



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



Form

990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation ON HIS PATH		A Employer identification number 27-1354039	
Number and street (or P O box number if mail is not delivered to street address) 604 NORTH PARKWAY STREET		B Telephone number (see instructions) (319) 256-5656	
City or town, state or province, country, and ZIP or foreign postal code WAYLAND, IA 52654		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 940,803		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .	2,028,031			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . .		0		
	8 Net short-term capital gain . . . . .			0	
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	2,028,031	0	0	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule). . . . .				
	b Accounting fees (attach schedule). . . . .	12,935	0	0	12,935
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings. . . . .	13,161	0	0	13,161
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule). . . . .	94,613	0	0	84,613
	24 <b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23 . . . . .	120,709	0	0	110,709
	25 Contributions, gifts, grants paid . . . . .	1,132,925			1,132,925
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	1,253,634	0	0	1,243,634
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	774,397			
	b <b>Net investment income</b> (if negative, enter -0-)		0		
	c <b>Adjusted net income</b> (if negative, enter -0-) . . .			0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	209,434	923,576	923,576
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .	913	452	452
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans. . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ 6,597 Less accumulated depreciation (attach schedule) ▶ _____	6,597	6,597	6,597
15	Other assets (describe ▶ _____)	14,627	10,178	10,178	
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	231,571	940,803	940,803	
Liabilities	17	Accounts payable and accrued expenses . . . . .	9,312	14,147	
	18	Grants payable . . . . .	70,000		
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule). . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22) . . . . .	79,312	14,147	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	152,259	926,656	
	30	Total net assets or fund balances(see instructions) . . . . .	152,259	926,656	
31	Total liabilities and net assets/fund balances(see instructions) . . . . .	231,571	940,803		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1	152,259
2	Enter amount from Part I, line 27a . . . . .	2	774,397
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	926,656
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	926,656

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1a				
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	1,207,923	239,278	5 048199
2013	976,524	54,867	17 798021
2012	766,604	62,732	12 220302
2011	732,272	110,977	6 598412
2010	227,161	217,371	1 045038

2	Total of line 1, column (d). . . . .	2	42 709972
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	8 541994
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	129,994
5	Multiply line 4 by line 3. . . . .	5	1,110,408
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	0
7	Add lines 5 and 6. . . . .	7	1,110,408
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	1,243,634

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1  
Date of ruling or determination letter \_\_\_\_\_  
(attach copy of letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b . . . . .

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

2

0

3

Add lines 1 and 2. . . . .

3

0

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

4

0

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

5

0

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

b

Exempt foreign organizations—tax withheld at source . . . . .

6b

c

Tax paid with application for extension of time to file (Form 8868). . . . .

6c

d

Backup withholding erroneously withheld . . . . .

6d

7

Total credits and payments. Add lines 6a through 6d. . . . .

7

0

8

Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.

8

9

Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .

9

0

10

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .

10

11

Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded

11

Part VII-AStatements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .  
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

1b

No

c

Did the foundation file Form 1120-POL for this year? . . . . .

1c

No

d

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  
(1) On the foundation \$ 0 (2) On foundation managers \$ 0

e

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0

2

Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .  
If "Yes," attach a detailed description of the activities.

2

No

3

Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .

3

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .

4a

No

b

If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

4b

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .  
If "Yes," attach the statement required by General Instruction T.

5

No

6

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  
• By language in the governing instrument, or  
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .

6

Yes

7

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. . . . .

7

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see instructions):  
IA

b

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation . . . . .

8b

Yes

9

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?  
If "Yes," complete Part XIV . . . . .

9

Yes

10

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. . . . .

10

No

Form 990-PF (2015)

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.ONHISPATH.COM	13	Yes	
14	The books are in care of JOHN MITCHELL Telephone no (319) 256-5656 Located at 604 NORTH PARKWAY STREET WAYLAND IA ZIP+4 52654			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year.	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes", enter the name of the foreign country.	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.		1b	No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?		1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes," list the years 20 , 20 , 20 , 20	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions ).		2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.).		3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?		4b	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

Yes

No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

Yes

No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

Yes

No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

Yes

No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes

No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

No

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

Yes

No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes

No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JOHN MITCHELL 604 NORTH PARKWAY STREET WAYLAND,IA 52654	PRESIDENT 0 10	0	0	0
JEAN MITCHELL 604 NORTH PARKWAY STREET WAYLAND,IA 52654	VICE PRESIDENT 0 10	0	0	0
EMILY FERGUSON 604 NORTH PARKWAY STREET WAYLAND,IA 52654	TREASURER/SECRETARY 0 10	0	0	0

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total

number of other employees paid over \$50,000.

