreign grants, ch | | | 30a | | | | | | |
| 31 | Other program services (attach schedule) | | | | l | | | | | | |
| 00 | (Grants \$) If this amount | t includes foreign grants, ch | eck here | <u>▶</u> | 31a | | | | | | |
| | Total program service expenses (add lines 28a | | | | 32 | 157819 | | | | | |
| Par | List of Officers, Directors, Trustees, and Ke | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | (a) Name and address | (b) Title and average hours per week | (c) Compensation (If not paid, | (d) Contributi employee benef | | (e) Expense account and | | | | | |
| | | devoted to position | enter -0) | deferred comp | ensation | other allowances | | | | | |
| | IAEL THOMPSON | CEO / 40 | | | | | | | | | |
| PO E | OX 2211 NAPERVILLE IL 60567 | 020740 | 51600 | | 5647 | | | | | | |
| JAM | ES JOHANIK | | | | | | | | | | |
| PO E | OX 2211 NAPERVILLE IL 60567 | COO735 | 0 | | 0 | C | | | | | |
| RAY | MOND MENSAH | DIRECTOR / 40 | | | | | | | | | |
| PO E | OX 2211 NAPERVILLE IL 60567 | DIRECTOR / 40 | 16372 | | 0 | (| | | | | |
| MICH | AEL VAN HUIS | 011417144117 | | | | | | | | | |
| PO E | OX 2211 NAPERVILLE IL 60567 | CHAIRMAN / .5 | l o | | 0 | (| | | | | |
| JOHI | N FORNELLI | T | | | | | | | | | |
| PO E | OX 2211 NAPERVILLE IL 60567 | DIRECTOR / .5 | ٥ | | 0 | ſ | | | | | |
| JOHI | N MACINTYRE | | | | | | | | | | |
| PO B | OX 2211 NAPERVILLE IL 60567 | DIRECTOR / .5 | 0 | | 0 | | | | | | |
| | NK MCGRAW | | | | | | | | | | |
| PO B | OX 2211 NAPERVILLE IL 60567 | DIRECTOR / .5 | l 0 | | 0 | | | | | | |
| AND | REW PETERSON | | | | | | | | | | |
| | OX 2211 NAPERVILLE IL 60567 | TREASURER / .5 | ٥ | | 0 | , | | | | | |
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| Part | Other Information (Note the statement requirements in the instructions for Part V.) | | | |
|------|---|-------|-------------|--------------|
| | • | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | ✓ |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | ✓ |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | 1 |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | . |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | ✓ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | , | */ |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on line 9 | | . 5 | |
| b | Gross receipts, included on line 9, for public use of club facilities | | ~ ^ 1 } | \$ |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 | 40b | | ✓ |
| C | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on | | * .* | |
| | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | : : | |
| 41 | List the states with which a copy of this return is filed. ▶ IL | | | |
| 42a | The organization's books are in care of ▶ HEIDI JOHANIK Telephone no. ▶ 6 | 30-28 | 1-2544 | ļ |
| | Located at ▶ PO BOX 2211 NAPERVILLE IL ZIP + 4 ▶ · | 60567 | -2211 | |
| þ | 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 | | Yes | No |
| | account)? | 42b | | ✓, |
| | If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| C | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | |
| | If "Yes," enter the name of the foreign country: ▶ | | | - |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | .) | ▶ □ |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | r | | |
| 44 | Did the experimental maintain and department found of the second of the | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | | |
| 45 | | 44 | | √ , |
| +0 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | | √ |
| | · | | | |

