

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public. 
► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A Forth	ne 2014 calen	dar year, or tax yea	rbeginning Sep	1	, 2014, a	nd ending	Aug	31		, 2 <u>015</u>
B Check if	f applicable	C Name of organization	Joshua's W	Way, Inc.				D Employ	er ident	ification number
Ad	ddress change	Doing business as						57-3	1091	204
Na	ame change	Number and street (o	rPO box if mail is not de	elivered to street add	dress)	Room/suit	е	E Telepho	ne numb	per
	itial return	PO Box 1605						(86	4) 8	01-4464
Fin	nal return/terminated		province, country, and ZI	P or foreign postal c	ode			` `		
Am	mended return	Greer			sc 2	29652-1	605	G Gross re	eceipts	\$ 131,027.
HAD	oplication pending	F Name and address o	f principal officer					group return		
ш.		Paul Rogers 3	05 W Arlington Ave	nue Greer	SC 2	29650 H	b) Are all	subordinates attach a list (	ıncluded	
I Tax-	exempt status			(insert no )	4947(a)(1) or	527	If 'No,'	attach a list (	see instr	uctions) — —
	bsite: ► N/		, , ,	<u>`                                    </u>	1	Н.	(c) Group	exemption nu	mber Þ	•
	n of organization	<del></del>	rust Association	Other ►	L Yea	ar of formation	199			egal domicile SC
Part I				1 1						
		oe the organization's	mission or most sig	gnificant activiti	es Chr	istian	stud	v and	serv	cice center
	,		•	•	2.2.			1_ =====	==	
Governance 5 2										
<u> </u>										<b> </b>
8 2	Check this bo		nization discontinue						sets	
		ting members of the							3	5
S 4		dependent voting me	•	• • •	•				4	4
Activities & 2 4 2 4		of individuals emplo							5	2
· [ 5] - 72		of volunteers (estimed business revenue							6 7a	88
- 1		l business taxable in		•					7b	0.
+	TTOT BITTOTALO	Dasiness taxable in	come mont i cim co	70 1, 11110 011 1				rior Year		Current Year
8	Contributions	and grants (Part VII	L line 1h).				· · ·	173,0	89	129,220.
Revenue	Program serv	and grants (Part VII	II. line 2g) R	CENTE	<u> </u>				33.	1,587.
10 S	Investment in	come (Part VIII, colu	ımn (A), lines 3, 4,	and=7d)=	<i></i>				32.	220.
<u>11</u> 🛎		e (Part VIII, column (								
12	Total revenue	e – add lines 8 throu	gh 11 (must equal	Part <sup>∏</sup> VIII, ⊗̈́Ū́́́́́́́́́́́́́́́́́́́́́́́́	ິ່ງກໍ (A), line 12)			177,9	54.	131,027.
13	Grants and s	milar amounts paid (	Part IX, column (A)	), lines 1-3)	💥			1,8	25.	2,573.
14	Benefits paid	to or for members (F	Part IX, coluṃn;(A),	/line_4)					57.	
15		er compensation, em						49,6	27.	48,796.
Expenses a b	Professional	fundraising fees (Pai	rt IX, column (A), lır	ne 11e)	<b></b> .			•		
e le		sing expenses (Part I				0.	3 2 3			
_ ॼॅ   <sub>17</sub> ~		ses (Part IX, column					C - S - S	166,8		112,907.
18	•	es. Add lines 13-17 (	•	-				220,8		164,276.
19	•	s expenses. Subtract	•	• • •	•			-42,8		
8 8	TOVETILE 163	expenses. Odbiraci	Three TO HOLL MILE I.		· · · · · · · · · · · · · · · · · · ·		Poginni	ng of Curre		-33,249. End of Year
₽ <u>₽</u> 20	Total assets	(Part X, line 16)					Бедінні	577,8		523,362.
21		s (Part X, line 26)						90,4		69,192.
Net Assets Fund Balanc 72 72		fund balances Sub	tract line 21 from lin	ne 20						
<del></del>	Signatu		uact inte 21 nonnin	10 20			l	487,4	117.	454,170.
			the return including cook	mpanuna achadula	e and statements of	and to the best of	of muckasu	dadaa and ha	laf it in t	THE CONTROL COL
complete D	eclaration of prepa	clare that I have examined rer (other than officer) is ba	sed on all information of v	which preparer has a	any knowledge.	ind to the best t	or my know	neoge and be	/ / /	f
		P VIII	2001				Ĭ		8/2	2016
Sign	Signat	are of officer						ate /	0/-	-
Here	I F	aul/I Ray	ers I	Execut	ive Di	rectal	`	/		
	Туре	r print name and title.	<u> </u>	2/12/0	. , , , , , ,	, (= <u>)                                  </u>	-			
	Print/Type	preparer's name	Preparer's s	ignature		Date		Check	X ıf	PTIN
Paid	Steve	n M. Bateman	50	2	$\Rightarrow$	01/07/1	6	self-employ	ed ed	P00534398
Prepar			1. Bateman,	CPA		<del>, -, //</del>				<u></u>
Use Or			× 2123					Firm's EIN	<b>5</b> 7	-1024829
		Greer			SC 29652	-2123		Phone no	(86	
May the I	IRS discuss th	is return with the pre	parer shown above	? (see instruct						. X Yes No
		Reduction Act Notic	<del> </del>	<del></del>		TEEA	0101 05/2	28/14		Form <b>990</b> (2014)

