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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

2012, and ending For the 2012 calendar year, or tax year beginning October 1 September 30 20 13 D Employer identification number C Name of organization OneWay Ministries В Check if applicable: Doing Business As 31-1675712 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return P.O. Box 2211 630-626-4990 City, town or post office, state, and ZIP code \Box Terminated Naperville, IL 60567 G Gross receipts \$ 439669 Amended return F Name and address of principal officer: Michael Thompson H(a) Is this a group return for affiliates? Thes I No Application pending Address Same As Above H(b) Are all affiliates included? Yes No 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list. (see instructions) 501(c)(3) Tax-exempt status: WWW.OWM.ORG and WWW.PRAYERCAST.COM H(c) Group exemption number ▶ Form of organization:

Corporation □ Trust □ Association □ Other ► 2000 M State of legal domicile. L Year of formation Summary Part I Briefly describe the organization's mission or most significant activities: ONEWAY MINISTRIES EXISTS TO ACTIVATE GOD'S PEOPLE WORKDWIDE TO EXALT JESUS CHRIST AND ADVANCE HIS GOSPEL TO THE MULTITUDES. WE DO THIS Governance THROUGH PRAYER, PROCLAMATION, PRAISE AND PARTNERSHIP. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) 8 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 5 7 Total number of volunteers (estimate if necessary) 6 350 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) . 399713 317694 Revenue 9 Program service revenue (Part VIII, line 2g) 21898 95408 ao Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 773 ઊ Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 16423 26560 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 438807 439669 **213** Grants and similar amounts paid (Part IX, column (A), lines 1-3) 29861 75455 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 242304 242075 316a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A)-lines-11a-11d, 11f-24e) 124929 150153 Total expenses. Add lines 13–17 must equal Part X, column (A), line 25)
Revenue less expenses. Subtract line 18 from line 12 18 397094 467683 19 41713 -28014 Beginning of Current Year **End of Year** Š 20 Total assets (Part X, line 16) 148456 122046 21 Total liabilities (Part X, line 26) 4294 5898 22 Net assets or fund balances. Subtract/line 21 144162 116148 Part II Signature Block Under penalties of penjury, I declare that 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. Executivi Vice Pre Sign Signature of off Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid Check | ıf self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) Yes No Farm **990** (2012) For Paperwork Reduction Act Notice, see the separate instructions.

•Form 99	90 (2012)			Page
Part	IV Checklist of Required Schedules			
	Leading and the second of the		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	\ <u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	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	4		1
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, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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			1
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted	9		
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		✓
а	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 Schedule D, Part VI	11a	✓	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	1	
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		✓
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		✓
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		<u> </u>
20 a		20a		▼
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>

Part	Checklist of Required Schedules (continued)			T
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) and 501(c)(4) 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		1
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	✓	
28	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):			,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		\
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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		<u> </u>
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? If "Yes," complete Schedule R, Part I	33		<u>√</u>
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		<u>·</u> ✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\dashv	-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>√</u>
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		✓
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,	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3/		
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Form **990** (2012)

⊃art	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u> </u>	}]
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>	l	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		,	į
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	✓	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	ŀ
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ►			
- -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		✓
b b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	✓	
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	√	
b b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	✓	
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	,, <u>,</u>		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	İ	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1 1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the organization make any taxable distributions under section 4966?	9a	İ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		- 1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	[
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a]	
.	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	About a supprise de la compansa de l			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		•