0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. <div></div>		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
<b>1</b> EL SALVADOR CLUBFOOT CLINIC AND DOCTOR TRAINING - IN COOPERATION WITH IGLESIA BAUTISTA VISTA HERMOSA, FIVE ON HIS PATH CLUBFOOT CLINICS PROVIDE TREATMENT FOR CHILDREN AND COUNSELING FOR FAMILIES OF CHILDREN BORN WITH CLUBFOOT HIGHLIGHTS FOR 2015 179 NEW CHILDREN ENROLLED IN ON HIS PATH CLINICS, 619 CASTING VISITS, 219 FOOT ABDUCTION BRACES DISTRIBUTED, 343 FOLLOW UP VISITS CONDUCTED OVER FIVE CLINICS, MORE THAN 100 DOCTORS TRAINED AT THE FOURTH ANNUAL PONSETI TRAINING IN JULY, AND MORE THAN 300 FAMILIES RECEIVED COUNSELING AND SUPPORT	5,107
<b>2</b> GUATEMALA MISSION MOBILITY - ON HIS PATH CONTINUES TO PARTNER WITH BETHEL MINISTRIES INTERNATIONAL TO PROVIDE WHEELCHAIRS, FOOD AND OTHER SUPPLIES TO AID THE NEEDY AND DISABLED IN GUATEMALA IN JANUARY 2015, A MISSION TRIP TO GUATEMALA FITTED 52 PEOPLE WITH WHEELCHAIRS HIGHLIGHTS FOR 2015 APPROXIMATELY 700 WALKERS, 700 CHAIRS, 250 CANES, 60,000 KIDS AGAINST HUNGER MEALS, AND HUNDREDS OF BOXES OF WHEELCHAIR PARTS AND OTHER MOBILITY RELATED ITEMS WERE SENT FROM IOWA, KENTUCKY, PENNSYLVANIA, AND CALIFORNIA TO CHIMALTENANGO, GUATEMALA	32,645
<b>3</b> HAITI - TWO TRIPS TO HAITI IN MARCH 2015 AND OCTOBER 2015 THE PURPOSE OF THE FIRST TRIP WAS FOR THE FOUNDER AND EXECUTIVE DIRECTOR TO VISIT AND MONITOR SEVERAL PROJECTS SUPPORTED BY ON HIS PATH IN HAITI THE PURPOSE OF THE SECOND TRIP WAS FOR THE FOUNDER TO VISIT AND TO DEDICATE A CHURCH SPONSORED BY ON HIS PATH AND ALSO TO VISIT A PROJECT SUPPORTED BY THE ORGANIZATION	6,707
<b>4</b> OTHER PROGRAMS - DISTRIBUTION OF BIBLES, WATER UNITS, MEALS, MEDICAL DEVICES, EMERGENCY AND DISASTER ASSISTANCE SUPPLIES IN THE U S AND ABROAD ALL AREAS ARE FOCUSED ON GREATEST NEED HIGHLIGHTS FOR 2015 EARTHQUAKE RELIEF IN NEPAL, PRIMARY SCHOOL AND ORPHAN CARE CENTRE IN UGANDA, ORPHAN FEEDING PROGRAM IN ZAMBIA, ORPHANAGE SCHOOL AND CLUBFOOT BRACE MAKERS IN SIERRA LEONE, AND MICROENTERPRISE, MEDICAL CARE, EDUCATION AND NUTRITION SUPPORT IN INDIA	53,315

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments See instructions	
<b>3</b>	
Total. Add lines 1 through 3 <div></div>	0



Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	0
b	Average of monthly cash balances. . . . .	1b	131,974
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	131,974
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3	Subtract line 2 from line 1d. . . . .	3	131,974
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	1,980
5	Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4	5	129,994
6	Minimum investment return.Enter 5% of line 5. . . . .	6	6,500

Part XI

Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	
2a	Tax on investment income for 2015 from Part VI, line 5. . . . .	2a	
b	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	
6	Deduction from distributable amount (see instructions). . . . .	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	1,243,634
b	Program-related investments—total from Part IX-B. . . . .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	Qualifying distributions.Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,243,634
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	0
6	Adjusted qualifying distributions.Subtract line 5 from line 4. . . . .	6	1,243,634

