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SCANNED WAR 1 1 2016

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2014

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

		of the Treasury	▶ Informat	tion about Form	990 and its in	structions	is at wy	vw.irs.ac	ov/form990		Inspec	tion
A	For the	e 2014 caler	ndar year, or tax year		October 1		14, and		Septem		, 20 15	**
В	Check d	applicable:	C Name of organization (DneWay Ministri	es					D Employ	er identification n	umber
	Address	change	Doing business as								31-1675712	
	Name c	hange	Number and street (or F	O. box if mail is no	ot delivered to stre	eet address)	Ro	om/suite		E Telepho	ne number	
	Initial re	turn [P.O. Box 2211						į.		630-626-4990	
	Final retu	.m/terminated	City or town, state or pr	ovince, country, an	nd ZIP or foreign p	ostal code		-				
	Amende	ed return	Naperville, IL 60567							G Gross re	eceipts \$	
	Applicat	tion pending	F Name and address of p	nncipal officer: N	lichael Thomps	son			H(a) is this a gro	oup return for	subordinates? Yes	₃ ✓ No
			Address Same As Ab	ove	-				_		s included? 🗌 Yes	_
1	Tax-exe	mpt status:	✓ 501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1)	or 🔲	527	If "No	," attach a	a list. (see instruction	ons)
J	Website	×► ww\	W.OWM.ORG and WV						H(c) Group	exemption	number 🕨	
K	Form of	organization:	Corporation Trust	Association [Other ▶		L Year of	formation	2000	M State	of legal domicile:	IL
Р	art I	Summa	ary									
	1	Briefly des	scribe the organizati	on's mission o	r most signific	ant activit	ties: C	ne₩ay	Ministries e	exists to	activate God's	people
89		worldwide	to exalt Jesus Chris	t and advance i	lis gospel to th	ne multitud	les. We	do this	through pr	ayer, pro	oclamaton, prais	se.
- Ja	}	and partne	ership									
Governance	2	Check this	s box ▶☐ if the org	anization disco	intinued its op	erations o	or dispo	sed of	more than	25% of	its net assets.	
Ö	3	Number o	of voting members of	f the governing	body (Part VI	, line 1a) .				3		
∞ಶ	4	Number o	of independent voting	g members of t	the governing	body (Par	t VI, lin	e 1b) .		4		6
Activities &	5	Total num	ber of individuals er	nployed in cale	endar year 201	4 (Part V,	line 2a)		5		11
₹	6	Total num	ber of volunteers (e	stimate if nece	ssary)					6		350
¥	7a	Total unre	elated business reve	nue from Part \	VIII, column (C), line 12				7a		C
	b	Net unrela	ated business taxabl	e income from	Form 990-T,	line 34 .				7b		C
									Prior Yea	ar	Current Y	ear
Φ	8	Contributi	ions and grants (Par	t VIII, line 1h).						396568		447811
an a	9	Program s	service revenue (Par	t VIII, line 2g)						203746		104371
Revenue	10		ot-inôpme (Part VIII, ∉							4935		2337
ш.	11	Other rev	enue (Part VIII, colur	nn (A), lines 5,	6d, 8c, 9c, 10	c, and 11e	∍)			38806		34050
	12_	Total reve	nue tadd lines 8 thro	ough 11 (must e	equal Part VIII,	column (A	1), line 1	2)		644055		588569
	13C	Grants an	d similar\amounts p	aid (Part IX, co	lumn (A), lines	1–3)				140532		77751
- 1	14	Benefite	aid to giftor membe	ers (Part IX, col	umn (A), line 4)				0		0
\ \(\)	155		ther compensation, e				nes 5–1	0)		281047		338408
Vegisland (1993)	16a		nal fundralsing fees					· L_		0		
/ <u>\$</u>	1 b		maising expenses (P					L				
4	17 C		enses (Part IX, colu					· L		140374		162161
7	18		enses. Add lines 13-					·		561953		578320
_	419	Revenue i	less expenses. Subt	ract line 18 fro	m line 12 .	<u></u>				82102		10249
ets or lances								Beg	inning of Cur	rent Year	End of Ye	ear
2884 2884 2884 2884	20		ets (Part X, line 16)					·		201297		1610242
Net Ass Fund Bal	21		lities (Part X, line 26)					·		3047		1401743
			s or fund balances.	Subtract line 2	1 from line 20	<u> </u>				198250		208499
P	art II	Signate	ure Block									
Un	der pena	alties of perjury	y, I declare that I have exe te. Declaration of prepare	amined this return,	including accomp	anying sche	dules and	d statemer	nts, and to th	e best of n	ny knowledge and	l belief, it is
	0, 001100	1, a 2 compre	1/1	+ (outer dian onice			William	reparer no	is any Nicowie			
e:										<u>Z -/:</u>	5 - 201-	<u> </u>
Sig	-	Signa	ture of officer	. 1	0 -			_	Date	9		
He	i e		< 10 HAND	HUUS	DIRTI	ره ور	0 P	opan	AHOM	<u> </u>		
			or print name and title	ln	rodo oigent :	 		D-4		,	I preside	
Pa	id	Linnida	e preparer's name	Ртера	arer's signature			Date		Check [
Pr	epare		_ <u>.</u>						 -	self-emp	oloyed	
Us	e On									s EIN ▶		
NAc.	v tha II	Firm's ad		Droporer obs	n above? (a==	inote of:			Phor	е по.	<u> </u>	
ivia	y trie ii	าง นเรตนรร	this return with the	preparer snow	n above? (see	INSTRUCTIO	ms) .	· · ·			∐Yea	s <u>No</u>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2014)