Form 99	00 (2012)			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response to any question in this Part VI	D. See in	struct	ions.
Secti	on A. Governing Body and Management	<u> </u>	• •	· [V]
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 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 in Schedule O.	8		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship will any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direction of officers, directors, or trustees, or key employees to a management company or other person? .	ct 3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders? 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?	4 5 6 nt 7a		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body?			1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	g		
а	The governing body?	8a	✓	
ь 9	Each committee with authority to act on behalf of the governing body?		✓	
Sacti	on B. Policies (This Section B requests information about policies not required by the Internal Rev	9 Yenye C	ode l	✓
occu	on b. 1 onoics (This occurr b requests mismation about policies not required by the internal rick	Chac C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	 	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	? 12a	ļ ·	✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this was done	" 12c		
13	Did the organization have a written whistleblower policy?	13	✓	
14 15	Did the organization have a written document retention and destruction policy?	у 14		√
а	The organization's CEO, Executive Director, or top management official	15a		✓_
b	Other officers or key employees of the organization	15b		✓
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	nt 16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it 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?			
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sect available for public inspection. Indicate how you made these available. Check all that apply.	ion 501((c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict and financial statements available to the public during the tax year.	t of inte	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and record	ds of the)	
	Organization: David Johnson 4170 Onden Ave. Aurora II 60504			

Part VII	Compensation of Office	cers, Directors	, Trustees,	Key Employees,	Highest (Compensated	Employees, a	ind
	Independent Contract	ors						

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization n	or any relate	d org	anız	atic	on c	ompe	ensa	ated any currer	nt officer, directo	r, or trustee.
				(C)					
(A)	(B)	١			ation			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	오글	5	Q	<u>~</u>	말프	ק	from the	related organizations	other compensation
	related	물통	 	Officer	9	흥흥	Former	organization	(W-2/1099-MISC)	from the
	organizations	용트	g		Key employee	ye c	=	(W-2/1099-MISC)		organization
	below dotted line)] <u>`</u>	<u>a</u>		¥	Ĭ	ļ			and related organizations
	1	Individual trustee or director	Institutional trustee		"	97.5	ĺ	1		5.ga.,200.07.0
			*			Highest compensated employee				
(4) MICHAEL THOMPSON	40							i		
(1) MICHAEL THOMPSON	40	1	ļ	1		/]	_
P.O. BOX 2211 NAPERVILLE, IL 60567	 	-	⊢	-	┢	-		63600	0	0
(2) RAY MENSAH	40	1				ļ		1 _	_	
P.O. BOX 2211 NAPERVILLE, IL 60567	+	-	├	⊢		-		0	0	5400
(3) MICHAEL VANHUIS	40	1		/						_
P.O. BOX 2211 NAPERVILLE, IL 60567	+	-	├	_			\vdash	36000	0	0
(4) FRANK McGRAW	0.5	,					İ	· _	_ :	
P.O. BOX 2211 NAPERVILLE, IL 60567	 	/	ļ ,	_	-		<u> </u>	0	0	0
(5) JOHN MacINTYRE	0.5		l] ,			
P.O. BOX 2211 NAPERVILLE, IL 60567	 	-	<u> </u>			ļ	ļ	0	0	0
(6) ANDREW PETERSON	0.5	,								
P.O. BOX 2211 NAPERVILLE, IL 60567	 	-	ļ.,		<u> </u>	<u> </u>	_	0	0	0
(7) JOHN FLETCHER	0.5									
P.O. BOX 2211 NAPERVILLE, IL 60567		/			ļ			0	0	. 0
(8) GARY FINE	0.5									
P.O. BOX 2211 NAPERVILLE, IL 60567		✓						0	0	0
(9)										
(10)										
(11)										
(12)										
(40)										
(13)	+									
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees			lighe	st C	ompensated E	mployees ((continu	ıed)		
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos eck s pe	rson	e than o is both or/trus	an tee)	(D) Reportable compensation from	(E) Reportable compensation from	n from	Est am	(F) imated ount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio	ons	comp fro orga and	ensation om the nization related nizations	
(15)								_				<u> </u>		
(16)														
(17)														
(18)								-						
(19)					_				<u> </u>					
(20)						-					\neg			
(21)														
(22)				1										
(23)														
(24)					-									
(25)														
1b c	Sub-total			•	•	 	•	>	99600 0 99600		0			5400 0
2	Total number of individuals (including but	t not limited			list	ed a	above	e) w		ore than \$1		of		<u>5400</u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, dırec						emp	loyee, or high	est compe	nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual													<u>·</u>
5	Did any person listed on line 1a receive of for services rendered to the organization													<u> </u>
Section	on B. Independent Contractors													<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.													ĸ
	(A) Name and business add	iress							(B) Description of se	ervices		(C) Compens	ation	
		· · · · · · · · · · · · · · · · · · ·												
												<u> </u>		
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ve) who				