**Note:**The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .				
b From 2011. . . . .				
c From 2012. . . . .				
d From 2013. . . . .				
e From 2014. . . . .				
f Total of lines 3a through e. . . . .				
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ _____				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions). . . . .				
c Treated as distributions out of corpus (Election required—see instructions). . . . .				
d Applied to 2015 distributable amount. . . . .				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a . . . . .				
10 Analysis of line 9				
a Excess from 2011. . . . .				
b Excess from 2012. . . . .				
c Excess from 2013. . . . .				
d Excess from 2014. . . . .				
e Excess from 2015. . . . .				

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . .

b

Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years				(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012		
0	0	0	0	0	
0	0	0	0	0	
1,243,634	1,207,923	976,524	766,604	4,194,685	
1,132,925	1,067,891	879,256	661,763	3,741,835	
110,709	140,032	97,268	104,841	452,850	
				0	
				0	
4,333	7,976	1,829	2,091	16,229	
				0	
				0	
				0	
				0	

85% of line 2a . . . . .

c

Qualifying distributions from Part XII, line 4 for each year listed . . . . .

1,243,634

d

Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

1,132,925

e

Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .

110,709

3

Complete 3a, b, or c for the alternative test relied upon

a

"Assets" alternative test—enter

(1)

Value of all assets . . . . .

0

(2)

Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .

0

b

"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .

4,333

7,976

1,829

2,091

16,229

c

"Support" alternative test—enter

(1)

Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

0

(2)

Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

0

(3)

Largest amount of support from an exempt organization . . . . .

0

(4)

Gross investment income . . . . .

0

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

See Additional Data Table

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a

The name, address, and telephone number or email address of the person to whom applications should be addressed

b

The form in which applications should be submitted and information and materials they should include

c

Any submission deadlines

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Form 990-PF (2015)

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div><div>a</div><div><div>Paid during the year</div><div>See Additional Data TableSee Additional Data Table</div></div></div>				
<div>Total . . . . .</div>			<div>3a</div>	1,132,925
<div><div>b</div><div>Approved for future payment</div></div>				
<div>Total . . . . .</div>			<div>3b</div>	0

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
<b>1</b> Program service revenue						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> _____						
<b>g</b> Fees and contracts from government agencies						
<b>2</b> Membership dues and assessments. . . . .						
<b>3</b> Interest on savings and temporary cash investments . . . . .						
<b>4</b> Dividends and interest from securities. . . . .						
<b>5</b> Net rental income or (loss) from real estate						
<b>a</b> Debt-financed property. . . . .						
<b>b</b> Not debt-financed property. . . . .						
<b>6</b> Net rental income or (loss) from personal property . . . . .						
<b>7</b> Other investment income. . . . .						
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .						
<b>9</b> Net income or (loss) from special events						
<b>10</b> Gross profit or (loss) from sales of inventory . . . . .						
<b>11</b> Other revenue <b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .		0		0		0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>			0

(See worksheet in line 13 instructions to verify calculations )

[illegible]

If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign  
Here**

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

\* \* \* \* \*

2016-08-10

\* \* \* \* \*

Signature of officer or trustee

Date

Title

May the IRS discuss this return with the preparer shown below  
(see instr )? ☒ Yes ☐ No

☒ Yes ☐ No


**Paid  
Preparer  
Use  
Only**

Print/Type preparer's name CARLEY UMSTEAD	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00982177
Firm's name <input checked="" type="checkbox"/> RSM US LLP			Firm's EIN <input checked="" type="checkbox"/> 42-0714325	
Firm's address <input checked="" type="checkbox"/> 221 THIRD AVENUE SE STE 300 CEDAR RAPIDS, IA 524011512			Phone no (319) 298-5333	