LOI-111 SA	90 (2014)	aye 🖚
Part I		
	Check if Schedule O contains a response or note to any line in this Part III	<u>. Ц</u>
1	Briefly describe the organization's mission:	
	OneWay Ministles exists to activate God's people worldwide to exalt Jesus Christ and advance His gospel to the multitudes.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	⊘ No
	If "Yes." describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured accomplishments for each of its three largest program services, as measured accomplishments for each of its three largest program services.	red by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,
	the total expenses, and revenue, if any, for each program service reported.	
	(O) (F) (O) (F) (F) (F) (F) (F) (F) (F) (F) (F) (<u> </u>
4a	(Code:) (Expenses \$ 250050 including grants of \$0) (Revenue \$ 70250	•
	OneWay Ministries seeks to activate Christians to advance the gospel of Jesus Christ around the world. We do this by primarily	/
	focusing on prayer, proclamation, praise, and partnership. OneWay through our Prayercast ministry (prayercast.com) seeks to mobilize prayer for nations around the world and for the needs of the world. We have developed free, compelling media resource.	
	highlighting the needs of the world. Prayercast.com has been accessed by people from over 150 nations and viewed by people	
	all 50 states each week. Churches and mission organizations have used Prayercast videos to spark powerful times of corporate	
	prayer. We seek to proclaim the gospel through our active interaction with our partner, OneWay Church, in ministering to peop	
	the Aurora/Naperville area of Western Chicagoland. We are also partnering with ministries around the world to further the impa	
	local churches and ministries into their communities in which they exist. OneWay produces and distributes music CD's with we	
	music to Christians around the globe and each year ministers to hundred's through our annual Shine concert. The aim of the concert.	oncert
	is to encourage people from various backgrounds, cultures, and churches to come together and worship Jesus. OneWay partn	ers
	with organizations, churches, and schools to accomplish our mission and further the gospel of Christ in our nation and around	
	the globe.	
4b	(Code:) (Expenses \$ 77751 including grants of \$ 77751) (Revenue \$ 44212	•
	Our international ministries aim to partner cross-culturally with Christians living in other nations around the world. Our desire	
	train Christian leaders and provide resources for gospel advancement globally. We have provided grants for work in Botswana	
	Ghana as we work with our strategic partner OneWay Africa. Our goal in Africa and in other countries is to see national leaders up, be equipped and trained and set out to share the gospel with those who do not know about Jesus. Through active church	1136
	planting and community development projects we hope to see our partners be able to holistically care for and minister to the po	
	and needy of the world.	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
		·

	<u></u>	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ► 327801	

Part	V Checklist of Required Schedules			
			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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	•	
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		7
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		•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	İ		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		~
7	"Yes," complete Schedule D, Part I	6		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8		~
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	١		
h	complete Schedule D, Part VI	11a	•	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110	-	_
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			-
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
T	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.			
12 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		~
12 0	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		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		Ť
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	/	
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	L	~
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			ا ا
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		~
IJ	If "Yes," complete Schedule G, Part III	19		,
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<u> </u>

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Part	V Checklist of Required Schedules (continued)		,	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
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		v
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		~
24a	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		,
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
	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		,
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	~
25a	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		~
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		,
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		~
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		v
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
С	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	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		v
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			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	-	·
35a	or IV, and Part V, line 1	34 35a		V
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			<i>'</i>
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		<i>y</i>
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		<u> </u>
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		,
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	~	

	V. Chatamanta Danaudina Othou IDC Elimo and Tay Compliance			-9
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	···	Yes	No
4	Established to the Decomposition of the Control of		res	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1 1b 1 1b 1 1b 1 1b 1 1b 1	1		
b		┨		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		ا . ا	
200		1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
L .	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	-	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ i	~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		Ě
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		~
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	-	
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	~	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		<u> </u>	
_	gifts were not tax deductible?	6ь	,	
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	.	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	 		
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		,
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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	ļ		
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:			
а	Gross income from members or shareholders	ļ		
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		
þ	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		<u></u> _
	Note. See the instructions for additional information the organization must report on Schedule O.			
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	Į.		
C	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	~
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		l

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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 O.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		
Secti	on A. Governing Body and Management			
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 evaluation.	9	Yes	No
b 2	committee, explain in Schedule O. 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 with any other officer, director, trustee, or key employee?	2	v	:
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		,
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		v v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-		
a	The governing body?	8a	7	
9 9	Each committee with authority to act on behalf of the governing body?	8b 9		v
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
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 12b		~
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?	14		•
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	~
b	Other officers or key employees of the organization	15b	L	~
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		,
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	165		
Secti	on C. Disclosure	16b	L	L
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 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 of ir financial statements available to the public during the tax year.	terest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	ecords	: >	
	David Johnson 4170 Ordon Avo Aurora II 60504			

Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors						

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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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	nor any relate	d orga	aniz			ompe	ensa	ted any curren	t officer, directo	r, or trustee.
	1			•	C)					
(A)	(B)	/d = =			ition			(D)	(E)	(F)
Name and Title	Average			check more than one less person is both an				Reportable	Reportable	Estimated
	hours per	office	er and			or/trus		compensation	compensation from	amount of
	week (list any hours for	오코	Пg	Ş	8	육품	Fo	from the	related organizations	other compensation
	related	물들	青	Officer	y er	P P P P P P P P P P P P P P P P P P P	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	S E] <u>F</u>	Ι'	뒃	88]	(W-2/1099-MISC)		organization and related
	line)	`g	<u> </u>	1	Key employee	ğ				organizations
		Individual trustee or director	Institutional trustee		ľ	Highest compensated employee				· ·
			8			a a				
(4) 03/01/07/ 71/03/00/00						i				
(1) MICHAEL THOMPSON	40	,	i	,		ł				
P.O. BOX 2211 NAPERVILLE, IL 60567		-	├	-	-	 	╀	63600	0	0
(2) RAY MENSAH	40	,	ł	ļ				_	_	
P.O. BOX 2211 NAPERVILLE, IL 60567		<u>-</u>	₩	<u> </u>		 	╄	0	0	25910
(3) MICHAEL VANHUIS	40						1	1		
P.O. BOX 2211 NAPERVILLE, IL 60567		~		<u> </u>	ļ	 		34932	0	0
(4) FRANK McGRAW	0.5		ŀ		İ					
P.O. BOX 2211 NAPERVILLE, IL 60567		-		<u> </u>	<u> </u>	<u> </u>	\vdash	0	0	0
(5) JOHN MacINTYRE	0.5	١.		l		İ				
P.O. BOX 2211 NAPERVILLE, IL 60567		-	<u> </u>	<u> </u>	<u> </u>	<u> </u>	₩	0	0	0
(6) ANDREW PETERSON	0.5			İ					1	
P.O. BOX 2211 NAPERVILLE, IL 60567		~	<u> </u>	<u> </u>	ļ	.	ļ	0	0	0
(7) JOHN FLETCHER	0.5		l							1
P.O. BOX 2211 NAPERVILLE, IL 60567		~	<u> </u>					0	0	0
(8) GARY FINE	0.5		l			ł				
P.O. BOX 2211 NAPERVILLE, IL 60567		~	<u> </u>			<u> </u>	ļ	0	0	0
(9) CRAIG EDIGER	0.5			l						
P.O. BOX 2211 NAPERVILLE, IL 60567		~	<u> </u>	~	L.,	<u> </u>	L	0	0	0
(10)			ļ]	l					
			<u> </u>	辶	L	<u> </u>	<u> </u>			
(11)]	
(12)					\vdash					
(13)			-	\vdash	-	-	\vdash			
3		1								
(14)			Ť	T			Τ			
	I	ı	1	1	1	1	1	1	1	

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	/ees			lighes	st C	ompensated E	mployees (c	ontinue	d)		
	(A) Name and title	(B) Average hours per	box,	unles	Pos eck s pe	more rson	than of is both	an	(D) Reportable compensation	(E) Reportable compensation		Estr	(F) mated ount of	
		week (list any hours for related organizations below dotted line)	. ~ ~	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-MI		composition from from from from from from from from	ther ensation in the nization related lization	n H
(15)							<u> </u>							
(16)														
(17)												·····		
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total	VII, Sectio					•	> > >	98532 0 98532		0			25910 0 25910
2	Total number of individuals (including but reportable compensation from the organi	not limited			list	ed	above	e) w		ore than \$10		of		200.0
3	Did the organization list any former of employee on line 1a? If "Yes," complete s											3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,	000							4		,
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indi		5		v
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business address							(B) Description of services			(C) Compensation			
								<u> </u>						
2	Total number of independent contractor							th		ove) who				
	received more than \$100,000 of compens	sation from	uie o	gar	ıızai	uon			0	<u></u>				

Total. Add lines 2a-2f 104371 3 Investment income (including dividends, interest, and other similar amounts) 3 Investment income (including dividends, interest, and other similar amounts) 37 37 0 0 0 0 0 0 0 0 0	Part	VIII	Statement of Reve				5		-
Section Sec		· <u>-</u>	Check if Schedule C	contains a res	ponse or note to		(B) Related or exempt function	(C) Unrelated business	excluded from tax under sections
Section Sec	nts nts	1a	Federated campaigns	s 1a					
Section Sec	or in	b	Membership dues .	1b					
Section Sec	Contributions, Gifts, Grand Other Similar Amo	С	-					ļ	
Section Sec		d							
Section Sec									
Section Sec	育	f							
Section Sec	된 등			<u> </u>	447811				
Section Sec	2 0	g		·			1		
3 Investment income (including dividends, interest, and other similar amounts)	0 8	. n	Total. Add lines 1a-1	<u> </u>	Business Code	44/811			
3 Investment income (including dividends, interest, and other similar amounts)	핕	2a	PRAYERCAST			22474	32474	٥	0
3 Investment income (including dividends, interest, and other similar amounts)	죭								
3 Investment income (including dividends, interest, and other similar amounts)	<u>8</u>		INTERNATIONAL MINISTRIES			- 1			0
3 Investment income (including dividends, interest, and other similar amounts)	훘	ď						<u> </u>	<u></u>
3 Investment income (including dividends, interest, and other similar amounts)	E E	е							
3 Investment income (including dividends, interest, and other similar amounts)	go	f	. •						
A Income from investment of tax-exempt bond proceeds	<u>\$</u>					104371			
4 Income from investment of tax-exempt bond proceeds 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		3		•					
S Royalties	:			•					0
				-	ona proceeas				
Ga Gross rents		3	Hoyanies		(ii) Personal	<u>0</u>	0	0	0
Description Description		6a	Gross rents	<u> </u>					
C Rental income or (loss) 32740 0 0 0 0 0 0 0 0 0		I							
Net rental income or (loss) Net			·						
But assets other than inventory 2300		d			▶	32740	32740	o	0
B Less: cost or other basis and sales expenses 0 0 0		7a		(i) Securities	(ii) Other				
C Gain or (loss)		b	•		2300				
Second Second			and sales expenses .		o				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		С	Gain or (loss)		2300				
Description of contributions reported on line 1c).		d	Net gain or (loss) .		· · · · >	2300	2300	0	0
c Net income or (loss) from fundraising events . ▶ 0 0 0 9a Gross income from gaming activities. 0 0 See Part IV, line 19 a 0 0 b Less: direct expenses b 0 0 0 c Net income or (loss) from gaming activities ▶ 0 0 0 0 10a Gross sales of inventory, less returns and allowances a 1310 0 0 b Less: cost of goods sold b 0 0 0 0 c Net income or (loss) from sales of inventory . ▶ 1310 1310 0 0 Miscellaneous Revenue Business Code 0 0 11a b 0 0 0 c 0 0 0 0 d All other revenue		8a	events (not including \$ of contributions reported)	ed on line 1c).				,	
c Net income or (loss) from fundraising events . ▶ 0 0 0 9a Gross income from gaming activities. 0 0 See Part IV, line 19 a 0 0 b Less: direct expenses b 0 0 0 c Net income or (loss) from gaming activities ▶ 0 0 0 0 10a Gross sales of inventory, less returns and allowances a 1310 0 0 b Less: cost of goods sold b 0 0 0 0 c Net income or (loss) from sales of inventory . ▶ 1310 1310 0 0 Miscellaneous Revenue Business Code 0 0 11a b 0 0 0 c 0 0 0 0 d All other revenue	Ě	ь				1]		
See Part IV, line 19	•	С	Net income or (loss) f	rom fundraising	events . >	О		o	0
c Net income or (loss) from gaming activities . ▶ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		9a							
10a Gross sales of inventory, less returns and allowances a 1310 b Less: cost of goods sold b 0 c Net income or (loss) from sales of inventory . ▶ 1310 1310 0 0 Miscellaneous Revenue Business Code 11a b 0 c 14 All other revenue									
b Less: cost of goods sold b			Gross sales of ir	ventory, less		0		<u> </u>	<u>U</u>
c Net income or (loss) from sales of inventory . ▶ 1310 1310 0 0 Miscellaneous Revenue Business Code Image: Code of the control of the code of the cod		h							
Miscellaneous Revenue Business Code 11a						1210	1210	ا	
b		- <u>-</u> -				1310	1310		0
b		11a							
c		ь							
d All other revenue		C							
12 Total revenue. See instructions ▶ 588569 588569 0 0		d	· · · · · · · · · · · · · · · · · · ·						
1 300309 300309 01 0		1 -							
		12	i otal revenue. See li	istructions		588569	588569	0]	- 000