Part	VIII	Statement of Reve	nue				-		
		Check if Schedule O	contains a	respo	onse to any quest		III	<u> </u>	<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns		1a					
irar our	b	Membership dues .		1b					
Program Service Revenue and Other Similar Amounts	С	Fundraising events .		1c					
를 를	ď	Related organizations		1d					
S, E	е	Government grants (con		1e					
it io	f	All other contributions, gi							
흊		and similar amounts not inc			317694				
בל ה ה	g	Noncash contributions includ							
	h	Total. Add lines 1a-1	<u>f</u>	<u> </u>	<u> ▶ </u>	317694			
2		_			Business Code				
eve	2a				900099	33718	33718	. 0	
ec ec	b	OneWay Studios			900099	7247	7247	0	<u> </u>
Ę.	C	International Ministries	i 		900099	54443	54443	0	
တ္တ	d							0	0
ם	e	All -4b						. 0	
<u>6</u>	T	All other program services 2a-2i				95408		0	0
	<u>g</u> 3	Investment income				93406	· · · ·		
	٦	and other similar amo				7	7	0	o
	4	Income from investment	-			0	0	0	0
	5	Royalties		-	· ·	0	0	0	. 0
		, loyaliloo i i i i	(i) Real	·	(ii) Personal	- 1		<u>~</u>	`
	6a	Gross rents		24944	0				
	b	Less: rental expenses		0	0	ĺ			
	С	Rental income or (loss)		24944	0				
	d	Net rental income or (▶	24944	24944	0	o
1	7a	Gross amount from sales of	(i) Securit	es	(iı) Other				
		assets other than inventory							
ı	b	Less: cost or other basis and sales expenses .							
	С	Gain or (loss)					ļ		
	d	Net gain or (loss)			▶	0	0	0	0
venue	8a	Gross income from fur events (not including \$							
Other Reven		of contributions reported See Part IV, line 18	ed on line 10						
₽		Less: direct expenses					ļ		
		Net income or (loss) fr Gross income from ga	ming activi	ties.		0		0	0
		See Part IV, line 19 .		_			}		
		Less: direct expenses							•
i		Net income or (loss) fr			vities ►	0	0	0	0
	10a	Gross sales of in				1			
		returns and allowance				l			
	b	Less: cost of goods s						[
	С	Net income or (loss) fr		of inve		1616	1616	0	0
		Miscellaneous R	evenue		Business Code		l		
	11a		·		_				
	b				-				
	C	All abb as well-serve			 				
	d	All other revenue . Total. Add lines 11a-		•					
	12	Total revenue. See in				430660	430660		

Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (C) Management and general expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . O Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) n O Other employee benefits Payroll taxes Fees for services (non-employees): Legal b Accounting 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.) . . . Advertising and promotion . . . Office expenses Information technology . . . Travel . . Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . Payments to affiliates Depreciation, depletion, and amortization . Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Bank Charges / Licenses Charitable Contributions Concert C d All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X . Beginning of year End of year Savings and temporary cash investments O Pledges and grants receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 37559 10c Investments—publicly traded securities Investments—other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11... Other assets. See Part IV, line 11 0 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . Accounts payable and accrued expenses ol Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. Capital stock or trust principal, or current funds Net Assets Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. Total liabilities and net assets/fund balances . . .