	<b>0</b> (2014)	Joshua's				<u>.</u>		7-109120	4 Page 2
श्वातिश			•	vice Accomp					
					any line in this Part	III		· · · · · ·	
	-	be the organizati							
<u>C</u> :	hristia	an study a	<u>nd servi</u>	ce center					
_								<b></b>	
_									
2 Di	id the organ	nization undertak	e any cianifi	cant program cer	vices during the year	which wo	re not listed on the prior		
							· · · · · · · · · · · · · · · · · · ·		Yes X No
		ribe these new se						$\square$	res 🔝 No
	•				changes in how it co	inducts ar	ny program services?		Yes X No
		ribe these chang			ondinged in now it ou		ly program convided in		.65 🖺 .16
4 De Se	escribe the ection 501(	organization's pi	rogram servi (4) organizat	ce accomplishme	ents for each of its thi to report the amount	ree largest of grants	program services, as mand allocations to others	easured by ex	xpenses penses,
4 a (C	Code	) (Expens	ses \$	148.	including grants of	\$	0.)(Reve	nue \$	148.)
		Assistanc					- <u>- :</u> · `	·	<u> </u>
		tached she							
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4 b (C	Code	) (Expen	ses \$	63,038.	including grants of	\$	0.)(Reve	nue \$	63,070.
<u>P</u>	roject	Ethiopia							
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		<del></del> _							· · ·
-	Code					\$	0 . ) (Reve	nue \$	1,587 <u>.</u>
		ulture_Net tached_she					<del>-</del>		
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-									
4 d C	Other progr	am services. (De	escribe in Scl	nedule O.)					
<del></del>	Expenses	\$		including grant			) (Revenue \$		)
	Total progra	m service expen	ises -	71	,826.		·		F 000 (00::
BAA					TEEA0102 05/28/14				Form 990 (2014)

Part Val Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . . . . . . . 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 X Χ 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 . . . Χ 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, Χ 6 Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Χ 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 9 Χ services? If 'Yes,' complete Schedule D, Part IV . . . . . . . . . Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Χ 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Χ 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII . Χ 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.... 11 e Χ f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . . . . Χ 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete 12a Χ Schedule D, Parts XI, and XII . . . b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . 12 b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?.... Χ 14b Χ 15 Χ 16 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) Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Χ lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . . . . . . . . . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Х complete Schedule G. Part III. . . . . Χ 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . . . 20 

Form 990 (2014) Joshua's Way, Inc.

Partival Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J </i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	I Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes', complete Schedule L, Part II	26		Х
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		х
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)	10.0		
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
•	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form 990 (2014) Joshua's Way, Inc.	57-1091204	Р	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u>.</u>	. ${ extstyle  ex$
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	`	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0 {		Ŷ.,
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportabl (gambling) winnings to prize winners?	le gaming 1 c		<u> </u>
1 1		73	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a	2		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2</u> b		X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		- 1	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	<u>3 b</u>		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other author financial account in a foreign country (such as a bank account, securities account, or other financial account	ity over, a t)? 4a		Х
b If 'Yes,' enter the name of the foreign country ▶	. \$		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	its (FBAR)		*
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization state were not tax deductible as charitable contributions?	enization		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or go not tax deductible?			
not tax deductible?	6b		· ·
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	and i i i i i i i i i i i i i i i i i i i	J	
services provided to the payor?	<i>.</i> <u>/a</u>		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ	ured to file		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	· · · · · · · · · · · · · · · · · · ·	-	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.		<del>                                     </del>	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 88			
as required?	7g	ļ	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file.	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by			
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?		<u> </u>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	)	ļ
10 Section 501(c)(7) organizations. Enter	- 🏟		Į
a Initiation fees and capital contributions included on Part VIII, line 12			,
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	·	1.	
11 Section 501(c)(12) organizations. Enter:		14	
a Gross income from members or shareholders		***	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		116	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? 12a	<u> </u>	<u> </u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
Note. See the instructions for additional information the organization must report on Schedule O		1:	]
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	men-defende militar	`	
c Enter the amount of reserves on hand			L
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		)	
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Form	990 (2014) Joshua's Way, Inc. 57-1091204		Р	age 6
Part	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below		d for	
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	n		
	Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · ·</u>	• • •	. X
Sect	ion A. Governing Body and Management	<del></del>	V	
		- 22	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	3		
	of the governing body, or if the governing body delegated broad	(3)	\$ A	
	authority to an executive committee or similar committee, explain in Schedule O		1	
b	Enter the number of voting members included in line 1a, above, who are independent		(4) 547 U	
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its governing documents			ĺ
	since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			ĺ
	members of the governing body?	7 a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
	the following			ШШ
	The governing body?	8 a	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8 ь	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their			
	operations are consistent with the organization's exempt purposes?	10 b		<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	وممستهنا	***************************************	iii d
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in	12.0	- 1	
C	Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13		X
	Did the organization have a written document retention and destruction policy?	14		X
14	Did the process for determining compensation of the following persons include a review and approval by independent		1	* + ' 1
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
9	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15 b		X
L	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	. 133		
40 -	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1.		
16 a	taxable entity during the year?	16a	A 172	X
	of Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its		7 - 10 City	
E.	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► South Carolina			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to a sub-land disease the Associated forms.	e to		
	the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	<i>c</i> 4 ·		
	Paul J. Rogers, Treasurer 1001 W Poinsett St Greer SC 29650 (8	64) 8	RNT-	4464