Part IX Statement of Functional Expenses

<u> </u>	Check if Schedule O contains a respon-	se or note to any lir (A)	· · · · · · · · · · · · · · · · · · ·	(C)	<u> L</u>
8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	77751	77751		
4 5	Benefits paid to or for members	0	0		
6	trustees, and key employees	98532	49266	49266	
_	persons described in section 4958(c)(3)(B)	0	0	0	
7 8	Other salaries and wages	220560	154392	66168	
9	Other employee benefits	0	0	0	
10	Payroll taxes	19316	13276	6040	
11	Fees for services (non-employees):				
a b	Management	0 14167	0	0 14167	
c	Accounting	0	0	0	
d	Lobbying	. 0	0	0	(
e	Professional fundraising services. See Part IV, line 17	0			
f g	Investment management fees	0	0	0	
12	Advertising and promotion	0	0	0	
13	Office expenses	45934	11484	34450	
14	Information technology	9349	4674	4675	
15	Royalties	0	0	0	
16	Occupancy	63669	0	63669	<u></u>
17 18	Travel	7875	7875	0	
10	for any federal, state, or local public officials Conferences, conventions, and meetings .	0	0	0	
19 20	Interest	2149 3400	2149	3400	
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	0	0	0	
23	Insurance	4537	0	4537	
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.)				
а	BANK CHARGES / LICENSES	4147	0	4147	
b	CONCERT	6934	6934	0	
c d					
e	All other expenses				
25 26	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 if following SOP 98-2 (ASC 958-720)	578320	327801	250519	

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Savings and temporary cash investments 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 Assets ol Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c Investments—publicly traded securities Investments-other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11 ol 0 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . 201297 16 Accounts payable and accrued expenses Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other pavables to current and former officers, directors, 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 n O Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 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. Total liabilities and net assets/fund balances

	014)				Pag	_{3e} 12
Part XI	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 To	tal revenue (must equal Part VIII, column (A), line 12)	1			58	8569
2 To	tal expenses (must equal Part IX, column (A), line 25)	2			57	8320
	venue less expenses. Subtract line 2 from line 1	3			1	0249
4 Ne	et assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4			19	8250
5 Ne	t unrealized gains (losses) on investments	5				0
	onated services and use of facilities	6				0
7 Inv	vestment expenses	7				0
8 Pri	or period adjustments	8				0
	her changes in net assets or fund balances (explain in Schedule O)	9				0
	at assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					-
33	, column (B))	10			20	8499
	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					/es	No
1 Ac	counting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 📗 Other					
	the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	in)	1	Ì	
	hedule O.		İ			
2a We	ere the organization's financial statements compiled or reviewed by an independent accountant?		2	a		J
	"Yes," check a box below to indicate whether the financial statements for the year were comp				-	
	viewed on a separate basis, consolidated basis, or both:				- 1	
	Separate basis		1		Ì	
	ere the organization's financial statements audited by an independent accountant?		9	ь		~
	"Yes," check a box below to indicate whether the financial statements for the year were audite	d on	-	- -		<u> </u>
	parate basis, consolidated basis, or both:	.u 0	~		1	
	Separate basis					
	'Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	prejal	nt	ŀ		
	the audit, review, or compilation of its financial statements and selection of an independent account	_	. 1	c		
	the organization changed either its oversight process or selection process during the tax year, ex			+		
	the digalization changed either its oversight process of selection process during the tax year, exchedule O.	Pialii	"'			
	a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	in		- 1	
	e Single Audit Act and OMB Circular A-133?	iOrti i		_	İ	
	'Yes," did the organization undergo the required audit or audits? If the organization did not unde	· ·	. 3	a	\dashv	
	res, and the organization undergo the required audit of audits? If the organization did not under quired audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		e 3		ı	
	denote describe any steps taken to dilutely such all	aurus.				(2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name	of the organization				•	Employer identification	number			
	NAY MINISTRIES						75712			
Par							ons.			
_	organization is not a private founda		•		-	•				
1 2	☐ A church, convention of church ☐ A school described in section			ibed ili se	cuon 17	U(D)(1)(P()(I).				
3	A hospital or a cooperative hos		•	n section	170/h)/1	(A)(G)				
4	·						(iii). Enter the			
	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	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local govern									
7	An organization that normally described in section 170(b)(1)			port from	a goven	nmental unit or fron	n the general public			
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)						
9	An organization that normally									
	receipts from activities related support from gross investme acquired by the organization at	nt income and	unrelated business	taxable i	ncome (l	ess section 511 ta				
10			•	-	-	•				
11	An organization organized and one or more publicly supported	operated exclusions d	vely for the benefit of, escribed in section 5 0	to perfor 09(a)(1) o	m the fun r section	ctions of, or to carry 509(a)(2). See sect	ion 509(a)(3). Check			
_	the box in lines 11a through 11a			_		•				
	the supported organization (so organization). You must com) the power to re	gularly appoint or ele	-						
b	Type II. A supporting organiz control or management of the organization(s). You must co	e supporting org	anization vested in th							
c		ited. A supportin	g organization opera				y integrated with,			
d	Type III non-functionally integrated that is not functionally integrated requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	• , ,			
е		ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III			
f			- · · · · · · · · · · · · · · · · · · ·							
g		-					<u> </u>			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization or governing ment?		(vi) Amount of other support (see instructions)			
			(300 Histockoris))	Yes	No		•			
(A)										
(B)							* 1			
(C)										
(D)										
(E)										
Tota	1									

Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(Δ)(₄	n .
, are	(Complete only if you checked the						
	Part III. If the organization fails to						, 27.25.
Secti	on A. Public Support						
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		1	1			
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid	į					
	to or expended on its behalf		<u> </u>				
3	The value of services or facilities		1				
	furnished by a governmental unit to the		1				
_	organization without charge				 -	ļ	
4	Total. Add lines 1 through 3			ļ			
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount					1	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.					 	
	on B. Total Support	l		L	·		<u> </u>
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	(4) = 3 + 3	. (-,,	(0, 10		(0, 20	(1) / (1)
8	Gross income from interest, dividends,						
-	payments received on securities loans,						
	rents, royalties and income from similar						
	sources				<u> </u>		
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or		1		ļ		ŀ
	loss from the sale of capital assets				1		
	(Explain in Part VI.)			ļ			
11	Total support. Add lines 7 through 10	(000 1004-04)		<u> </u>	I	12.1	I
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the	•	•			12	== E01(a)(0)
10	organization, check this box and stop he	-	•	· · · · ·	•		` '\ '
Secti	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
14	Public support percentage for 2014 (line			11 column (fl)		14	%
15	Public support percentage from 2013 Scl		-			15	<u>%</u>
16a	331/s% support test-2014. If the organi						
	box and stop here. The organization qua	difies as a pub	licly supported	organization			🕨 📋
b	331/3% support test-2013. If the organ	nization did no	ot check a box	x on line 13 o	r 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported or	ganization .		🕨 📋
17a	10%-facts-and-circumstances test - 2	014. If the orga	anization dıd n	ot check a box	c on line 13, 16	ia, or 16b, and	line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "f	acts-and-circu	umstances" te	st. The organiz	ation qualifies	as a publicly s	supported
	organization						🕨 🛚
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organizar	tion meets the	e "facts-and-c	ircumstances"	test, check ti	nis box and st	top here.
	Explain in Part VI how the organization m				ne organizatio	n qualifies as	a publicly
18	supported organization					drahia hawasa	🟲 📋
	- Preside I dell'elegation III (CC VI L'arite atticit i i i	U 1101 U116UN 71	DUA UII BIRE 1.7	ua. IOU. [/2	a. OL 1713. CINY		

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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Grits, grants, contributions, and membership fees	·					
	received. (Do not include any "unusual grants.")	325778	399713	372137	584233	492023	2173884
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			j			
	organization's tax-exempt purpose	37252	39061	67525	59822	96509	300169
3	Gross receipts from activities that are not an				<u> </u>		
	unrelated trade or business under section 513	o	o	0	o	o	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	o	0	o	o	o	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	o	o	o	o	o	0
6	Total. Add lines 1 through 5	363030	438774	439665	644055	588532	2474053
7a	Amounts included on lines 1, 2, and 3						"
	received from disqualified persons .	73586	40189	40435	77932	70242	302384
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	o	o	o	0	o	0
С	Add lines 7a and 7b	73586	40189	40435	77932	70242	302384
8	Public support (Subtract line 7c from						
	line 6.)						2171669
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	363030	438774	439665	644055	588532	2474053
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	67	33	7	65	37	209
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	67	33	7	65	37	209
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	363097	438807			588569	2474262
14	First five years. If the Form 990 is for the						
<u> </u>	organization, check this box and stop he			· · · · ·		· · · · ·	· · • 📋
	on C. Computation of Public Suppor			01 (0)		Tarl	
15	Public support percentage for 2014 (line i	• •	-			15	<u>87.77 %</u>
16	Public support percentage from 2013 Scl					16	89.50 %
	on D. Computation of Investment In			ulina 40 anti-	(6)	147	01
17	Investment income percentage for 2014 (•		17	0.01 %
18	Investment income percentage from 2013 331/3% support tests—2014. If the organ					18	0.01 %
19a	17 is not more than 331/3%, check this box						=
L	331/3% support tests—2013. If the organiz		_	=		-	
ь	line 18 is not more than 331/2%, check this						
20	Private foundation. If the organization di						
ÆU.		on our a		, , , , , , , , , , , , , , , , , , , ,	LING DUX	wid occilion (i	~~~ <u> </u>

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.)

Secti	on A. All Supporting Organizations	·	154	- : : -
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		i
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9ь		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			1

determine whether the organization had excess business holdings.)