| Part V | Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and | 17(a)(1) nonexempt cha | exempt charitab ritable trusts mus | ole trusts only. A st answer question | li sect | tion -49t |) | | |
|--------------------|---|--|---|--|-----------------------|------------------|----------|--|--|
| 46 | Did the organization engage in direct or indirect | political campaign activi | ties on behalf of o | r in opposition to | | Yes | No | | |
| | candidates for public office? If "Yes," complete s | Schedule C, Part I | | | 46 | | √ | | |
| 47 | Did the organization engage in lobbying activities | s? If "Yes," complete Sch | edule C, Part II . | | 47 | | 1 | | |
| 48 | Is the organization a school as described in section | on 170(b)(1)(A)(ii)? If "Yes," | complete Schedule | Ε | 48 | | √ | | |
| 49a | Did the organization make any transfers to an ex | empt non-charitable relat | ed organization? . | | 49a | | √ | | |
| | If "Yes," was the related organization a section 5 | | | | 49b | | | | |
| 50 | Complete this table for the organization's five hi | ghest compensated empl | oyees (other than o | officers, directors, t | rustee | es and | d key | | |
| | employees) who each received more than \$100,0 | (b) Title and average | (c) Compensation | If there is none, en | | | | | |
| | (a) Name and address of each employee paid more | hours per week | (c) Compensation | employee benefit plans & | acc | Expensiount a | nd | | |
| NONE | than \$100,000 | devoted to position | - | deferred compensation | other | allowa | nces | | |
| NONE | | | | | | | | | |
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| NONE | Complete this table for the organization's five h \$100,000 of compensation from the organization (a) Name and address of each independent contractor | n. If there is none, enter "I | (b) Ty | · | (c) Com | | | | |
| | | | | | | | | | |
| | | | | | - | | | | |
| d | Total number of other independent contractors e | each receiving over \$100,0 | ▶ | | | • | | | |
| | Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration | ed this return, including accompa of preparer (other than officer) is | nying schedules and sta based on all information | tements, and to the bes | t of my l iny knov | knowle vledge | dge | | |
| Sign Here | Signature of Officer JAMES JOHANIK COO Type or print name and title | | | vay 14, | Zak |) | | | |
| Paid | Preparer's signature | Date | Check if self- employed ▶ □ | Preparer's identifying num | ber (See | _ instructi | ons) | | |
| Prepare Use Onl | Firm's name (or | | | | | | | | |
| May the | e IRS discuss this return with the preparer shown | above? See instructions | | | Yes | □N | | | |
| | | | | For | m 990 | | | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

| | | t of the Treasury venue Service | ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. | | | | | | | Inspection | |
|---------------|--------|--|--|--|---|---|--|---|---|---|---|
| Nam | e of t | he organization | Employer ide | | | | | | | er identifica | tion number |
| One | Way | Ministries | | · · · · · · · · · · · · · · · · · · · | | | | | 31 | | 1675712 |
| Pa | rt I | Reason | for Public Cl | narity Status (All or | ganizati | ons mus | t comp | ete this | part.) Se | e instru | ctions. |
| The 1 2 3 4 5 | | A church, co A school de A hospital o A medical ro hospital's na An organiza section 170 | onvention of chuscribed in section of chuscribed in section or a cooperative sesearch organization operated for (b)(1)(A)(iv). (Co | the benefit of a colle | of churce tach Sch nization d junction ege or uni | thes descreture E.) Ilescribed with a ho | in sections in sec | on 170(b) scribed i | 70(b)(1)((1)(A)(iii). n section by a gov | A)(i). 1 170(b)(1 | |
| 7 8 9 | | An organization described in A communit | tion that normally section 170(b) by trust described | y receives a substanti (1)(A)(vi). (Complete F d in section 170(b)(1) y receives: (1) more th | al part of Part II.) ((A)(vi). (0 | its suppo Complete | ort from a | a governn | nental un | it or from | |
| 10 | | support from acquired by | n gross investm the organization | ed to its exempt func- ient income and unreal a after June 30, 1975 and operated exclusive | elated but See sec | siness ta | xable ind (a)(2). (Co | come (les omplete l | s section Part III.) | 1 511 tax | |
| 11 | | An organiza purposes of 509(a)(3). Cla Type By checking persons other | tion organized at one or more putheck the box that I b control this box, I certain | and operated exclusively supported organist describes the type. Type II cutify that the organization managers and other | vely for the nizations of suppose Type tion is no | he benefit describenting organic de III-Fun ot control | it of, to and in sect anization ctionally lied direction. | perform to non 509(a and com integrate tly or ind | he functi)(1) or se iplete line d directly b | tions of, control of the control of | (a)(2) See section rough 11h Type III-Other more disqualified |
| f g | | organization | , check this box st 17, 2006, has | a written determinated the organization acceptance and a written acceptance a | | | | | | | e III supporting · · · · □ |
| | | (i) A persor and (III) t | n who directly o | r indirectly controls, ering body of the supperson described in (i) a | ported or | _ | | th persor | ns descri | oed in (ii) | Yes No 11g(i) 11g(ii) |
| h | | | • | of a person described ation about the support | | | | | | | 11g(iii) |
| | | e of supported panization | (ii) EIN | (iii) Type of organization | (iv) Is the o | | | organizat (i) organi | Is the tion in col ized in the S? | (vii) Amount of support | |
| | | | 1 | | Yes | No | Yes | No | Yes | No | |
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| Take | | | i | t | l | I | I | 1 | l | 1 | I |