_	-	•
Page	-	1
. 490	•	-

i Gilli 9					Pag	g e rz
Part	XI Reconciliation of Net Assets			•		
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			43	9669
2	Total expenses (must equal Part IX, column (A), line 25)	2			46	7683
3	Revenue less expenses. Subtract line 2 from line 1	3			-2	8014
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			14	4162
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7		_		0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			11	6148
Part	• •					
	Check if Schedule O contains a response to any question in this Part XII		<u></u>			
				\	es	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other		_ 1			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	.n			
	Schedule O.		- 1	- 1	- [
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	а		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled d	or		ł	
	reviewed on a separate basis, consolidated basis, or both:		Į	-	- {	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		- 1	-		
b	Were the organization's financial statements audited by an independent accountant?		. 21	b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a	-	- 1	
	separate basis, consolidated basis, or both:				- 1	
	☐ 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 o					
	of the audit, review, or compilation of its financial statements and selection of an independent account			2		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	n			
	Schedule O.			- [
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set		n			
	the Single Audit Act and OMB Circular A-133?		· 3a	1		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		е			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3t			
			F	om 9	90 (2012)

· SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

ONEWAY MINISTRIES 31-1675712 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.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** ☐ Type II c Type III-Functionally integrated **d** Type III-Non-functionally integrated e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 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) Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of monetary the organization in (described on lines 1-9 in col. (i) listed in your organization organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the support? (see instructions)) US? Yes No Yes No Yes Nα (A) (B) (C) (D) (E) **Total**

Schedu	ule A (Form 990 or 990-EZ) 2012						Page 2
Part	Support Schedule for Organization (Complete only if you checked the Part III. If the organization fails to	ne box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	ri)
Sect	ion A. Public Support	quality area	<u> </u>	otou bolow, p	iodoo oompii	sto i dit iii.j	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				(1)		(1)
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.		<u> </u>				
	on B. Total Support		T			T	
7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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 carned 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.	•	•			12	
13	First five years. If the Form 990 is for the	e organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
Socti	organization, check this box and stop her on C. Computation of Public Suppor			· · · · · ·		· · · · ·	· · • 📙
14	Public support percentage for 2012 (line 6			1 column (fl)	·	14	%
15	Public support percentage from 2011 Sch					15	
16a	331/3% support test—2012. If the organize box and stop here. The organization qual	ation did not	check the box	on line 13, and	l line 14 is 331	3% or more, cl	heck this
b	331/3% support test—2011. If the organicheck this box and stop here. The organic	ization did no	t check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumsta ımstances" tes	nces" test, che t. The organiza	ck this box an ation qualifies	d stop here. E as a publicly su	line 14 is Explain in upported
b	10%-facts-and-circumstances test —20 15 is 10% or more, and if the organization more text and in Part IV how the organization more representation.	on meets the eets the	facts-and-ci	rcumstances" ances" test. Ti	test, check th ne organization	is box and st on qualifies as a	and line op here. publicly
18	supported organization	not check a	box on line 13,	16a, 16b, 17a	, or 17b, checl	k this box and	. ▶ □ see . ▶ □

