Form **990-EZ**

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)

► Sponsoring 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

A For the 2009 calendar year, or tax year beginning Sep 1 **, 2009, and ending** Aug 31 , 2010

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [ ] Amended return [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: Joshua's Way, Inc.
Number and street (or P O box, if mail is not delivered to street address): PO Box 1605 | Room/suite:
City or town, state or country, and ZIP + 4: Greer SC 29652-1605

D Employer identification number: 57-1091204
E Telephone number: (864) 801-4464
F Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method [X] Cash [ ] Accrual Other (specify) ►

H Check ► [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► N/A

J Tax-exempt status (check only one) — [X] 501(c) (3) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ► [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 374,392.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received			1	369,270.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	4,265.
	4	Investment income			4	857.
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► [ ]				
	a	Gross revenue (not including $ ____ of contributions reported on line 1)	6a			
	b	Less direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ►)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►			9	374,392.
EXPENSES	10	Grants and similar amounts paid (attach schedule) See L-10 Stmt			10	63,583.
	11	Benefits paid to or for members			11	98.
	12	Salaries, other compensation, and employee benefits			12	69,566.
	13	Professional fees and other payments to independent contractors			13	6,832.
	14	Occupancy, rent, utilities, and maintenance			14	16,261.
	15	Printing, publications, postage, and shipping			15	7,434.
	16	Other expenses (describe ► See Other Expenses Statement)			16	67,719.
	17	**Total expenses.** Add lines 10 through 16 ►			17	231,493.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	142,899.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	333,730.
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►			21	476,629.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

	(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	64,910.	22	209,391.
23	Land and buildings	415,052.	23	415,052.
24	Other assets (describe ► See L-24 Stmt)	9,886.	24	-803.
25	**Total assets**	489,848.	25	623,640.
26	**Total liabilities** (describe ► See L-26 Stmt)	156,118.	26	147,011.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	333,730.	27	476,629.

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9 18

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? Christian study and service center

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

			Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)
28	Mercy Ministries - see attached schedule (Grants $ 0.) If this amount includes foreign grants, check here ☐	28a	4,597.
29	International Ministries - see attached schedule (Grants $ 62,083.) If this amount includes foreign grants, check here ☐	29a	133,724.
30	Teaching Ministry - see attached schedule (Grants $ 1,500.) If this amount includes foreign grants, check here ☐	30a	7,756.
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a)	32	146,077.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
David Rogers PO Box 1605 Greer SC 29652	President 36.00	11,000.	0.	
Paul Rogers PO Box 1605 Greer SC 29652	Exec Dir/ Treas 16.00	8,000.	0.	
Florin Palaghia PO Box 1605 Greer SC 29652	Employee 36.00	32,300.	0.	
Lea Ann Painter/Wright PO Box 1605 Greer SC 29652	Employee 10.00	10,500.	0.	
Karen Beason PO Box 1605 Greer SC 29652	Director 1.00	0.	0.	
Johnny Price PO Box 1605 Greer SC 29652	Director 1.00	0.	0.	
Kip Wynne PO Box 1605 Greer SC 29652	Director 2.00	0.	0.	
Steve Boone PO Box 1605 Greer SC 29652	Director 2.00	0.	0.	
Beth Simmons PO Box 1605 Greer SC 29652	Director 1.00	0.	0.	

Part V Other Information (Note the statement requirements in the instrs 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		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
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			
a	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		X
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		X
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		X
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		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► ____, section 4912 ► ____, section 4955 ► ____			
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		X
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 ►			
e	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		X

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► Paul Rogers Telephone no ► (864) 801-4464
Located at ► 1001 West Poinsett Street Greer SC ZIP + 4 ► 29651

			Yes	No
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)? If 'Yes,' enter the name of the foreign country ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ►	42c		X

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 ► 43

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	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		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If 'Yes,' was the related organization a section 527 organization?	49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
none				

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each receiving over $100,000 ►

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

► Paul J Rogers — Signature of officer | Date 1/14/2011

► Paul J. Rogers Executive Director/Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date 01/13/11	Check if self-employed ► X	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	Steven M. Bateman, CPA P.O. Box 2123 Greer SC 29652-2123	EIN ►	Phone no ► (864) 877-2048

May the IRS discuss this return with the preparer shown above? See instructions ► ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: Joshua's Way, Inc.