**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

JOHN MITCHELL
JEAN MITCHELL

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BALARAM CHINTADAPHILIADELPHIA MISSI 2-147 JAMMU VIZIANAGARAM IN		I	LAND PURCHASE FOR CHURCH BUILDING	3,000
BETHEL MENNONITE CHURCH 3185 WAYLAND ROAD WAYLAND,IA 52654		PC	MEN'S MINISTRY	5,000
BETHEL MINISTRIES INTERNATIONAL PO BOX 573 RESERVE,NM 87830		PC	MINISTRIES AND MISSIONS TO AID POOR AND DISABLED IN GUATEMALA	192,820
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DR 2200 ORLANDO,FL 32832		PC	CAMPUS MINISTRY AND OUTREACH	10,000
CHRISTIAN FELLOWSHIP MINISTRIES 608 GURDEN NAGAR LUDHIANA IN		NC	VOCATIONAL AND COMPUTER TRAINING FOR YOUNG GIRLS	7,000
CHURCH WORLD SERVICECROP 28606 PHILLIPS STREET PO BOX 968 ELKHART,IN 46515		PC	WORLD HUNGER RELIEF	4,000
COMPASSION INTERNATIONAL PO BOX 65000 COLORADO SPRINGS,CO 80962		PC	PROVIDING A HOME AND BOARDING SCHOOL IN UGANDA	50,000
CURE INTERNATIONAL 701 BOSLER AVENUE LEMOYNE,PA 17043		PC	HAITI PROGRAM CLINIC SUPPLIES	18,810
DEVELOPMENT FOR FREEDOM INTERNATIONAL 11 IMPASSE MESMIN DELMAS 62 PORTAUPRINCE HA		PC	RENTAL OF 2 HOMES IN HAITI FOR ADOLESCENT HOMELESS RESCUE	10,000
GLOBAL BANJARA BAPTIST MINISTRIES INTERNATIONAL PO BOX 248 LEO,IN 46765		PC	BIVOCATIONAL PROJECTS, COMMUNITY DEVELOPMENT	10,000
GRACE MISSION TO THE NATIONS PO BOX 381 MUKONO UG		NC	TO SUPPORT BASIC NEEDS OF ORPHANS AND WIDOWS AT A UGANDAN ORPHANAGE	93,218
HAITI COMFORT INC 10 IMPASS ROMAIN LACHAPELLE,ARTIBONITE HA		NC	ROOF & BEDROOMS FOR AIDS ORPHANAGE	5,237
HAITI FOR CHRIST 1012 ROCKHAVEN COURT CHESTER,VA 23836		PC	SUPPORT FOR CHRISTIAN TV SHOW IN HAITI	14,500
HAMAKUA YOUTH CENTER INC 604 S IOWA AVE WASHINGTON,IA 52353		PC	SHELTER OPERATING EXPENSES	15,000
HOPE FOR THE HOMELESS GONGBU POST BOX 10738 KATHMANDU NP		NC	DAILY OPERATIONS	3,600
<b>Total . . . . .</b>  <b>3a</b>				1,132,925



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
IGLESIA BAUTISTA VISTA HERMOSA CALLE HUIZUCAR Y COLLA CONSTANCIA 25 CIMA I SAN SALVADOR ES		NC	CLUBFOOT CLINIC AND PURCHASE OF VAN	57,000
KIDS AGAINST HUNGER 3244 160TH STREET BRIGHTON,IA 52540		PC	MEALS	9,675
LIVING WATER CHRISTIAN MISSIONNORTHEAST EVANGELISM OF MOBERLY MO PO BOX 795 MOBERLY,MO 65270		PC	HOPE AND RELIEF OF POVERTY IN HAITI	25,000
MATER DEI 294 IRVINE AVE SAINT PAUL,MN 55102		PC	MATER DEI AFRICA MICROFINANCE PROGRAM	5,000
MISSION TO THE NATIONS 3-19-6 SANTHINAGAR ROAD KAKINADA,ANDHRA PRADESH IN		NC	VIMUKTHI SCHOOL AND LEPROSY COMMUNITY CARE, SPONSOR 50 PASTORS, PROVIDE 2500 BIBLES, SUPPORT WIDOWS WITH LIVING SUPPLIES, PROVIDE INSTRUMENTS AND PA SYSTEM, SUPPORT WOMENS SEWING CENTER, RECONSTRUCT CLASSROOMS	250,344
MT PLEASANT CHRISTIAN SCHOOL 1505 EAST WASHINGTON ST MT PLEASANT,IA 52641		PC	SCHOLARSHIP FUND TO HELP FAMILIES WITH TUITION COSTS	22,000
NEW SONG CHRISTIAN LIFE CHURCH 207 ARCHIBALD ST NEW LONDON,IA 52645		PC	FOOD AND EDUCATION FOR ORPHANS	20,000
OPERATION BLESSING INTERNATIONAL 977 CENTERVILLE TURNPIKE VIRGINIA BEACH,VA 23463		PC	NEPAL DISASTER RELIEF AND TRAINING	81,000
OUR CHURCH COMMUNITY CHURCH 1474 FRANKLIN AVE WAYLAND,IA 52654		PC	SUPPORT OF FOOD PANTRY	4,500
PURE WATER FOR ALL FOUNDATION 403 W MAIN ST WASHINGTON,IA 52353		PC	WATER SYSTEMS AND GOSPEL TO THE PHILIPPINES	10,000
RESONATE CHURCH PO BOX 229 DUNLAP,IL 615250229		PC	SOUL SPACE MINISTRY SCHOLARSHIPS, FEEDING EVENT AND MISSION TRIP	20,000
RUTH VINES TRUSTANNA VINES 85 LANDER CLOSE POOLE,DORSET BH15 1UL UK		NC	RUTH VINES MEMORIAL SCHOOL, SIERRA LEONE	10,100
THE FOUNTAIN CHARITABLE FOUNDATION 1125 ORANGE AVENUE KALONA,IA 52247		PC	CHRISTIAN DISCIPLESHIP	25,000
TRUTH FOUNDATION INC PO BOX 165 NEW LONDON,IA 52645		PC	DAILY OPERATIONS	40,000
UFM INTERNATIONAL INC DBA CROSSWORLD USA 10000 N OAK TRAFFICWAY KANSAS CITY,MO 64155		PC	MISSIONARY WORK IN CHINA, TIBET, AND NORTH KOREA	5,000
<b>Total . . . . .</b>			<b>3a</b>	1,132,925