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 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	297740	205511	325778	399713	372137	1600879
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	1					
	organization's tax-exempt purpose	7079	17583	37252	39061	67525	16850
3	Gross receipts from activities that are not an			01.502		0,020	10000
	unrelated trade or business under section 513	o	0	0	o	o	
4	Tax revenues levied for the	-					<u>`</u>
•	organization's benefit and either paid	+					
	to or expended on its behalf	o	o	0		اء	
5	The value of services or facilities			U	0	0	
5	furnished by a governmental unit to the						
	organization without charge		اء			_	_
		0	0	0	0	0	
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	304819	223094	363030	438774	439662	1769379
7a	received from disqualified persons .			'			
	·	65404	32260	73586	40189	40435	251874
þ	Amounts included on lines 2 and 3				ľ	İ	
	received from other than disqualified						
	persons that exceed the greater of \$5,000			1			
	or 1% of the amount on line 13 for the year	0	0	0	. 0		
C	Add lines 7a and 7b	65404	32260	73586	40189	40435	251874
8	Public support (Subtract line 7c from		}				
	line 6.)	<u></u>					1517505
	on B. Total Support					- ·	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	304819	223094	363030	438774	439662	1769379
10a	Gross income from interest, dividends,	ŀ	ľ		Ì		
	payments received on securities loans, rents,						
	royalties and income from similar sources .	561	44	67	33	7	712
b	Unrelated business taxable income (less		1				
	section 511 taxes) from businesses		ŀ				
	acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	561	44	67	33	7	712
11	Net income from unrelated business			j		1	
	activities not included in line 10b, whether	ľ		1	ŀ	1	
	or not the business is regularly carned on	0	0	0	0	0	0
12	Other income. Do not include gain or		ĺ	1	1		
	loss from the sale of capital assets		1			1	
	(Explain in Part IV.) [0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,	1					
	and 12.)	305380	223138	363097	438807	439669	1770091
14	First five years. If the Form 990 is for the	e organization'	s first, second	l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	organization, check this box and stop her				<u></u>	<u></u>	🕨 🖂
<u>Secti</u>	on C. Computation of Public Suppor						-
15	Public support percentage for 2012 (line 8					15	85.73 %
16	Public support percentage from 2011 Sch				<u> </u>	16	83.66 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2012 (I					17	0.04 %
18	Investment income percentage from 2011					18	0.15 %
19a	331/3% support tests—2012. If the organic						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2011. If the organization						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	not check a b	ox on line 14,	19a, or 19b, cl	neck this box a	nd see instruct	tions ▶ 🗍

Part IV	Form 990 or 990-EZ) 2012 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page 4
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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-		
		
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		·
		·
		·
		·
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization **ONEWAY MINISTRIES** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year). 2 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferming impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X

Page	2
Page	4

Schedule D	(Form 990)	2012

Par	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		sion, and o	ther rec	ords, che	ck any of t	he follo	wing that are a	significant use of its
а	☐ Public exhibition			d	☐ Loan	or exchan	ge prog	grams	
ь	☐ Scholarly research			е	☐ Othe	er			
С	☐ Preservation for future generation:								
4	Provide a description of the organiza	ition's c	collections	and exp	lain how t	they furthe	r the or	ganization's ex	empt purpose in Part
	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rather								
Par	line 9, or reported an amour	nt on F	orm 990,	Part X,	line 21.				
1a	Is the organization an agent, trustee included on Form 990, Part X?						itions o	r other assets	not · Yes No
b	If "Yes," explain the arrangement in P	art XIII	and compl	ete the f	ollowing t	able:			Amount
C	Beginning balance						10	;	
d	Additions during the year						10	1	
e	Distributions during the year						16	9	
f	Ending balance						11		
2a	Did the organization include an amou								
	If "Yes," explain the arrangement in P								
Par	t V Endowment Funds. Compl	-							
		(a) C	urrent year	(b) P	rior year	(c) Two yea	ırs back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance			<u> </u>		<u> </u>			
b	Contributions				 ·				
С	Net investment earnings, gains, and losses	ľ		•					
				 		<u> </u>			
d	Grants or scholarships								
е	programs							•	
f	Administrative expenses	 							
g	End of year balance	 		<u> </u>	· · · · · -				
2	Provide the estimated percentage of t	he curr	ent vear er	nd halan	re (line 10	L column (s	hed ((e		
a	Board designated or quasi-endowmer	nt >	Citt your or	%	oc (iiile ig	, coluitiii (c	i)) Held	a5.	
b	Permanent endowment ▶	%		'0					
C	Temporarily restricted endowment ▶		%						
•	The percentages in lines 2a, 2b, and 2			00%					
3a	Are there endowment funds not in the				ization tha	at are held	and ad	ministered for t	he
	organization by:	·		•					Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" to 3a(iı), are the related organi	izations	listed as re	equired (on Schedi	ule R? .			3b
4	Describe in Part XIII the intended uses								
Part	VI Land, Buildings, and Equip	ment.	See Form	990, F	art X, line	e 10.			
	Description of property	_	(a) Cost or ot (investme			r other basis ther)		Accumulated epreciation	(d) Book value
1a	Land			0		0			0
b	Buildings	. [0		0		0	0
c	Leasehold improvements	. [0		0		0	0
d	Equipment	· L		0		60959		23400	37559
е	Other	<u> </u>		0		0		0	0
Total.	Add lines 1a through 1e. (Column (d) n	nust eq	ual Form 99	90, Part	X, column	(B), line 10)(c).) .	▶	37559