•											
Form 990 (2014) Joshua's Way, Inc.									57-10912	04 Page <b>7</b>	
Compensation of Officers, Directors	rs, Tru	stee	es,	Key	/ Eı	npl	oye	es, Highest C	ompensated Er	nployees, and	
Check if Schedule O contains a response or r	note to any	y line	ın t	this F	oart	VII .					
Section A. Officers, Directors, Trustees, Ke	y Empl	oye	es,	an	d F	ligh	est	Compensate	d Employees		
1 a Complete this table for all persons required to be listed organization's tax year.	Report c	omp	ensa	atıon	for	the c	aler	idar year ending w	ith or within the		
<ul> <li>List all of the organization's current officers, director compensation Enter -0- in columns (D), (E), and (F) if no</li> </ul>						luals	or c	organizations), rega	ardless of amount of		
<ul> <li>List all of the organization's current key employees,</li> </ul>	ıf any Se	e ins	struc	tions	s for	defir	nitioi	n of 'key employee	,1		
<ul> <li>List the organization's five current highest compens who received reportable compensation (Box 5 of Form W- organization and any related organizations.</li> </ul>	ated empl 2 and/or E	loyee Box 7	es (c of F	ther Form	than 109	n an 99-M	offic ISC	er, director, trustee ) of more than \$10	e, or key employee) 0,000 from the		
List all of the organization's <b>former</b> officers, key employed reportable compensation from the organization and any	related or	rganı	zati	ons	·					00,000	
<ul> <li>List all of the organization's former directors or tru organization, more than \$10,000 of reportable compensation.</li> </ul>											
List persons in the following order individual trustees or di employees, and former such persons	rectors, in	stitu	tiona	al tru	istee	s, of	ficer	rs, key employees,	highest compensate	ed	
Check this box if neither the organization nor any relat	ed organi	zatıo	n co	mpe	ensa	ted a	ny c	current officer, dire	ctor, or trustee		
				(C)							
(A) Name and Title	(B) Average hours	Average is both an officer and a hours director/trustee)					re on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	per week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Paul Rogers Exec Dir/Treas	36.00				Х			8,800.	0.	0.	
(2) Florin Palghia Employee	36.00				Х			33 <u>,</u> 500.	_ 0.	0.	
(3) Brenda Bright Director	1.00	Х			ļ			0.	0.	0.	
	_ 1.00	х						0.	0.	0.	
(5) Dan Johnson	2.00	x									
Director	-	X	1	1	<u> </u>	<u> </u>	-	0.	0.	0.	
(6) Louise Rogers Director	2.00	Х						0.	0.	0.	
_(7)											

(14)\_

(13)\_\_\_\_

(8)

(11)

(10)

(12)

Part VII 3 Section A. Officers, Directors, 11	(B)			(C		<del></del>		Tingriest Con	ipensated Emp	commuea)
(A) Name and title	Average hours per week	box	unles	ss pei	more rson i lirecto	than or s both or/truste	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza tions below dotted	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	line)		8			ated			<u> </u>	
(15)										
(16)										
(17)										
(18)									<u></u>	
(19)	<del> </del> -	-								
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total		• • •		٠.	• •	· ·	<b>&gt;</b>	42,300.	0.	0.
c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)							<b>►</b>	42,300.	0.	
2 Total number of individuals (including but not limit from the organization							eive		<u> </u>	mpensation 0.
Tom the organization	-									Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, or truste <i>individual</i>	e, ke	y em	ploy	/ee, 	or hig	hes	st compensated en	nployee	. <b>3</b> X
For any individual listed on line 1a, is the sum of ithe organization and related organizations greate	r than \$150	,0007	If Y	′es'	com	plete	Sci	hedule J for		
5 Did any person listed on line 1a receive or accrue	compensa	tion f	rom a	any	unre	elated	lorg	ganization or indivi	dual	- 4 X
for services rendered to the organization? If Yes,  Section B. Independent Contractors  1 Complete this table for your five highest compens	•									.1 3   1 A
compensation from the organization Report com	pensation fo	or the	cale	nda	r ye	ar en	dıng	with or within the	organization's tax y	
Name and business ad	dress							Description of		(C) Compensation
2 Total number of independent contractors (including	na but not li	mited	to th	1086	e list	ed ah	ove	e) who received mo	re than	
\$100,000 of compensation from the organization	<b>&gt;</b>	TEEA								Form 990 (2014