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WATER 4 HAITI KEARNEY AREA COMMUNITY FOUNDATION PO BOX 1694 KEARNEY, NE 68845		PC	TO SUPPORT WATER PROJECTS IN HAITI	20,000
WATER OUR THIRSTY WORLD LTD 1010 WESTWOOD DRIVE MT PLEASANT, IA 52641		PC	DEVELOP AND COMPLETE VARIOUS WATER PROJECTS ADVANCE GOSPEL	41,315
WAYLAND MINISTERIAL ASSOCIATIONSUGAR CREEK MENNONITE CHURCH 1209 FRANKLIN AVE WAYLAND, IA 52654		PC	WAYLAND TRAILER COURT FUND	5,400
WORD ALIVE CHURCH OUTREACH (WACO) MINISTRIES 705 N PEARL ST WAYLAND, IA 52654		PC	COMPUTER AND ACCESSORIES	1,006
WORLD HOPE INTERNATIONAL 1330 BRADDOCK PL STE 301 ALEXANDRIA, VA 223146400		PC	ENABLE THE CHILDREN PROGRAM, SIERRA LEONE	12,000
ZADOK FOUNDATION 213 ONEIDA LANE MALVERN, PA 19355		PC	DISCIPLESHIP PROGRAM FOR HOMELESS IN LANCASTER, PA	26,400
<b>Total . . . . .</b>			<b>3a</b>	1,132,925

TY 2015 Accounting Fees Schedule

**Name:** ON HIS PATH

**EIN:** 27-1354039

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	12,935	0	0	12,935

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Expenditure Responsibility Statement