Scried	III A (FORM 990 OF 990-E2) 2014		1	rage J
Part	IV Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ł		
а				}
L	below, the governing body of a supported organization?	11a 11b	-	
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	-	
	ion B. Type I Supporting Organizations	1110	٠	L
	on or type to deporting organization		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	İ	1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	Ì	'	l
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ŀ		l
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1	L	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			ĺ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	l _		
Cook		2		
Secu	ion C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		165	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		ĺ
Sect	ion D. All Type III Supporting Organizations		·	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax		-	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1		l
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ļ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ŀ	İ	•
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			ŀ
3		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			:
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see I	netni	ction	el·
	The organization satisfied the Activities Test. Complete line 2 below.	11300	CUOIR	3).
a b	☐ The organization satisfied the Activities rest. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization is the parent of each of its supported organizations. Complete line's below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee in	structi	onsi
		,00 ,,,0		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ł		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		·
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		-
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ŀ
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	90 -
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	 	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	· · · · · · · · · · · · · · · · · · ·	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 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		
Section 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		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	y-in	tegrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
<u> </u>	Total annual distributions. Add lines 1 through 6.		· · · · · · · · · · · · · · · · · · ·	
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
<u> </u>	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection 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:			
<u>a</u>				
<u> </u>	.			
<u>c</u>				
<u>d</u>				
e	From 2013			
f_	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u> _	Applied to 2014 distributable amount			
<u>i</u> _	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
_ <u>a</u>	Applied to underdistributions of prior years			
<u>b</u> _	Applied to 2014 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
<u>c</u>	Remaining underdistributions for years prior to 2014, if			
3	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	1		
	instructions).	•		
7	Excess distributions carryover to 2015. Add lines 3j		······································	· · · · · · · · · · · · · · · · · · ·
	and 4c.			
8	Breakdown of line 7:			
a				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014							
Part VI	Page 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.)						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

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

OMB No 1545-0047 2014

Open to Public Inspection

Name o	f the or	ganization		Employ	er iden	tification number
ONEW	AY MI	IISTRIES				31-1675712
Par	t I	Organizations Maintaining Donor Adv		ds or	Acco	unts.
		Complete if the organization answered '		1	0.\ C	
_			(a) Donor advised funds	ļ	(D) FL	inds and other accounts
1		number at end of year				
2		egate value of contributions to (during year)		 		
3		egate value of grants from (during year) .		↓		
4		egate value at end of year	L	<u> </u>		
5		he organization inform all donors and donor are the organization's property, subject to the	•			
6		ne organization inform all grantees, donors, a				
		for charitable purposes and not for the benef				
	confe	erring impermissible private benefit?				· · 🔲 Yes 🗌 No
Par	t II	Conservation Easements.				
		Complete if the organization answered '	'Yes" to Form 990, Part IV, line 7.			
1	Purp	ose(s) of conservation easements held by the	organization (check all that apply).			
	□ P	reservation of land for public use (e.g., recreat	tion or education) 🔲 Preservation o	f a hist	oricall	y important land area
	□ P	rotection of natural habitat	☐ Preservation o	f a cert	ified h	istoric structure
	□ P	reservation of open space				
2	Com	olete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in th	e form	of a conservation
	ease	ment on the last day of the tax year.				Held at the End of the Tax Year
а	Total	number of conservation easements		'	2a	
ь	Total	acreage restricted by conservation easement	·s		2b	
c		per of conservation easements on a certified h			2c	
d		per of conservation easements included in	` ,		==	· · · · · · · · · · · · · · · · · · ·
_					2d	
3	Num	per of conservation easements modified, trans	sferred, released, extinguished, or terr	minated		ne organization during the
_	tax y					
4		per of states where property subject to conse				
5		the organization have a written policy rections, and enforcement of the conservation ea				Taling of Yes No
6	Staff	and volunteer hours devoted to monitoring, ir	specting, and enforcing conservation	easem	nents (during the year
7	Amo	unt of expenses incurred in monitoring, inspec	cting, and enforcing conservation ease	ements	durin	o the year
-	▶\$	o. opoooooog,opo.	omeromy concentration case	311101100		g y e.a.
8	• .	each conservation easement reported on line	2(d) above satisfy the requirements of	sectio	n 170	ከ)(4)(B)(i)
_						Yes No
9		rt XIII, describe how the organization reports	conservation easements in its revenue	and e	ynans	
•		ice sheet, and include, if applicable, the text of				
		nization's accounting for conservation easeme				
Par		Organizations Maintaining Collection	s of Art. Historical Treasures. or	Othe	r Sim	ilar Assets.
		Complete if the organization answered '				
1a	If the	organization elected, as permitted under SF	<u></u>	reven	ue sta	tement and balance sheet
		s of art, historical treasures, or other similar	• • • • • • • • • • • • • • • • • • • •			
		c service, provide, in Part XIII, the text of the f	· · · · · · · · · · · · · · · · · · ·			
ь	-	organization elected, as permitted under S				
	work	s of art, historical treasures, or other similar c service, provide the following amounts relati	assets held for public exhibition, ed			
	(i) R	evenue included in Form 990, Part VIII, line 1			1	\$
		ssets included in Form 990, Part X				
2		organization received or held works of art,				
		ving amounts required to be reported under S				J , , ,
а		nue included in Form 990, Part VIII, line 1 .	· · · · · · · · · · · · · · · · · · ·)	\$
b		ts included in Form 990, Part X				> \$