Employer identification number: 57-1091204

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 [ ] A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 [ ] A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 [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)

10 [ ] An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a [ ] Type I **b** [ ] Type II **c** [ ] Type III – Functionally integrated **d** [ ] Type III– Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g (i)**		
(ii) a family member of a person described in (i) above?	**11g (ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**		

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section **(see instructions)**)	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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)

Section A. Public Support

Calendar 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 'unusual grants ')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public 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						

Section B. Total Support

Calendar 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 form 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						

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) | 14 | %

15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | %

16a **33-1/3 support test — 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support test — 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test — 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test — 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

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

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

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr 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 'unusual grants ')	390,817.	681,825.	439,071.	186,415.	373,535.	2,071,663.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	948.	2,436.	5,287.	8,439.	0.	17,110.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	391,765.	684,261.	444,358.	194,854.	373,535.	2,088,773.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						2,088,773.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	391,765.	684,261.	444,358.	194,854.	373,535.	2,088,773.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,129.	2,324.	1,229.	380.	857.	5,919.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,129.	2,324.	1,229.	380.	857.	5,919.
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						2,094,692.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.72 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.75 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	0.28 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	0.25 %

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return: Joshua's Way, Inc.

Identifying number: 57-1091204

Business or activity to which this form relates: Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ►	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	13,599.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		3,637.	5.0 yrs	HY	200 DB	727.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	14,326.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A – Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles* **)**

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If 'Yes,' is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return	Employer Identification No
Joshua's Way, Inc.	57-1091204

Line 24 - Other Assets:	Beginning of Year	End of Year
Other fixed assets	62,107.	65,744.
Accum deprec	-52,221.	-66,547.
Totals to Form 990-EZ, Part II, line 24	9,886.	-803.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Line of credit (GSB)	3,066.	1,566.
Mortgage Expense	153,052.	145,070.
payroll liabilities		375.
Totals to Form 990-EZ, Part II, line 26	156,118.	147,011.

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
Interest & finance Charge	7,646.
Bank transfer fees (p)	635.
Advertising (P)	250.
Student Ministry (p)	526.
Mileage Reimbursement (p)	4,612.
Special assistance (p)	723.
Program supplies (p)	18,460.
Program telephone (p)	666.
Programs Postage (p)	1,350.
equipment rental (p)	1,497.
Program printing (p)	1,076.
Program Travel (p)	11,420.
Conferences (p)	1,114.
Depreciation	14,326.
Mail service (FR)	829.
Newsletters (FR)	2,589.
Total	67,719.

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Purpose of Payment Ministry assistance

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Project Ethiopia	Business [X] Person [ ] Beza Fund 2801 Wade Hampton Blvd Box 170 Taylors SC 29687	Independent company	1,890.

If property other than cash was given, the following additional information needs to be provided
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment 50% Payment on Medical Equipment for Pawe Hospital

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Project Ethiopia	Business [X] Person [ ] Agmas General Trading Nuru Ahmed Arebu Addis Ababa, Ethiopia	Independent	46,673.

If property other than cash was given, the following additional information needs to be provided
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment 75% payment on Solar Cookers for Pawe

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Project Ethiopia	Business [ ] Person [ ] Solar Bereket Addis Ababa, Ethiopia		10,020.

If property other than cash was given, the following additional information needs to be provided
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Site Survey Expenses

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Project Ethiopia	Business [ ] Person [ ] Davis & Shirtliff Trading Ethiopia PLC Joseph Wanene Addis Ababa, Ethiopia		1,200.

If property other than cash was given, the following additional information needs to be provided.
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment: Pastor support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Project Ethiopia	Business [ ] Person [X] Abraham Dejene Addis Ababa, Ethiopia		1,000.

If property other than cash was given, the following additional information needs to be provided
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment: Partnership Program with Seminary

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Teaching ministry	Business [ ] Person [ ] Gordon Conwell Theological Seminary		500.

If property other than cash was given, the following additional information needs to be provided
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment: Contribution for ongoing ministry

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Teaching Ministry	Business [ ] Person [ ] The Caleb Group 2230 E. North St Greenville SC 29607		1,000.

If property other than cash was given, the following additional information needs to be provided
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued

Grants and Similar Amounts Paid

Purpose of Payment Health care and medications

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Venezuela	Business [ ] Person [ ] Iglesia Cristiana Evangelica Church La Puerta Venezuela		1,300.