	Check if Schedule O contains a response or note to any lin-	e in this Part VIII			<u></u> [
	, , , , , , , , , , , , , , , , , , ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a   b Membership dues 1b   c Fundraising events 1c   d Related organizations 1d   e Government grants (contributions) 1e   f All other contributions, gifts, grants, and similar amounts not included above 1f   g Noncash contributions included in lines 1a-1f \$	4 M 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		The state of the s	
an G	h Total. Add lines 1a-1f	129,220.			
ıue	Business Code		<u>^</u>		
Program Service Revenue	2a Seminars/course/trip fees 611710 b c d	1,587.	1,587.	0.	0.
rogram	f All other program service revenue  g Total. Add lines 2a-2f	1 507	84 7 4 4		
	3 Investment income (including dividends, interest and	1,587.			
	other similar amounts)	220.	220.	0.	0.
	6 a Gross rents b Less rental expenses c Rental income or (loss)			The second secon	
	7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses				
	c Gain or (loss)			2	
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	* da		*	
ther	b Less: direct expenses b  c Net income or (loss) from fundraising events				
0	9 a Gross income from gaming activities See Part IV, line 19 a		- 444	, <i>è</i> , <b>à Ì</b>	<b>1</b>
	b Less direct expenses b  c Net income or (loss) from gaming activities ▶	^ s			
	10 a Gross sales of inventory, less returns and allowances a  b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	11 a Business Code  t c				
	d All other revenue		1 907	0	0

## Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this Part IX.											
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,425.	2,425.									
2	Grants and other assistance to domestic individuals. See Part IV, line 22	148.	148.									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16											
4 5	Benefits paid to or for members	10.000	00.500									
6	trustees, and key employees	42,300.	33,500.	8,800.	0.							
7	Other salaries and wages											
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		·									
9	Other employee benefits	3,260.	3,260.	0.	0.							
	Payroll taxes	3,236.	3,236.	0.	0.							
11	Fees for services (non-employees)											
	Management											
b	Legal											
c	Accounting	850.	0.	850.	0.							
d	Lobbying											
е	Professional fundraising services See Part IV, line 17 .		•	\$4; P3 P4 85 114								
f	Investment management fees											
Ū	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	463.	0.	463.	0.							
12	Advertising and promotion	789.	789.	0.	0.							
13	Office expenses	3,007.	465.	2,542.	0.							
14	Information technology				<u></u>							
15	Royalties											
16	Occupancy	12,886.	0.	12,886.	0.							
17	Travel	9,649.	9,649.	0.	0.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	52.	52.	0.	0.							
20	Interest	3,254.	0.	3,254.	0.							
21	Payments to affiliates	62,500.	62,500.	0.	0.							
22	Depreciation, depletion, and amortization	11,665.	0.	11,665.	0.							
23	Insurance	0 3000 2000 0 0 0 0 0 0 0 0 0 0 0 0 0 0		4. 34 / . 35 4 2/43 27 2								
24	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.)											
a	Bank service charges	501.	315.	186.	0.							
	Licenses & permits	52.	0.	52.	0.							
	Program supplies	6,376.	6,376.	0.	0.							
	Repairs	863.	0.	863.	0.							
	All other expenses											
25	Total functional expenses Add lines 1 through 24e	164,276.	122,715.	41,561.	0.							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)											
BAA					Form 990 (2014)							

Form **990** (2014) 57-1091204 Joshua's Way, Part X Balance Sheet (A) (B) Beginning of year End of year 1 174,266. 217,088 2 2 3 3 4 Accounts receivable, net . . . 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 . . . . 6 7 Assets 8 9 Prepaid expenses and deferred charges . . . . . . 10 a 10 a 10 c 10 b 360,760 349,096 11 11 Investments - other securities. See Part IV, line 11 . . . . . . 12 12 Investments - program-related. See Part IV, line 11 . . . . . . 13 13 14 14 Other assets See Part IV, line 11 . . . . . . . . . 15 15 577,848 16 523,362 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 17 17 Grants payable . . . . . . . . . . . . . . . . . . 18 18 Deferred revenue . . . . 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D . . . . . 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . 22 90,429 23 69,192 23 Unsecured notes and loans payable to unrelated third parties . . . . . . . . . . 24 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . 25 26 Total liabilities. Add lines 17 through 25......... 90 429 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . . . . . . . . 27 27

or Fund Balances Temporarily restricted net assets . . . . . . 28 29 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 . . . . . . .