D,	20	_	2

	lie D (Form 990) 2014							Page Z
Part	III Organizations Maintaining C	Collections of A	Art, Histo	orical T	reasures,	or O	her Similar A	ssets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and oth	ner record	ts, checi	k any of the	follov	ving that are a	significant use of its
				J			rama	
a	Public exhibition				or exchange			
b	Scholarly researchPreservation for future generations		e L	_ Other				
C	Provide a description of the organization	nn'e collectione a	nd evnlai	n how th	nov furthar t	ha orr	anization's eve	mnt numose in Part
4	XIII.	on's collections a	iiu expiai	II IIOW LI	ey further i	ine org	janizauon s exe	mpt purpose in rait
5	During the year, did the organization sassets to be sold to raise funds rather t							
Part			<u>-</u>					
, are	Complete if the organization a		to Form	990, P	art IV, line	9, or	reported an an	nount on Form
	990, Part X, line 21. Is the organization an agent, trustee,	custodian or oth	or interm	odian, fo	r contributi	one o	other accete n	not .
1a	included on Form 990, Part X?	· · · · · ·						☐ Yes ☐ No
ь	If "Yes," explain the arrangement in Par							<u></u>
_	w ree, explain the artingenion in a			- · · · · · · · · · · ·			1	Amount
С	Beginning balance					10	:	
d	Additions during the year					10	1	
е	Distributions during the year					16		
f	Ending balance					11		
2a	Did the organization include an amount					stodia	l account liabilit	y? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Par							
	t V Endowment Funds.			· · · · ·				
	Complete if the organization a	answered "Yes'	to Form	1 990, P	art IV, line	10.		
		(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years bad	k (e) Four years back
1a	Beginning of year balance						-	
b	Contributions							
С	Net investment earnings, gains, and							
	losses							1
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							<u> </u>
g	End of year balance							
2	Provide the estimated percentage of the	e current year en	d balance	e (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowment		%					
b	Permanent endowment ▶	%	•					
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2d		0%.					
3a	Are there endowment funds not in the	possession of th	e organiz	ation tha	at are held a	and ac	lministered for t	he
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
								3a(ii)
b	If "Yes" to 3a(ii), are the related organiz	zations listed as re	equired o	n Schedi	ule R? .			3b
4	Describe in Part XIII the intended uses	of the organization	n's endo	wment fu	unds.			
Par	t VI Land, Buildings, and Equip							
	Complete if the organization	answered "Yes"	to Fom	1 990, P	art IV, line	11a.	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or of			or other basis ther)		Accumulated epreciation	(d) Book value
	Land	(0.1462018		(0)				400000
1a h	Land		1025000		0		0	1025000
ь	Buildings		375000		0			375000
٠ د	Equipment		0				23400	27550
d e	Other		0		60959		23400	<u>37559</u> 0
	L Add lines 1a through 1e. (Column (d) m	ust equal Form 9		. column		c.) .		1437559

Part VII	Investments—Other Securities. Complete if the organization answ	vered "Yes" to For	m 990	, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b)	Book value		nthod of valuation: d-of-year market value
(1) Financial	derivatives					
(2) Closely-h	eld equity interests					
(3) Other						
(A)	,		ļ			
(B)						
(C)						
(D)			-			· · · · · · · · · · · · · · · · · · ·
(E) (F)			ļ		<u> </u>	
(G)			<u> </u>	· · · · · · · · · · · · · · · · · · ·	······································	
(H)			<u> </u>			
) must equal Form 990, Part X, col. (B) line 12.) ▶		 		, ,	
Part VIII	Investments—Program Related	<u> </u>	1			
	Complete if the organization answ		m 990	. Part IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment		T	Book value	(c) Me	othod of valuation: d-of-year market value
(1)						
(2)						
(3)						
(4)			ļ			
(5)			 			
(6)			ļ	·, · · · ·		
<u>(7)</u>			 			
(9)				· · · · · · · · · · · · · · · · · · ·		
	o) must equal Form 990, Part X, col (B) line 13)	· · ·				
Part IX	Other Assets.		1		<u> </u>	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answ	vered "Yes" to For	m 990	, Part IV, line	11d. See Form	n 990, Part X, line 15.
	(a) Description				(b) Book value
(1)						
(2)						
(3)		.				
_(4)				· · · · · · · · · · · · · · · · · · ·		
(5)						
(6)	· · · · · · · · · · · · · · · · · · ·	- · · · · · - · · · · · · · · · · · · ·		····		
(7)		 		· · · · · · · · ·		
(8) (9)						<u> </u>
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)				
Part X	Other Liabilities. Complete if the organization answline 25.					e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	1			
(1) Federal ır		(-,				
(2)		<u>-</u>				
(3)						
(4)						
(5)						
(6)						
(7)	- · · · · · · · · · · · · · · · · · · ·					
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25.) ▶				1. 6	
organization'	r uncertain tax positions. In Part XIII, provio s liability for uncertain tax positions under	FIN 48 (ASC 740). Che	iote to t eck hen	are organization e if the text of t	i s iinanciai statem he footnote has be	ents that reports the en provided in Part XIII

Par			Return.	
	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:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	7	
С	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII.)	2d	 	
e	Add lines 2a through 2d			
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		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
ь	Other (Describe in Part XIII.)	4b	┥ ┃	
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part				
Far			er neturn.	
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a.	1 4 1	
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:	1 - 1	1 1	
а	Donated services and use of facilities	2a	_	
ь	Prior year adjustments	2b	_	
C	Other losses	2c	_	
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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	7 [
C	Add to a A Ab		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir		5	· · · · · · · · · · · · · · · · · · ·
Part	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part IV. lines 1b and 2	b: Part V. line 4:	Part X. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
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Schedule D (Fo	m 990) 2014	Page 5
Part XIII	m 990) 2014 <b>Supplemental Information</b> (continued)	
	······································	