Name: ON HIS PATH

EIN: 27-1354039

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
BALARAM CHINTADAPHILADELPHIA MISSIONS (GRANT #0110)	2-147 JAMMU VIZIANAGARAM, ANDHRA PRADESH IN	2015-05-04	3,000	TO PURCHASE LAND FOR CHURCH BUILDING	3,000	NONE	08/31/15, 09/14/15, 11/01/15		
CHRISTIAN FELLOWSHIP MINISTRIES (GRANT #0095)	608 GURDEN NAGAR LUDHIANA, PUNJAB IN	2015-02-10	7,000	TO PROVIDE VOCATIONAL AND COMPUTER TRAINING FOR YOUNG GIRLS	7,000	NONE	04/22/15		
GRACE MISSION TO THE NATIONS (GRANT #0104)	PO BOX 381 MUKONO UG	2015-04-30	7,729	TO PROVIDE THE ORPHANAGE WITH CLASSROOM PAINT AND PLASTER	7,729	NONE	02/06/16		
GRACE MISSION TO THE NATIONS (GRANT #0105)	PO BOX 381 MUKONO UG	2015-04-30	6,157	TO PROVIDE THE ORPHANAGE WITH CLASSROOM FURNITURE	6,157	NONE	02/06/16		
GRACE MISSION TO THE NATIONS (GRANT #0106)	PO BOX 381 MUKONO UG	2015-04-30	20,406	TO BUILD TWO ORPHANAGE DORMITORIES	20,406	NONE	02/06/16		
GRACE MISSION TO THE NATIONS (GRANT #0107)	PO BOX 381 MUKONO UG	2015-04-30	13,643	TO BUILD ONE ORPHANAGE DORMITORY	13,643	NONE	02/06/16		
GRACE MISSION TO THE NATIONS (GRANT #0119)	PO BOX 381 MUKONO UG	2015-06-01	26,000	TO PURCHASE A VAN FOR ORPHANAGE TRANSPORTATION	26,000	NONE	02/06/16		
GRACE MISSION TO THE NATIONS (GRANT #0120)	PO BOX 381 MUKONO UG	2015-06-01	8,335	TO EQUIP THE ORPHANAGE WITH ELECTRICITY	8,335	NONE	02/06/16		
GRACE MISSION TO THE NATIONS (GRANT #0121)	PO BOX 381 MUKONO UG	2015-06-01	1,850	TO PROVIDE TEN TRIPLE BUNK BEDS FOR ORPHANAGE	1,850	NONE	02/06/16		
HAITI COMFORT	10 IMPASS ROMAIN LACHAPELLE, ARTIBONITE HA	2015-04-08	10,000	TO ADD A ROOF AND BUILD BEDROOMS FOR AIDS ORPHANAGE	10,000	NONE	04/11/15, 11/09/15		
HOPE FOR THE HOMELESS	PO BOX 10738 GONGBU, KATHMANDU NP	2015-03-13	3,600	TO FEED, SUPPORT, AND TRAIN ORPHANS AND WIDOWS SO THEY CAN SUPPORT THEMSELVES	3,600	NONE	09/25/15		
IGLESIA BAUTISTA VISTA HERMOSA (GRANT #0132)	CALLE HUIZUCAR Y COL LA CONSTANCIA 25 CIMA I SAN SALVADOR ES	2015-12-30	20,000	TO PURCHASE A VAN FOR THE MINISTRY	20,000	NONE	01/01/16		
MISSION TO THE NATIONS (GRANT #0112)	D NO 3-19-6 SANTHINAGAR ROAD KAKINADA, ANDHRA PRADESH IN	2015-05-28	40,984	TO PURCHASE 2,500 BIBLES AND SPONSOR 50 PASTORS FOR ONE YEAR	40,984	NONE	09/01/15, 10/21/15		
MISSION TO THE NATIONS (GRANT #0113)	D NO 3-19-6 SANTHINAGAR ROAD KAKINADA, ANDHRA PRADESH IN	2015-05-28	44,656	TO SUPPORT OPERATION OF SCHOOL FOR 500 CHILDREN OF LEPERS	44,656	NONE	09/01/15, 10/21/15		
MISSION TO THE NATIONS (GRANT #0114)	D NO 3-19-6 SANTHINAGAR ROAD KAKINADA, ANDHRA PRADESH IN	2015-05-28	25,000	TO PROVIDE FOOD AND MEDICAL ASSISTANCE TO WIDOWS	25,000	NONE	09/01/15, 10/21/15		