| Pai | 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.) | | | | | | | |
|-----------|--|-----------------|------------------|-----------------|----------------|-----------------|---------------|--|
| Sec | tion A. Public Support | | | <u> </u> | | | | |
| Ca | lendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | | |
| 2 | 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 | | | | | ļ | | |
| 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 | • | ٠. | *** | | کب . | | |
| 6 | shown on line 11, column (f) Public support. Subtract line 5 from line 4. | | <u> </u> | | | | · | |
| | tion B. Total Support | 30 | <u> </u> | , "An | <u> </u> | 1 | | |
| | lendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 IV.) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 . | <u> </u> | | h | | | | |
| 12 | Gross receipts from related activities, etc. | | | | | 12 | | |
| 13 | First five years. If the Form 990 is for | | | | | | on 501(c)(3) | |
| | organization, check this box and stop he | | | | · · · · · | <u></u> | <u> ▶ ⊔</u> | |
| | tion C. Computation of Public Su | | | (0) | | | | |
| 14 | Public support percentage for 2009 (line | | • | i, column (t)) | | 14 | <u>%</u> % | |
| 15 16a | Public support percentage from 2008 Sc 331/3 % support test—2009. If the organi | | | | | 15 | | |
| 10a | and stop here. The organization qualifies | | | | | % or more, cne | _ | |
| h | 331/3 % support test—2008. If the organi | | | | | | | |
| - | box and stop here. The organization qua | | | | | | | |
| 17a | 10%-facts-and-circumstances test – 20 | | | - | | | | |
| | more, and if the organization meets the "forganization meets the "facts-and-circum | acts-and-circur | nstances" test, | check this box | and stop here. | Explain in Part | IV how the | |
| b | 10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumstant" | acts-and-circum | stances" test, c | heck this box a | and stop here. | Explain in Part | IV how the | |

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

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

| Sec | Section A. Public Support | | | | | | | | |
|---------------------|--|------------------|-----------------|-------------------|------------------|------------------|--------------------|--|--|
| Ca | alendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 36,147 | 70,270 | 149,772 | 239,923 | 297,740 | 786,852 | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 3,944 | 12,481 | 5,962 | 7,738 | 7,079 | 37,204 | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 0 | o | 0 | 0 | o | 0 | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 40,091 | 0 82,751 | 0 148,734 | 0 247,661 | 0 304,819 | 0 824,056 | | |
| 6 | Total. Add lines 1 through 5 | 40,091 | 02,731 | 140,734 | 247,001 | 304,619 | 624,056 | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons . | 12,440 | 28,368 | 54,921 | 44,288 | 65,404 | 205,421 | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | 0 | 0 | 0 | O | O | 0 | | |
| c | Add lines 7a and 7b | 12,440 | 28,368 | 54,921 | 44,288 | 65,404 | 205,421 | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | 618,635 | | |
| | tion B. Total Support | | | | | | | | |
| Ca | alendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total | | |
| 9 | Amounts from line 6 | 40,091 | 82,751 | 148,734 | 247,661 | 304,819 | 824,056 | | |
| 10a | payments received on securities loans, rents, royalties and income from similar | 181 | 1,108 | 2,149 | 1,733 | 561 | 5,732 | | |
| | sources | | ., | | ., | | <u> </u> | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | o | o | o | O | o | 0 | | |
| С | Add lines 10a and 10b | 181 | 1,108 | 2,149 | 1,733 | 561 | 5,732 | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0 | О | 0 | 0 | o | 0 | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 40,272 | 83,859 | 150,883 | 249,394 | 305,380 | 829,788 | | |
| 14 - | First five years. If the Form 990 is for torganization, check this box and stop i | here | <u></u> | d, third, fourth | - | ear as a sectio | n 501(c)(3) ▶ □ | | |
| | tion C. Computation of Public Sup | | | | | _ | | | |
| 15 16 | Public support percentage for 2009 (lin Public support percentage from 2008 S | | | e 13, column (| f)) | 15 | 74.55 % | | |
| | tion D. Computation of Investmen | | | <u> </u> | <u> </u> | 16 | 72.78 % | | |
| <u> </u> | Investment income percentage for 2009 | | | l by line 12 co | olumn (fi) | 17 | .69 % | | |
| 18 | Investment income percentage from 20 | • | * * | | `''' | 18 | .83 % | | |
| 19a | 331/3 % support tests - 2009. If the orga | anızation dıd no | ot check the bo | ox on line 14, a | nd line 15 is m | | | | |
| b | 17 is not more than 33% %, check this be 33% % support tests—2008. If the organization and the second state of the second stat | zation did not o | check a box on | line 14 or line 1 | 19a, and line 16 | s is more than 3 | 31/3 %. and | | |
| 20 | line 18 is not more than 33½%, check this Private foundation. If the organization of | | | | | | | | |

| chedule A (Fo | orm 990 or 990-EZ) 20 | 009 | | | | | Page 4 |
|---------------|-----------------------------------|---------------------------------|------------------------------------|--------------------------------|-------------------|------------------------------|---|
| Part IV | Supplemental Part II, line 17a | Information. a or 17b; and l | Complete this Part III, line 12 | part to provide. Provide any c | e the explanation | ons required binformation. S | y Part II, line 10; ee instructions. |
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Scheduled Items and Explanations for 2009 Form 990 EZ

Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

Line 10 Grants and similar amounts paid

Grants are determined by the Board of Directors. Decisions are based on needs made known to us that relate to helping us accomplish our stated purpose.