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.	
(8	a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
	I denvatives			
	held equity interests			
(3) Other				
(A)				
(B) (C)				
(D)				
(E)	·			
(F)				
(G)				
(H)				
(l)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments - Program Related	I. See Form 990, Part X,		<u></u> .–
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
_(1)				
(2)				
(3)		 		
(4)				
(5)				<u>,</u>
(6) (7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, Pa			····
) Description		(b) Book value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, c		<u> ▶ </u>	·
Part X	Other Liabilities. See Form 990,		r · · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Book value		
	income taxes	-		
(2)				
(3)				
(5)	<u> </u>			
(6)				
(7)				
(8)				
(9)		,' ''		
(10)				
(11)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ▶			<u></u>
2. FIN 48 (A	SC 740) Footnote. In Part XIII, provide the	ext of the footnote to the org	anization's financial statements that	reports the organization's
liability for u	ncertain tax positions under FIN 48 (ASC 7	40). Check here if the text of	the footnote has been provided in Pa	art XIII

Page	4

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	i
b	Donated services and use of facilities	2b	1
С	Recoveries of prior year grants	2c	1
d	Other (Describe in Part XIII.)	2d	1
е			2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses pe	er Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a]
b	Prior year adjustments	2b	}
С	Other losses	2c	1 1
d	Other (Describe in Part XIII.)	2d]]
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1
b	Other (Describe in Part XIII.)	4b]
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5
	XIII Supplemental Information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and		
	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4	 Also complete this part to 	provide any additional
inform	ation.		
			•••••••••••••••••••••••••••••••••••••••

Schedule D (Fo	rm 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
		·
		/

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization Employer identification number **ONEWAY MINISTRIES** 31-1675712 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ☐Yes ☐No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of offices in the region (d) Activities conducted in region (by type) (e.g., indraising, program services, (a) Region (c) Number of (e) If activity listed in (d) is (f) Total employees, agents, and independent a program service, describe specific type of service(s) in region expenditures for and investments investments. ın region grants to recipients located in the region) in region (1) (2)(3)(4) (5) (6)(7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)Sub-total Total from continuation sheets to Part I Totals (add lines 3a and 3b)

2 ege

Schedule F (Form 990) 2012

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

•	(a) Name of	20.6	2	In After the Company of the Company	50.000	A Managraf	לה לתופת (ה)	.5050	(i) Mothod of
	organization	(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(i) Mariner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(Waterion of Waterion of Park, FMV, appraisal, other)
Ξ									
(2)									
(3)	;								
3									
(2)									
(9)									
3									
(8)									
6									
(0									
(1)									
(12)									
(13)									
£ (4)									
(12)									
(16)									

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

Enter total number of other organizations or entities

N

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Schedule F (Form 990) 2012

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2012

Part III Grants an

(b) Method of valuation valuation of non-cash assistance appraisal, other)	NA																	
(f) Amount of non-cash of non-cash sassistance	0 N/A																	
(e) Manner of cash disbursement	61525 WIRE TRANSFER																	
(d) Amount of cash grant	61525			:														
(c) Number of recipients	1				_													
Part III can be duplicated if additional space is needed. (b) Region (c) Number of recipients	WEST AFRICA																	
(a) Type of grant or assistance	(1) MISSIONARY SUPPORT	(2)	(3)	(4)	(9)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)