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds . .

28 29 30 31 32 487,419 454,170. 33 454,170. 487,419 34 523,362. 577.848

BAA

Net Assets

30

31

32

33

34

Form 990 (2014)

92

Forn	n 990 (2014) Joshua's Way, Inc. 57-1	.0912	04	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u></u>	· 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1		131,0	27.
2	Total expenses (must equal Part IX, column (A), line 25)	2		164,2	76.
3	Revenue less expenses. Subtract line 2 from line 1	3		-33 <u>,2</u>	49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		487,4	19.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	_		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		<u>454,1</u>	<u>.70.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		7:		100
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	ın Schedule O				لتثنيا
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis				لنقدا
				.	
	b Were the organization's financial statements audited by an independent accountant?		2	<b>b</b>	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			alr s	
	Separate basis Consolidated basis Both consolidated and separate basis				3.
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit				Et
	review, or compilation of its financial statements and selection of an independent accountant?		2	c	
	If the organization changed either its oversight process or selection process during the tax year, explain		<b>4</b> :	1 985	4
	ın Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3	a	X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	b	
BA				m <b>990</b> (	2014)
				,	•

TEEA0112 05/28/14

## 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

2014

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2014

Jos	hua's Way, Inc.					57-1091204	4				
	Reason for Public Cha	rity Status (All org	ganizations must co	mplete	this p	art.) See instruction	s.				
The c	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)										
1	A church, convention of church	nes, or association of cl	hurches described in se	ction 170	0(b)(1)( <i>A</i>	۸)(i).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	A hospital or a cooperative hos	spital service organizati	ion described in <b>section</b>	170(b)(1	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 170(b)(1)(A)(iv). (Complete P	ne benefit of a college of art II)	or university owned or or	perated b	y a gove	ernmental unit described	in section				
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	n section 170(b)(1)(A)(	(vi). (Complete Part II)								
9	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	d operated exclusively t	to test for public safety S	See <b>sect</b> i	ion 509(	(a)(4).					
11											
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.										
t	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C.										
c	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.										
C	Type III non-functionally into functionally integrated The or instructions) You must comp	ganization generally mi	ust satisfy a distribution i	connecti requirem	on with ent and	its supported organization attentiveness require	on(s) that is not ement (see				
•	Check this box if the organiza integrated, or Type III non-fun	tion received a written o ctionally integrated sup	determination from the If	RS that is	a Type	I, Type II, Type III functi	onally				
f	Enter the number of supported or	ganizations									
ç	Provide the following information	about the supported or	ganızatıon(s)				<u> </u>				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is organization in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
<u>. , , </u>											
(B)	<u> </u>										
(C)					:						
(D)											
(E)	-										
<u>. , , , , , , , , , , , , , , , , , , ,</u>		1.4	,								
Tota	al	1	,								

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

## Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support				<del></del>		
Caler begin	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				<u></u>		
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	44.4					
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see instru	ctions)			12	
13	First five years. If the Form 990 organization, check this box and s						▶ □
	tion C. Computation of Pu						<del></del>
14	Public support percentage for 201	4 (line 6, column (t	f) divided by line 1	1, column (f))		14	%
15	Public support percentage from 2	013 Schedule A, P	art II, line 14			15	
16 a	33-1/3% support test — 2014. If and stop here. The organization						
t	33-1/3% support test — 2013. If and stop here. The organization	the organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a anization	and line 15 is 33-1/	3% or more, check	this box
17 a	10%-facts-and-circumstances to or more, and if the organization meters the 'facts-	neets the 'facts-and	l-circumstances' te	st, check this box a	and stop here. Exp	olain in Part VI hov	<i>'</i>
	o 10%-facts-and-circumstances to organization more, and if the organization morganization meets the facts-and	neets the 'facts-and -circumstances' tes	l-circumstances' te st The organization	st, check this box a n qualifies as a put	and <b>stop here.</b> Exp olicly supported org	olain in Part VI hov janization	v the
18	Private foundation. If the organiz	zation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	ons ▶ 📗
					•		=================================

57-1091204

| 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 )