The following grant recipients are full-time missionaries working in Botswana, southern Africa. The grant money was given to pay for living expenses and ministry costs in Botswana.

| Recipient | Amount of Grant Given |
|----------------------------|--------------------------|
| Raymond and Cynthia Mensah | \$16,372 |
| Pastor Kinolo Makhokhoba | \$7,809 |
| Keolebogile Kelly Zambo | \$5,459 |
| Caleb Mareko | \$4,009 |
| Baituti Mosiame | \$5,259 |
| Charles Goamangwe | \$5,259 |
| Emmanuel Diteko | \$5,259 |
| Total Grants Given | \$49,426 |

Line 16: Other Expenses

| Accounting Expenses | \$458 |
|--|---------|
| Bank Charges | \$861 |
| Building Expenses | \$5000 |
| Charitable Contributions | \$1353 |
| Conferences/Conventions | \$5092 |
| Fundraising | \$1555 |
| International Ministries: Short Term Mission Trips | \$84716 |
| Office/Administration | \$12852 |
| OneWay Studios | \$18967 |
| Taxes/Licenses | \$1223 |
| Miscellaneous | \$514 |

Total Other Expenses

Part III: Statement of Program Service Accomplishments

Our Primary Exempt Purpose

OneWay Ministries exists to advance the gospel of Jesus Christ around the world.

Line 28 Our **International Ministries** program aims to partner cross-culturally with Christians in other nations in an effort to train Christian leaders and advance the gospel globally. *This program service includes foreign grants.*

In the year 2009, through our grant giving, we provided financial support for full-time missionaries Ray and Cynthia Mensah in Botswana. The Mensahs evangelize, church plant, minister to local pastors, and co-ordinate and teach at the Livingstone School of Missions.

We sent two teams of short term missionaries to partner with our co-workers, Ray and Cynthia Mensah, in Botswana. The team that went in March was comprised of over twenty college athletes who worked alongside the missionary team in Botswana to run sports camps and share the gospel message with children and adolescents in the Maun area.

The team that travelled to Botswana in June boosted the missions training work of Ray Mensah and his team of full-time missionaries as they led the Livingstone School of Missions. This training school is spearheaded by Mr. Mensah and accomplishes the purpose of training young adults to confidently and accurately bring the message of the gospel of Jesus Christ to the many villages situated in the northern region of Botswana. The short term missionaries who joined with Mr. Mensah aided in teaching and leading worship.

A third short term missions trip was taken in July to help gather resources for our Prayercast ministry (see below). The team traveled throughout Europe recording the prayers of missionaries throughout the continent, as well as recording video images to accompany the prayers.

Total International Ministries Expenses

\$138,852

Line 29 Our **OneWay Studios** program is a media facility dedicated to the creation of media tools that will advance the gospel through evangelism, teaching and worship. We also aim to train young people in studio ministry.

In 2009, we recorded a worship album, "Shine." It served as a gift to regular donors and also as a resource others could receive when they donated to the ministry. The album was also distributed to missionaries stationed throughout the world as an encouragement to them as they serve in the name of Jesus Christ.

We developed two ministries within OneWay Studios in 2009. The first is Prayercast. Prayercast (www.prayercast.com) seeks to coordinate and activate world-changing prayer. Our hope is that souls would be saved as the community of Christians around

the world unites in prayer. Prayercast harnesses the fluidity of the internet with the strategic use of media, music and prayer. In 2009, we produced over 20 prayercasts.

The second ministry developed under OneWay Studios is OneVoice. OneVoice exists to record and widely distribute the Bible via audio content from people groups to their own peoples. It is estimated that over 60% of the world's population do not read. OneVoice aims to meet this need by recording on and distributing portable audio devices containing the gospel message of Jesus Christ. We distributed approximately 400 OneVoice units in Botswana in 2009.

As part of the OneWay Studios program, we organized a concert in December of 2009 as a means of gathering the friends and family of OneWay Ministries for a time of worship.

Total OneWay Studios Expenses \$18,967

Total Program Service Expenses \$157,819