If property other than cash was given, the following additional information needs to be provided

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

A. Mercy Ministries

1. Homeless & Inmate Ministries: The Mercy Riders Motorcycle Ministry, a ministry of Joshua's Way, continued their ministry of feeding a large group of homeless people every fifth Saturday in Greenville, S.C. The emphasis of this ministry is developing relationships with the homeless and sharing the gospel with them. The Mercy Riders also minister to prisoners at the Pickens County Detention Facility where they serve meals, share music, and share the good news of Jesus with them.
2. Assistance Fund: Joshua's Way occasionally provides limited, emergency financial assistance to individuals to help with the purchase of food, payment of utility bills, and payment of rent in times of crisis brought on by unemployment, family emergency or sickness.

B. International Ministries

1. Project Ethiopia:

a. PAWE HOSPITAL: Joshua's Way continues its partnership with Beza International Ministries in Ethiopia as it gives aid to the Pawe hospital and the Pawe nursing school in the Benishangul-Gumuz region of Ethiopia. Joshua's Way has completed the purchase of Operating Room equipment for the hospital including an anesthesia machine, an electrocardiograph, a suction machine, and a multi-parameter patient monitor. With these purchases the hospital now has two fully functioning operating rooms. Joshua's Way also supplied basic electrician's tools for maintenance personnel at the hospital.

b. PAWE NURSING SCHOOL: Joshua's Way provided a laptop and a projector to the nursing school in Pawe for use with instructional videos for classroom lectures. In addition textbooks and school supplies were provided to the nursing school.

c. WATER PURIFICATION SYSTEM: Engineering site visits for the installation of a water treatment system to provide potable water to the hospital and nursing school were completed during this fiscal year. Once governmental approval and permits are obtained, Joshua's Way expects to begin installation of this system, probably in early 2011.

d. SOLAR COOKERS: Joshua's Way is exploring ways to promote and facilitate the use of solar cooking in Ethiopia. Solar cookers will help reduce deforestation, soil erosion, and the number of hours spent daily collecting firewood. Pulmonary problems from inhalation of smoke from cooking fires can be reduced with the use of a solar cooker. One hundred parabolic solar cookers have been manufactured for Joshua's Way in Addis Ababa. Distribution of the solar cookers and training in their use is expected to take place in the Pawe/Gilgal area in late 2010 or early 2011 depending on the schedule provided by Mekele Zonal officials.

2. Cross Culture Network: Cross Culture Network, a ministry of Joshua's Way to international students, provides a variety of services to international students at upstate universities. Florin Palaghia oversees this ministry. Services provided to students include trips to acquaint them with historical sites in the United States, banquets to introduce them to American friends, a traditional Thanksgiving meal, discussion groups, Bible studies, "friendship partners" for these students while in the U. S., and practical assistance in finding furniture and other goods and services. The ministry to international students has grown to include students from Greenville Technical College, USC Upstate, and Wofford University in addition to Clemson University and Furman University.

3. Venezuela Mission: Joshua's Way assists the Iglesia Cristiana Evangelica Church in La Puerta, Venezuela. The financial support of Joshua's Way helps this small, evangelical church reach out to its community through the use of AWANA, a program of Biblical instruction and discipleship for children. It also provides funds for medical assistance to some of that church's poorest members.

4. Operation Christmas Child: Joshua's Way serves as a local collection center in cooperation with Samaritan's Purse for shoeboxes filled with gifts for children in foreign countries around the globe. Many upstate churches, schools, businesses and individuals participate in the preparation of shoebox gifts to carry an evangelistic brochure in the child's language sharing the gospel of Jesus Christ. Joshua's Way collected nearly 9,700 shoeboxes during Operation Christmas Child 2009.

C. Teaching Ministry

Joshua's Way provided courses and seminars to give lay people a deeper understanding of the Scriptures and Christian faith and to encourage them to actively minister in the community. During this year, David Rogers, president of Joshua's Way led multiple courses including *An Introduction to the Problem and Purpose of Pain* and *Essential Lessons for the Journey of Faith.* David also began a Sunday morning Community Bible Study in downtown Greenville, SC and continued the Stellar Bible Study in Greenville every other Wednesday. David spoke and taught in multiple churches and schools on a variety of topics related to our faith in Jesus.

David Rogers completed his earthly ministry on July 25, 2010. After leading the Community Bible Study in Greenville on the morning of the 25th, David died while playing basketball with family and friends at the Isle of Palms, S.C. that same evening.