Sect	ion A. Public Support						
Calenc	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees					$\neg$	<del>_</del>
	received (Do not include	240 024	101 406	170 100	177 700	130,807.	910,057.
2	any 'unusual grants') Gross receipts from admis-	240,924.	181,496.	179,108.	177,722.	130,807.	910,057.
-	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's	_			_		•
	tax-exempt purpose	0.	0.	0.	0.	0.	0.
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						
5	its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	240,924.	181,496.	179,108.	177,722.	130,807.	910,057.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	210,921.	101,100	2.0,200	,		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		A MANAGEMENT	3000		<b>W</b>	910,057.
Sec	tion B. Total Support	14 30 00 00 00 00 00 00 00 00 00 00 00 00	**************************************				·
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	240,924.	181,496.	179,108.	177,722.	130,807.	910,057.
10 a	Gross income from interest, dividends,						•
	payments received on securities loans, rents, royalties and income from similar sources	89 <u>5</u> .	6 <u>07.</u>	535.	232.	220.	2,489.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	895.	607.	535.	232.	220.	2,489.
11	Net income from unrelated business activities not included in line 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 VI.)						
	Total support. (Add lines 9, 10c, 11 and 12)	241,819.	182,103.	179,643.	177,954.		912,546.
14	First five years. If the Form 990 organization, check this box and s	s for the organizati	on's first, second,	third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu						
15							99.73 %
16	Public support percentage from 2					16	99.73 %
Sec	tion D. Computation of Inv						
17							0.27 %
18	Investment income percentage fro						0.27 %
	a 33-1/3% support tests — 2014. I is not more than 33-1/3%, check t	this box and stop I	nere. The organiza	ition qualifies as a	publicly supported	organization	▶ [X]
	33-1/3% support tests — 2013. I line 18 is not more than 33-1/3%,	check this box and	l <b>stop here.</b> The o	rganization qualifie	es as a publicly sur	ported organization	n ▶ [_]
20	Private foundation. If the organization	zauon did not chec	k a box on line 14,	rea, or rep, chec	k ulis box and see		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

ec	tion A. All Supporting Organizations			
		-	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			1 }
•	If 'No ' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain	1		L.,
2	Did the organization have any supported organization that does not have an IRS determination of status under section			*
2	509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			. 2
	described in section 509(a)(1) or (2)	2		<u> </u>
_				
3 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
-	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If Yes,' describe in Part VI when and how the organization made the determination	3b		
	made the determination	<b>—</b>		<del> </del>
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			ئـــا
	purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		<del> </del> _
	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and		- 8	
4	a was any supported organization not organized in the United States (Toreign Supported Organization) in Test and If you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
		3312	, x	13
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	77,7	٠ )	
	organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		1
	or supervised by or in connection with its supported organizations	170	% }	
	c Did the organization support any foreign supported organization that does not have an IRS determination under	j ,		
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes.' explain in <b>Part VI</b> what controls the organization used to ensure that			12 5
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		<del> </del>
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)			
Ŭ	and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
		"		+
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
	The second secon	728	*	
6	anyone other than (a) its supported organizations. (b) individuals that are part of the charitable class benefited by one	ľ		
	or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of	-	<del> </del>	-
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6	<b> </b>	<del> </del>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		1	1
•	(defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with	<del>-</del>	<del> </del>	+
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7	ļ	ļ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'		ļ	<del> </del>
Ŭ	complete Part I of Schedule L (Form 990)	8	<u> </u>	<del></del>
0	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons			
9	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?		ļ	- <del> </del>
	If 'Yes,' provide detail in Part VI	9a		
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the		-	<del> </del>
	supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b	1	+
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from,			<u> </u>
	assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9с		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'	ļ	<b></b>	<b> </b>
	answer (b) below	10a	<u> </u>	<u> </u>
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine			
	whether the organization had excess business holdings )	10b	-	1

Par	t IV	Supporting Organizations (continued)			
				Yes	No
		the organization accepted a gift or contribution from any of the following persons?		* \	**
ā		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?	11a		
t	A fan	nily member of a person described in (a) above?	11b		
(	A 359	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1	or ele Part If the direct	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint eact at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	wys > ^		and the second s
	appli	ed to such powers during the tax year	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		ž ·
Sec	tion	C. Type II Supporting Organizations			
				Yes	No
1	of ea	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion	D. All Type III Supporting Organizations			
				Yes	No
1	orgaı year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax.  (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orgai	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tir	eason of the relationship described in (2), did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard	3		*
Sec	tion	E. Type III Functionally-Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year <b>(see instructions)</b> :			
:		The organization satisfied the Activities Test. Complete line 2 below			
		The organization is the parent of each of its supported organizations. Complete line 3 below			
,	=				
,	c 📙	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction	onsj.		
2	Activ	rities Test Answer (a) and (b) below.		Yes	No
i	supp orga	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported unizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted	**		o or the
		onsive to those supported organizations, and now the organization determined that these activities constituted stantially all of its activities	2a		
	the c	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the inization's involvement	2b		
3	Pare	ent of Supported Organizations. Answer (a) and (b) below.			1
	a Didit	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	20		
	eaci	Tol the supported organizations: Fromide details in Fait VI	3a	1. 7	
	<b>b</b> Did t supp	the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		ļ