### SCHEDULE L (Form 990 or 990-EZ)

**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.

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

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Open To Public Inspection

Name o	or the organization									Emplo	yer kalei	nuncat	on nu	mber		
ONEW	AY MINISTRIES											36-	16757	12		
Part	Excess Bene			ns (section 501 answered "Ye								only)	<u> </u>		40b.	
1	(a) Name of disqualified			(b) Relationship be	etween	disqualified	person and		(-) D-				_		(d) Cor	rected?
<u></u>	(a) Name of disqualified	pers	OFI		organiz	ation			(C) DE	scriptio	n or trai	ISACIO	n 		Yes	No
_(1)_								L	_							
(2)													<del> </del>			
(3)								<u> </u>	-							
(4)																
(5)								<u> </u>								
(6)	<u>.</u>							İ							<u> </u>	<u> </u>
2	Enter the amount						-	-			rıng t	he ye	_			
	under section 4958													B		
3	Enter the amount of	of tax	c, if any, on	line 2, above,	reimb	oursed by	the organ	izatio	n				•	\$		
Part				ested Person		F 000	0 EZ D. 4			~						
	Organization	TE OF	ganization rted an amr	answered "Ye	S OR GGO P	romi 990 art Y line	o-Ez, Part e 5 6 or 2º	v, ime 2	38a or F	om 9	<i>5</i> 0, Pa	ιτ ιν,	iine 2	26; or	T the	
		1		1	1		1	<b></b> -	<del>,</del>		т —					
(a) N	ame of interested person		Relationship	(c) Purpose of		oan to or	(e) Ongir		(f) Baland	e due	(g) In c	default?		proved		ntten
		with	organization	loan		om the nization?	principal an	nount			İ			oard or	agree	ment?
		1			<u> </u>	<del></del>	ł		1		<b></b>		<b>⊢</b> —	<del></del>	ļ	r—
-/4\		+			То	From	ļ		<b> </b>		Yes	No	Yes	No	Yes	No
(1)	······	+			-	<del>- </del>			ļ		<b>-</b>	ļ	├	<del> </del>	<u> </u>	
(2)		+	-	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del>-</del>			ļ		-		<u> </u>	<u> </u>	<u></u>	<u> </u>
(3)		+					<u> </u>		ļ		<del> </del>				ļ	_
(4)		╁		<u></u>	<del> </del>		ļ		<del> </del>		┼	<u> </u>	<del> </del>	├		
(5)	· · · · · · · · · · · · · · · · · · ·	+-		<u> </u>	<u> </u>	+					<del> </del>	ļ	<u> </u>	<del> </del>		
(6)		+-		ļ	<del> </del>						<del> </del>		<b> </b>		-	ļ
<u>(7)</u> (8)		+			<del> </del>	-			<u> </u>		├	<del> </del>		-	<u> </u>	
(9)		+					<del> </del>		ļ		ļ				ļ	<u> </u>
(10)		+-							<u> </u>		<b>}</b>		1			
Total				L	L	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	. •	\$ \$		├		<del> </del>	J		<u> </u>
Part	III Grante or Ac	sict.	noo Bono	fiting Interest	od Po		<del></del>	<u>.                                    </u>	Ψ		Ь		l		Щ.	
T all t				answered "Ye			0, Part IV, I	ine 27	7.							
(a)	Name of interested perso	n		ship between inter and the organization		(c) Amount	of assistance	'	(d) Type of a	ssistand	e	(e)	) Purpo	ose of a	ssistan	ce
(1)	RAY MENSAH		DIRECTOR				25910	CASI	4			SUP	ORT			
(2)																
_(3)				-												
(4)																
(5)																
(6)	·															
_(7)_					]											
(8)																
(9)																
(10)			1				·	i								

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organia	aring of zation's nues?
				···	Yes	No
<u>(1)</u>						
(2) (3)					+	
(4)						
(5)						
(6)	·····					ļ
(7) (8)						<del> </del>
<del>(0)</del> (9)				<del></del>		<u> </u>
10)						
Part V	Supplemental Information	on for reconcesses to supertions	on Sobodulo I. (coo	instructions)		
	Provide additional information	on for responses to questions	On Schedule L (See	instructions).		
		,		****		
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		·····				
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

Open to Public Inspection

Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at w	
Name of the organization		Employer identification number
ONEWAY MINISTRIES		36-1675712
FORM 990 PART VI LIN	HE 2: MICHAEL THOMPSON, CEO AND MICHAEL VANHUIS, DIRECTOR, REL	ATIONSHIP BROTHERS-IN-LAW
	BEING FILED. NO REVIEW WAS CONDUCTED	/ERSION OF FORM 990 TO EACH BOARI
	IE 19: ONEWAY MINISTRIES MAKES ITS FORM 990 AVAILABLE FOR PUBLIC	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
	.a.
	<del></del>
	***************************************
	***************************************
	*

### 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

mapeetion

Name o	of the organization					Employer id	entification number
ONEW	AY MINISTRIES					36	÷1675712
Par			ies Outside	the United States. Comp	olete if the organi		
1	For grantmakers. Does the assistance, the grantees' e grants or assistance?						
2	For grantmakers. Describ assistance outside the Unit Activities per Region. (The f	ted States.	-			_	s and other
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specific service(s) in r	d in (d) is rvice, c type of	(f) Total expenditures for and investments in region
(1)	······································	ļ					
(2)							
(3)							
(4)							
(5)							
(6)							
_(7)							
(8)							
(9)						· · · · · · · · · · · · · · · · · · ·	
(10)							
(11)							
(12)	· · · · · · · · · · · · · · · · · · ·						
(13)							
(14)							
(15)	·						
(16)							
(17)							
3a b	Sub-total						
	sheets to Part I		1	1			

c Totals (add lines 3a and 3b)

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. Part II

(flatpolication)	1 (a) Name of	(b) IRS code	(c) Region	ie of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) [	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of valuation
	organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	non-cash assistance	of non-cash assistance	(book, FMV, appraisal, other)

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 N

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2014

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. Schedule F (Form 990) 2014
Part III Grants an

	ממים וו ממשונוסו ומו סףמסי						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of Valuation (book, FMV, appralsal, other)
(1) MISSIONART SUPPORT	WESTAFRICA	-	65976	65976 WIRE TRANSFER	0	0 N/A	WA
(2)							
(3)							
9							
(5)							
(9)							
6							
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(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						3	Schedule F (Form 990) 2014

Page	4

Part l	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; do not file with Form 990)	☐ 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	<b>☑</b> 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	<b>☑</b> 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	☑ No

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).