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raye	_

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	☑ No

Schedule F (Form 990) 2012

Part V	Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
••••	

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

ONEW	AY MINISTRIES									31-	16757	12		
Par	Excess Bene Complete if the	fit Transaction ne organization	is (section 50° answered "Ye	1(c)(3) es" on	and sect Form 99	on 501(c) 0, Part IV,	(4) org line 2	ganizations only 5a or 25b, or Fo). orm 99	0-EZ,	Part	V, line	e 40b.	
1 (a) Name of disqualified person		20000	(b) Relationship between disqualified person and organization				T	(a) Deceription of the					(d) Cor	rected?
		person					<u></u>	(c) Description of transaction					Yes	No
(1)			· -											
(2)				·										
(3)														
(4)						_								
(5)														
(6)														
2	Enter the amount under section 4958				n mana(=		fied persons du	unng t	he ye	ar ► 9	S		
3	Enter the amount o	of tax, if any, on	line 2, above,	reimb	ursed by	the organ	izatio	ın		!	▶ \$	<u> </u>		
Part	Complete if the	Vor From Interne organization eported an amo	answered "Ye	es" on	Form 99 art X, line	0-EZ, Part e 5, 6, or 2	V, lin 2.	e 38a or Form 9	90, Pa	art IV,	line 2	6; or	f the	
(a) Name of interested person		(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Ongii principal ar		(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				То	From	İ			Yes	No	Yes	No	Yes	No
(1)									1		-			
(2)														
(3)													_	
(4)														
(5)														
(6)				L										
(7)														
(8)														
(9)														i
(10)								Ì						
Total			<u> </u>				.▶	\$						
Part		sistance Benet ne organization				0, Part IV, I	line 2	7.						
			ship between inter and the organization	(c) Amount of assistance			(d) Type of assistance		(e) Purpose of assistance					
(1) F	RAY MENSAH	DIECTOR				20666	CAS	Н		SUPP	ORT			
(2)														
(3)											•			
(4)										<u> </u>				
(5)														
(6)										<u> </u>				
(7)							<u> </u>			Ī				
(8)														
(9)											-		•	
(10)						-								

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Supplemental Information complete this part to provide	(b) Relationship between interested person and the organization	(c) Amount of transaction	s on Schedule L (see instruction	(e) Sharorganizarevent Yes	ition's
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Part V	upplemental Information complete this part to provide	e additional information for re	sponses to question	s on Schedule L (see instruction		No
Part V S	upplemental Information omplete this part to provide	e additional information for re	esponses to question	s on Schedule L (see instruction	ons).	
Part V S	upplemental Information complete this part to provide	e additional information for re	sponses to question	s on Schedule L (see instruction	ons).	
Part V S	upplemental Information complete this part to provide	e additional information for re	sponses to question	s on Schedule L (see instruction	ons).	
Part V S	upplemental Information omplete this part to provide	e additional information for re	esponses to question	s on Schedule L (see instruction	ons).	
Part V S	upplemental Information complete this part to provide	e additional information for re	sponses to question	s on Schedule L (see instruction	ons).	
Part V S	upplemental Information complete this part to provide	e additional information for re	sponses to question	s on Schedule L (see instruction	ons).	
Part V S	upplemental Information complete this part to provide	e additional information for re	sponses to question	s on Schedule L (see instruction	ons).	
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Part V S	upplemental Information complete this part to provide	e additional information for re	sponses to question	s on Schedule L (see instruction	ons).	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ONEWAY MINISTRIES	31-1675712					
PART VI LINE 2: MICHAEL THOMPSON, CEO AND MICHAEL MANHUIS, DIRECTOR; RELATIONSHIP: BROTHERS-IN-LAW.						
PART VI LINE 11 a and 11b: THE RETURN PREPARER EMAILED A COPY OF THE FINAL VERSION OF FORM 990 TO EACH BOARD						
MEMBER BEFORE IT WAS FILED. NO REVIEW WAS CONDUCTED.						
PART VI LINE 19: ONEWAY MINISTRIES MAKES ITS FORM 990 AVAIALBE FOR PUBLIC INSPECTION	AT GUIDESTAR.ORG. GOVERNING					
DOCUMENTS AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE PUBLIC UPON REQUES	т.					
	•••••••••••••••••••••••••••••••••••••••					
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Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
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