Pár	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete Section 1.	lovem tions A	ber 20, 1970 See instruct through E.	ctions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3_		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).	`		
a	Average monthly value of securities	1 a		
k	Average monthly cash balances	1 b		
-	Fair market value of other non-exempt-use assets	1 c		
	Total (add lines 1a, 1b, and 1c)	1 d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):	* * ,		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3	_	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	/ £ / }	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	9.3 h i 2.2	4
4	Enter greater of line 2 or line 3	4	3.7	1
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions)	ed Typ		
RA			Schedule A (Fo	rm 990 or 990-EZ) 2014

Part	V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat	ions (continued)	
Sect	ion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es	<u> </u>	
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
6	Other distributions (describe in Part VI) See instructions	<u> </u>	<del> </del>	
7	Total annual distributions. Add lines 1 through 6	<u> </u>		
	Distributions to attentive supported organizations to which the organization Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6	<u> </u>		
10	Line 8 amount divided by Line 9 amount	. <u> </u>		
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014	4		
а	FYNNSH!		* **	; \} * ·
b				er i sek kille od
С	CORN CHIEF SHIPS IN THE SHIPS SHIPS			2
d		," / / / .		
e	From 2013	<u></u>	2 4 4	* / / / / / / / / / / / / / / / / / / /
f	Total of lines 3a through e			, , , , , , , , , , , , , , , , , , ,
g	Applied to underdistributions of prior years	¥.		
h	Applied to 2014 distributable amount			
j	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 \$			`*,; `
а	Applied to underdistributions of prior years			4114
b	Applied to 2014 distributable amount			N 4000 Nr 6 N 2000 Nr 6 N 7
с	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)	ž ş	7.8	
7	Excess distributions carryover to 2015. Add lines 3j and 4c		i ik te	* i \$ . &
8	Breakdown of line 7	*****	. 4 C <b>2 P. ?</b> 2	311111
a	* ****	1200; 11	, ,	~ <u>*</u> , ;
b	1 2003	1 87	i k	<b>'</b> %
C				*
	Excess from 2013			
	Excess from 2014	1		

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

# (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

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Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Joshua's Way, Inc. 57-1091204 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 value of contributions to (during year) . . . Aggregate value of 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? . . . 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 conferring impermissible private benefit? No Part I 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 a 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 2 a **b** Total acreage restricted by conservation easements . . . . . . . . . 2 b 2 c c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 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 violations, No 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)(i) 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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a 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 (i) Revenue included in Form 990, Part VIII, line 1............. **►** S 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: ▶ \$ **b** Assets included in Form 990, Part X . . . . . . . .

Schedule D (Form 990) 2014 Joshua	a's Way, Inc.			57-1091	201		Page				
Pantill Organizations Maintain			al Treasures or C			ontinu					
3 Using the organization's acquisition, items (check all that apply)							<u></u>				
a Public exhibition		d Loan or exchange programs									
b Scholarly research		e Other	onango programo								
c Preservation for future generate	ons			······································							
4 Provide a description of the organization Part XIII.		d explain how they fu	ther the organization's	exempt purpose in							
5 During the year, did the organization to be sold to raise funds rather than	to be maintained as	part of the organization	on's collection?	<u></u>	Yes		No				
Escrow and Custodial line 9, or reported an an	Arrangements. nount on Form 99	Complete if the one of the confidence of the con	organization answe	red 'Yes' to Form	990, F	art IV	,				
1 a Is the organization an agent, trustee on Form 990, Part X?	<i></i>				Yes		No				
<b>b</b> If 'Yes,' explain the arrangement in l	Part XIII and complete	e the following table:					_				
				ļ. <u> </u>	Amount						
c Beginning balance				1 c							
<b>d</b> Additions during the year				1 d							
e Distributions during the year				1 e							
<b>f</b> Ending balance				1f	-,		_,				
2 a Did the organization include an amo				-	_ Yes	[	No				
Part V Endowment Funds. Co	implete if the org	anization answei	ed 'Yes' to Form 9	90, Part IV, line 10							
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) F	our years	s back				
1 a Beginning of year balance											
<b>b</b> Contributions											
c Net investment earnings, gains, and losses											
<b>d</b> Grants or scholarships											
e Other expenditures for facilities and programs											
f Administrative expenses						_					
<b>g</b> End of year balance				<u> </u>	<u> </u>						
2 Provide the estimated percentage of	f the current year end	d balance (line 1g, co	lumn (a)) held as								
a Board designated or quasi-endown	ent ►										
<b>b</b> Permanent endowment ►	ે										
c Temporarily restricted endowment	<b>&gt;</b>	ૄ									
The percentages in lines 2a, 2b, an	d 2c should equal 10	0%									
3 a Are there endowment funds not in to organization by	he possession of the	organization that are	held and administered	for the	Γ	Yes	No				
(i) unrelated organizations					3a(i)						
(ii) related organizations											

## Pa飛火 Land, Buildings, and Equipment.

4 Describe in Part XIII the intended uses of the organization's endowment funds

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		70,801.		70,801.
<b>b</b> Buildings		343,624.		343,624.
c Leasehold improvements				
d Equipment		72,822.		72,822.
e Other				
Total. Add lines 1a through 1e (Column (d) must equ	al Form 990, Part X, colur	mn (B), line 10c.)		487,247.