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
MISSION TO THE NATIONS (GRANT #0115)	D NO 3-19-6 SANTHINAGAR ROAD KAKINADA, ANDHRA PRADESH IN	2015-05-28	15,246	TO PROVIDE INSTRUMENTS AND A PA SYSTEM TO HELP RURAL EVANGELISTS	15,246	NONE	09/01/15, 10/21/15		
MISSION TO THE NATIONS (GRANT #0116)	D NO 3-19-6 SANTHINAGAR ROAD KAKINADA, ANDHRA PRADESH IN	2015-05-28	20,066	TO SUPPORT WOMENS SEWING CENTER TO REHABILITATE RURAL GIRLS	20,066	NONE	09/01/15, 10/21/15		
MISSION TO THE NATIONS (GRANT #0117)	D NO 3-19-6 SANTHINAGAR ROAD KAKINADA, ANDHRA PRADESH IN	2015-05-28	25,000	TO PROVIDE FOOD AND MEDICAL AID FOR LEPERS	25,000	NONE	09/01/15, 10/21/15		
MISSION TO THE NATIONS (GRANT #0129)	D NO 3-19-6 SANTHINAGAR ROAD KAKINADA, ANDHRA PRADESH IN	2015-10-14	19,495	FOR RECONSTRUCTION OF THREE DAMAGED CLASSROOMS TO BENEFIT 150 SCHOOL CHILDREN	19,495	NONE	10/21/15		
RUTH VINES CHARITABLE TRUST	85 LANDER CLOSE POOLE, DORSET BH15 1UL UK	2015-03-10	10,100	TO BUILD NEW CLASSROOMS AND OFFICES FOR RUTH VINES MEMORIAL NURSERY AND PREP SCHOOL	10,100	NONE	10/23/15		
IGLESIA BAUTISTA VISTA HERMOSA (GRANT #0103B)	CALLE HUIZUCAR Y COL LA CONSTANCIA 25 CIMA I SAN SALVADOR ES	2015-01-26	37,000	FOR THE OPERATION AND ADMINISTRATION OF FIVE PONSETTI CLUBFOOT CLINICS	37,000	NONE	04/01/15, 07/01/15, 10/01/15, 01/01/16		
GRACE MISSION TO THE NATIONS	PO BOX 381 MUKONO UG	2015-01-20	9,099	ORPHAN SUPPORT	9,099	NONE	02/06/16		
HAITI COMFORT	10 IMPASS ROMAIN LACHAPELLE, ARTIBONITE HA	2015-08-26	237	ORPHAN SUPPORT	237	NONE	11/09/15		
MISSION TO THE NATIONS (GRANT #0112)	D NO 3-19-6 SANTHINAGAR ROAD KAKINADA, ANDHRA PRADESH IN	2015-01-20	59,897	WIDOW, ORPHAN, AND LEPER COLONY SUPPORT	59,897	NONE	09/01/15, 10/21/15		

TY 2015 Other Assets Schedule

**Name:** ON HIS PATH

**EIN:** 27-1354039

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
MOLDS	7,548	7,548	7,548
UNDEPOSITED FUNDS	7,079	2,630	2,630

**TY 2015 Other Expenses Schedule****Name:** ON HIS PATH**EIN:** 27-1354039

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BOOKS, SUBSCRIPTIONS	2,365	0	0	2,365
LIFE INSURANCE PREMIUM	10,000	0	0	0
OTHER	4,420	0	0	4,420
POSTAGE & MAILING	20,657	0	0	20,657
PRINTING & COPYING	14,796	0	0	14,796
SUPPLIES	11,024	0	0	11,024
TELEPHONE	278	0	0	278
FACILITIES & EQUIPMENT	30	0	0	30
FREIGHT	27,088	0	0	27,088
ADVERTISING	3,494	0	0	3,494
BONE MODELS	461	0	0	461

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF.</b>  ▶ <b>Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>.</b>	OMB No 1545-0047  <b>2015</b>
--	--	-------------------------------------

<b>Name of the organization</b> ON HIS PATH	<b>Employer identification number</b>  27-1354039
--	---

Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)



Name of organization ON HIS PATH	Employer identification number 27-1354039
-------------------------------------	--

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MD ORTHOPAEDICS INC 604 N PARKWAY STREET WAYLAND, IA 52654	\$ 1,900,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	WATER OUR THIRSTY WORLD WOTW 1010 WESTWOOD DR MT PLEASANT, IA 52641	\$ 31,970	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
3	BETHEL MENNONITE CHURCH 3185 WAYLAND RD WAYLAND, IA 52654	\$ 8,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
4	JOHN AND HEIDI FERGUSON 57 WILSON BLVD FAIRFIELD, IA 52556	\$ 6,325	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
5	NEW LONDON CHRISTIAN CHURCH 2770 NEW LONDON RD NEW LONDON, IA 52645	\$ 5,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Employer identification number</b>
27-1354039

<b>Part II</b>	<b>Noncash Property</b> (see instructions) Use duplicate copies of Part II if additional space is needed
----------------	---

[illegible]

<b>Name of organization</b> ON HIS PATH	<b>Employer identification number</b> 27-1354039
--	---

**Part III**

*Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
-		-	
-		-	
--		-	
-		-	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
-		-	
-		-	
--		-	
-		-	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
-		-	
-		-	
--		-	
-		-	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
-		-	
-		-	
--		-	
-		-	