BAA

Schedule **D** (Form 990) 2014

Part VII Investments - Other Securities. Complete if the organization answered "	Yes' to Form 990, F	Part IV, line 11b. See Form 990, F	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-o	
(1) Financial derivatives			· · · · · · · · · · · · · · · · · · ·
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			<del></del>
(G)			
(H)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered		Part IV, line 11c. See Form 990, F	Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1)			
(2)			···
(3) (4)	<u> </u>		
(5)			
(6)			
(7)			
(8)			
(9)			_
(10)			***
Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶		· · · · · · · · · · · · · · · · · · ·	<i>ii</i> .
Part IX Other Assets. Complete if the organization answered '	Yes' to Form 990.	Part IV, line 11d. See Form 990, f	Part X, line 15.
	scription		(b) Book value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15 )		
Part X Other Liabilities.	mic ro., i i i i i i		<u> </u>
Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 1	11e or 11f See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value	<b>9</b>	3
(1) Federal income taxes (2)	-		
(3)			
(4)			
(5)			
(6)			
(8)			
(9) (10)		·	
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	. >		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foc	Inote to the organization's fir	nancial statements that reports the organization's his	ability for uncertain
tax positions under FIN 48 (ASC 740) Check here if the lext of the footnote	has been provided in Part X	(III	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
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	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII )	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII )	
c Add lines 4a and 4b	4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
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	of the same
a Donated services and use of facilities	
b Prior year adjustments	- (
c Other losses	
d Other (Describe in Part XIII )	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	24 2 × 28
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII )	
C Add lines 4a and 4b	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part XIII Supplemental Information.	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

BAA

#### Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Joshua's Way, Inc.

Employer Identification number

57-1091204

Part General Information on Activities Outside the United States. Complete if the organization answered 'Yes'

	on Form 990, Pa	rt IV, line 14b.		- Compa		
1						XYes No
2	1 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 grants or assistance?	ce outside the				
3	Activities per Region (The	following Part I, line	3 table can be du	plicated if additional space is ne	eeded)	
	(a) Region					(f) Total expenditures for and investments in region

	region	independent contractors in region	services, investments, grants to recipients located in the region)	service, describe specific type of service(s) in region	and investments in region
(1) Sub-Saharan Africa	0	0	program svcs	humanitarıan	62,500.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)		·			
(8)		· · · · · ·			
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total	0	0			62,500.
b Total from continuation sheets to Part I			, .		
c Totals (add lines 3a and 3b)	0	0			62,500.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Joshua's Way, Inc.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on 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.

ption of (i) Method of sah valuation (book, ance FMV, appraisal, other)		•															
(h) Description of non-cash assistance														,			which
(g) Amount of non-cash assistance																	t by the IRS, or for
(f) Manner of cash disbursement																· —	ognized as tax-exempt by the IRS, or for which
(e) Amount of cash grant																ļ	ign country, recogn
(d) Purpose of grant																	narrties by the fore
(c) Region																	re recognized as chency letter
(b) IRS code section and EIN (if applicable)			- See 14		2 × 4000		\$				, 4 , 4				A CONTRACTOR OF THE CONTRACTOR	· ,4	ins listed above that a tion 501(c)(3) equival
(a) Name of organization	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	2 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

BAA

Schedule F (Form 990) 2014

Page 3

57-1091204

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

Joshua's Way, Inc.

[Partill] Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2014 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BA BA £ 2 ල 3 (1) (12) (13) (14) (15) (16) (17) € (2) (9) (8) <u></u> (10)

Sche	dule F (Form 990) 2014 Joshua's Way, Inc.	57-1091204	Page 4
Par	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	X 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, do not file with Form 990)		X 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	X 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	X 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	X 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; do not file with Form 990)	· · · · · · Yes	X No
BAA	TEEA3505 06/18/13	Schedule F (Fr	orm 990\ 2014

## Part V Supplemental Information

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).

#### Pt I Line 2

Joshuas Way Inc monitors the expenditure of funds for ministry outside the United States by sending the Executive Director or other representatives to observe and participate in the ministry activity for which an expenditure has been made. In addition, Joshuas Way requires regular reporting from its ministry partners overseas or their representatives on the use of funds provided by Joshuas Way.

### **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 57-1091204 Joshua's Way, Inc. Form 990 is prepared by an external CPA, then reviewed by the executive director and the directors.

Pt VI, Line 11b Directors are required to report to the executive director any interests that might give rise to conflict. The organization seeks to avoid any situation that could give the appearance of conflict. Pt VI, Line 12c

The governing documents, conflict of interest policy, and financial statements are made available to the public upon request throughout the

Pt VI, Line 19 year.